

Governing Board Meeting Agenda

May 20, 2020 - Zoom Meeting

	Agenda	P. 1
I.	Call to Order	Michael Foster
II.	Presentation of Awards	Michael Foster
	President's Award	
	Recognition of Past President	
III.	Consent Agenda	Michael Foster
	*April 2020 Board Minutes	P. 2
	*April 2020 Financial Committee Minutes	P. 7
	*April 2020 Financials	P. 9
	*April 2020 Quality Committee Minutes	P. 13
	*May 2020 Personnel Committee Minutes	P. 16
	*May 2020 MarCom Report (including approval of grants)	P. 18
IV.	Board Training	Larry Bisno
	Compliance Report	
V.	CEO Report	Doreen Rue
	Dashboard	P. 19
	COVID-19 Update	
	Update on Telemedicine Utilization	
VI.	Committee Reports	
	Executive Committee	Michael Foster
	* Ratification of HRSA COVID-19 Grant Budgets	P. 31
	Finance Committee	Dale Tampke
	Finance Report	
	*Budget for HRSA Testing Grant	
	*Sliding Fee Policy Update	P. 35
	Quality Committee	Dr. Howard Shaw
	Quality Report	
	Required and Additional Health Services	P. 41
	Quality Plan Update	
	Personnel Committee	James Henderson
	*2020 Governing Board Committee Assignments	P. 44
VII.	Old Business/New Business	Michael Foster
VIII.	Executive Session	Michael Foster
	Anjanette Lloyd EEOC #'s 450-20109-00076, 450-2019-02768	
	John Moyle Cause # 18-4895-393	
	Sarah Gibbons EEOC # 450-2019-04360	
	Progressive Auto Claim # 19-4874088, Personal Injury File # 260052	
IX.	Important Dates and Adjourn Meeting	Michael Foster
	June Board Meeting - June 17th @ 6pm	

*** Items Requiring a Vote**

Called to order at 6:00pm by Judge David Garcia

Attendees: Judge David Garcia, Michael Foster, April Powell, Dale Tampke, Dr. Dean Perkins, Dr. Howard Shaw, James Henderson, Lee Brown, Hamed Husain, Sara Schroeder, Melissa Winans

Absent: Trang Dang-Le, Gloria Herron, Clara Sanchez, Dr. Derrell Bulls

Quorum was met.

Staff: Doreen Rue, Pam Barnes, Larry Bisno, Debra Layman, Teri Johnson

Agenda Item II: Consent Agenda - Approval of March 2020 Board Minutes, March 2020 Financial Committee Minutes, March 2020 Financials, March 2020 Quality Committee Minutes, April 2020 Personnel Committee Minutes, April 2020 Development Report (including approval of grants)

Motion to approve all consent items: *Dale Tampke*

Seconded: *Hamed Husain*

Motion Passed Unanimously

Agenda Item III: Welcome New Board Members

- Lee Brown
- Sara Schroeder

Agenda Item IV: Annual Stakeholder Report, Presented by Teri Johnson

- Structured to be viewed through the perspective of different HSNT staff members.
 - Allows our stakeholders to the impact each person can have and the experiences of different teams, groups, and roles.
- Areas to highlight:
 - 98% Patient Satisfaction
 - 6138 Children served
 - 146,339 calls for care
 - Increasing demand for mental health care
 - HSNT provided \$4.4 million in medication to our patients through the prescription assistance program.
 - HSNT provided \$7.1 million in uncompensated medical care.

Agenda Item V: CEO Report

- Dashboard: snapshot of HSNT's position after the 1st quarter
 - Negative operating margin
 - Compliance Score – 97.6%
 - Quality Scores will grow throughout the year.
 - Medical encounters and patient count

- HSNT has more providers than this time last year.
 - However, each provider is seeing a decrease in visits due to COVID-19.
 - This combination makes the effects of COVID-19 less obvious when reviewing statistics.
- HSNT Patient Story
 - This patient has an inspiring story and advocates for HSNT and healthcare in the community.
- HSNT received funding through the CARES Act
 - The team is working to spend and allocate funds appropriately.
- HSNT submitted an application for the FCC grant to support telemedicine.
- HSNT currently has 3 Titanium Level Sponsors:
 - DATCU
 - Smile Magic
 - Toyota and Honda of Denton

Agenda Item VI: Committee Reports

- **Executive Committee – Judge David Garcia Reporting**
 - The Executive Committee met between monthly board meetings to review and approve the Sick Leave Policy for COVID-19.
 - The committee recommends ratification of this approval by the Governing Board.

The Executive Committee recommends ratification of its approval of the Sick Leave Policy for COVID-19 to the Governing Board.

Seconded: *James Henderson*

Motion Passed Unanimously

- **Finance Committee – Michael Foster Reporting**
 - Meeting Report
 - The committee is proud to report that HSNT is positioned to survive the challenges of the COVID-19 pandemic.
 - Patient revenue is up, supported by provider ramp up and documentation of care.
 - HSNT’s Independent Audit will begin next week and will be conducted virtually.
 - SBA Loan
 - HSNT has completed the application and was authorized by the committee to submit in order to be in the queue for allocation of funds.
 - The loans supplied through the Payroll Protection Program will be forgiven if HSNT spends the entire fund within eight weeks of receiving the funding, retains 75% of its staff through the specified loan time period, spend 75% of the funding on payroll costs and the remainder on rent, utilities and interest on 4304 mortgage.
 - The committee asks for approval from the Governing Board to accept the loan once approved.

- HSNT has engaged First United Bank as its SBA lender through the Paycheck Protection Program.

The Finance Committee recommends the approval of HSNT’s application to and acceptance of SBA funds through the Payroll Protection Program.

Seconded: *Lee Brown*

Motion Passed Unanimously

- **Quality Committee – Dr. Howard Shaw Reporting**
 - Meeting Report
 - The committee reviewed the quality metrics including new data on the patient portal app.
 - HSNT is increasing its utilization of telemedicine to serve the community through the COVID-19 pandemic.
 - Patient Satisfaction
 - Survey collection has been suspended to limit exposure through touch screen devices.
 - The committee is pleased with the progress on HSNT’s quality metrics, especially in light of current healthcare challenges.
 - Telemedicine Policy
 - The committee recommend approval of this policy.
 - This policy is specific to HSNT’s COVID-19 response.
 - A long-term telemedicine policy will be developed in the future.

The Quality Committee recommends the approval of the Telemedicine Policy to the Governing Board.

Seconded: *James Henderson*

Motion Passed Unanimously

- **Personnel Committee – James Henderson Reporting**
 - Telecommuting Policy
 - This policy is specific to HSNT’s COVID-19 response.
 - Due to COVID-19 some HIPAA restrictions were rolled back allowing employees to use their personal devices when working from home.

The Personnel Committee recommends the approval of the Telecommuting Policy to the Governing Board.

Seconded: *Hamed Husain*

Motion Passed Unanimously

- Board Composition and Authority
 - The committee conducted the yearly review of board composition and authority.
 - Requirements are listed in the HSNT Bylaws.

- This includes committee structures – committees will need to be filled out after the approval of the 2020 Governing Board roster and officers.
- HSNT Org Chart
 - The chart was revised to a higher-level view.
 - Includes addition of Dr. Siegel as Medical Director and the creation of the MarCom Department under Teri Johnson.

The Personnel Committee recommends the approval of the HSNT Org Chart to the Governing Board.

Seconded: *Michael Foster*

Motion Passed Unanimously

- HSNT Bylaws
 - The committee conducted the annual review and does not recommend any changes at this time.
- Conflict of Interest and Confidentiality
 - Yearly attestation required of all board members.
 - HSNT Standards of Conduct and attestation forms will be sent to members following this meeting via DocuSign.
- 2020 Governing Board Roster and Officers
 - The board received the draft slate last month for review.

The Personnel Committee recommends the approval of the 2020 Governing Board Roster and Slate of Officers to the Governing Board.

Seconded: *Hamed Husain*

Motion Passed Unanimously

With the passage of the 2020 Slate of Officers, the newly elected Board President, Michael Foster will now conduct the Governing Board meeting.

Agenda Item VII: Old/New Business

- Old Business – none to report.
- New Business
 - Judge David Garcia would like to express his congratulations to Michael Foster, the newly elected president and the Governing Board for their dedication on behalf of HSNT both now and in the future.
 - HSNT President’s Award
 - This award is given rarely and to those who have gone above and beyond in the past year in their service to HSNT and the community.
 - Judge Garcia recommends the presentation of the award to the entire staff in light of the events of the past few years including the consolidation of PCMC, COVID-19, and the everyday front-line work conducted by the staff.
 - The award will be presented at the May Governing Board Meeting.

Agenda Item VIII: Executive Session

- Anjanette Lloyd EEOC #'s 450-20109-00076, 450-2019-02768
 - No report at this time.
- John Moyle Cause # 18-4895-393
 - No report at this time.
- Sarah Gibbons EEOC # 450-2019-04360
 - No report at this time.
- Progressive Auto Claim # 19-4874088, Personal Injury File # 260052
 - No report at this time.

Agenda Item IX: Thank You to Retiring Board Members

- Clara Sanchez
- Gloria Herron
- Dr. Derrell Bulls

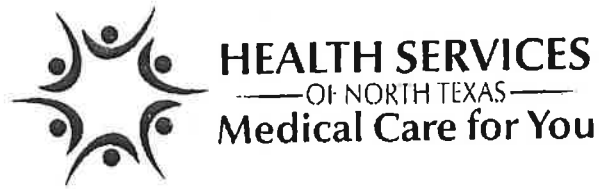
Agenda Item X: Important Dates

- May Board Meeting – May 20th @ 6pm – Virtual Meeting
 - The board will continue to meet virtually until further notice.

Adjourned by Michael Foster at 6:56pm.

Board Secretary Approval _____ **Date** _____

Board President Approval _____ **Date** _____



Finance Committee Meeting

Meeting Facilitator: Michael Foster
Meeting Date: April 14, 2020
Time: 7:30 a.m.
Location: HSNT HQ Go To Meeting Room

Attendees: Michael Foster, Dale Tampke and Humad Husain
Staff Present: Doreen Rue, Pam Barnes and Debra Layman
Regrets: Dr. Bulls

Agenda Item I: Review and Approve March 2020 minutes
Motion to accept: Dale Tampke
Seconded: Michael Foster
Motion Passed 3-0

Agenda Item II: Review and Approve March 2020 Financials

Michael acknowledged notes to the financials sent prior to the meeting. Michael discussed our Total Patient Revenue in March compared to February 2020 is relatively level which is nice position to be in moving into COVID 19 and mandatory shelter in place directive from the government. He also mentioned significant increase in first quarter 2020 Total Patient Revenue compared first quarter 2019 Total Patient Revenue. Doreen discussed this was expected as we hired additional providers toward 2019 year end in efforts to support the community demand for medical care. Moving forward, HSNT will see a decrease in Total Patient Revenue because of the mandatory shelter in place directive as well as patient cancellations and no shows. Pam reminded the committee revenue is documented once the encounter is turned into a medical claim and lag time between the turning the encounter into a claim. The committee asked about the negative professional services balance. HSNT accrued FY2018 Retirement Audit into FY2019 expenditures, once the invoice was received, it was posted as an expense in February by mistake and reversed in March leaving a negative expenditure balance for March. Debra updated the committee on the process of implementing telehealth. Some providers are already providing telehealth and all providers have been trained telehealth processing in the electronic health record system. HSNT is experiencing some difficulty in patient access to telehealth for a variety of reasons including limited access to the internet. Front Office staff are reaching out to patients to confirm appointments and taking this opportunity to educate HSNT patient on accessing telehealth services.

Motion to accept: Dale Tampke
Seconded: Humand Husian
Motion Passed 3-0

Agenda Item III: December 2019 CD Reconciliation \$859.93

Pam informed the committee that December 2019 Certificate of Deposit reconciliation were not complete prior to submitting December 2019 year end financials. Those reconciliation are complete totaling \$859.93 additional revenue documenting in December 2019 financials.

Agenda Item IV: SBA Paycheck Protection Program (PPP)– First United Bank

The committee discussed the SBA PPP. HSNT's Strategy in using these funds will be to keep staffing level during a time of decreasing patient revenue while patients are sheltering in place. HSNT qualifies for \$1,254,233.30 in the PPP. All funds must be spent within 8 weeks of receiving funding and must be spent as follows in order to qualify for loan forgiveness:

- 75% of the loan amount must be spent of wages, payroll taxes and employee benefits
- Remainder of funds can be spent of rent, utilities, and mortgage payments

Pam confirmed HSNT will no problem spending these funds. The accounting team will adjust allocations and set up cost centers to appropriately document the expenditures to ensure funds are spent in line with the requirements to receive full forgiveness. It is still unclear if the forgiveness includes interest. The interest rate is between 0.5% or 1% on a short-term loan time frame which would be a small expense worth incurring for funds received. The committee agreed and will recommend to the full board to allow HSNT to apply and processing documents for SBA PPP.

Agenda Item V: HRSA COVID 19 Funding

COVID
HSNT received two HRSA notices of award for COVID 19 funding. The first award is for \$69,029 and is one-time funding to support preventing, preparing for, and responding to coronavirus disease 2019 (COV-19). This funding is more restrictive in the program specific terms. HSNT set up a COVID 19 triage center as mentioned in last months meeting. Our strategy is to use this funding for setting up HSNT COVID Triage center. The second award is for \$836,240 and is less restrictive providing one-time funding to support the detection of coronavirus (SARS-CoV-2) and/or the prevention, diagnosis, and coronavirus-related public health emergency as outlined in the CARES Act. HSNT Strategy to use these funds for providers and other staff not funded by other grants program and for the additional costs to implement and provide telehealth care, disinfecting supplies and personal protection equipment.

Agenda Item VI: Meeting adjourned at 8:08am

February minutes include notes to the financials.

Board Treasurer Approval:

Michael Foster, HSNT Board Treasurer

Health Services of North Texas, Inc.
Statement of Financial Position
As of 4/30/2020

	Current Period	Last Month - Mar 2020	Prior Year End - Dec 2019	\$ Chge	% Chge
ASSETS					
Current Assets					
Operating Cash	2,955,713.67	1,561,941.16	1,925,181.45	1,030,532.22	0.54
Total Current Assets	2,955,713.67	1,561,941.16	1,925,181.45	1,030,532.22	0.54
Other Current Assets					
Grant Receivables	615,244.64	575,428.39	632,733.32	(17,488.68)	-2.76%
Medical Receivables	309,330.50	331,652.79	396,166.32	(86,835.82)	-21.92%
Prepaid Expenses	47,566.07	50,445.87	20,571.50	26,994.57	100.00%
Deposits	11,429.25	11,529.25	11,429.25	0.00	0.00%
Inventory	9,185.53	9,185.53	9,185.53	0.00	0.00%
Total Other Current Assets	992,755.99	978,241.83	1,070,085.92	(77,329.93)	-7.23%
Short Term Investments					
Investment CDs	560,456.84	560,456.84	559,676.71	780.13	0.14%
Total Short Term Investments	560,456.84	560,456.84	559,676.71	780.13	0.14%
Long Term Assets					
Fixed Assets					
Medical Equipment	86,002.95	86,002.95	86,002.95	0.00	0.00%
Building Improvements	92,664.56	92,664.56	92,664.56	0.00	0.00%
4308 Mesa Denton Office	308,335.28	308,335.28	308,335.28	0.00	0.00%
4304 Mesa Medical Center	2,324,761.13	2,324,761.13	2,324,761.13	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	145,853.15	145,853.15	145,853.15	0.00	0.00%
Vehicles	102,255.00	102,255.00	102,255.00	0.00	0.00%
4304 Land	257,000.00	257,000.00	257,000.00	0.00	100.00%
Accumulated Depreciation	(552,829.46)	(540,755.19)	(504,532.38)	(48,297.08)	9.57%
Total Fixed Assets	2,971,623.57	2,983,697.84	3,019,920.65	(48,297.08)	-1.60%
Total Long Term Assets	2,971,623.57	2,983,697.84	3,019,920.65	(48,297.08)	(0.02)
Total ASSETS	7,480,550.07	6,084,337.67	6,574,864.73	905,685.34	13.77%
LIABILITIES					
Current Liabilities					
Accounts Payable	1,398,110.86	180,389.81	166,111.92	1,231,998.94	741.67%
Accrued Payroll	259,779.63	246,132.13	394,494.67	(134,715.04)	-34.15%
Accrued Retirement	77,126.64	66,064.29	123,560.41	(46,433.77)	-37.58%
Payroll Liabilities	(16,142.43)	(68,278.18)	12,244.96	(28,387.39)	-231.83%
Other Current Liability	276,474.58	273,352.35	304,244.42	(27,769.84)	(0.09)
Total Current Liabilities	1,995,349.28	697,660.40	1,000,656.38	994,692.90	99.40%
Long Term Liabilities					
Capital Loan	1,345,890.50	1,349,604.38	1,361,019.41	(15,128.91)	100.00
Total Long Term Liabilities	1,345,890.50	1,349,604.38	1,361,019.41	(15,128.91)	100.00
Total LIABILITIES	3,341,239.78	2,047,264.78	2,361,675.79	979,563.99	41.48%
NET ASSETS					
Net Assets at Beginning of Year	4,214,048.67	4,214,048.67	4,025,443.39	188,605.28	4.69%
Current Net Assets(Liabilities)	(74,738.38)	(177,075.78)	187,745.55	(262,483.93)	-139.81%
Total NET ASSETS	4,139,310.29	4,036,972.89	4,213,188.94	(73,878.65)	-1.75%
TOTAL LIABILITIES & NET ASSETS	<u>7,480,550.07</u>	<u>6,084,237.67</u>	<u>6,574,864.73</u>	<u>905,685.34</u>	<u>13.77%</u>

Health Services of North Texas, Inc.
Statement of Operations
From 4/1/2020 Through 4/30/2020

	Current Month	Last Month (03/01/2020 - 03/31/2020)	Current YTD	Prior YTD	FY2020 Budget	YTD Difference	% Budget
Patient Revenue							
Net Patient Rev	1,383,746.87	1,258,501.33	5,776,188.01	3,922,236.42	13,094,374.00	1,853,951.59	(44.11)%
Uncollectible	(786,242.78)	(635,899.40)	(3,340,772.16)	(1,823,927.74)	(5,631,071.00)	(1,516,844.42)	(59.32)%
Total Patient Revenue	597,504.09	622,601.93	2,435,415.85	2,098,308.68	7,463,303.00	337,107.17	(32.63)%
Other Revenue							
Grants	356,282.94	290,661.36	1,297,065.48	1,387,754.88	4,800,460.00	(90,689.40)	(27.01)%
Other	93,494.36	47,822.30	294,526.82	224,253.57	991,299.00	70,273.25	(29.71)%
Total Other Revenue	449,777.30	338,483.66	1,591,592.30	1,612,008.45	5,791,759.00	(20,416.15)	(27.48)%
TOTAL Revenue	1,047,281.39	961,085.59	4,027,008.15	3,710,317.13	13,255,062.00	316,691.02	(30.38)%
Expenses							
Personnel	576,109.00	612,223.83	2,389,328.57	2,286,318.05	7,878,425.00	103,010.52	30.32%
Medical Services	142,936.60	198,502.12	690,017.80	592,185.13	1,466,230.00	97,832.67	47.06%
Patient Care	38,699.71	26,848.44	141,918.62	184,267.76	560,300.00	(42,349.14)	25.32%
IT	54,359.45	60,327.75	231,073.29	237,459.34	837,883.00	(6,386.05)	27.57%
MarComm	5,014.04	6,294.28	25,786.24	26,013.87	180,330.00	(227.63)	14.29%
Occupancy	42,689.29	40,052.35	173,910.37	161,254.64	506,182.00	12,655.73	34.35%
Operating Costs	85,135.90	116,368.31	449,711.64	440,830.12	1,825,712.00	8,881.52	24.63%
Total Expenses	944,943.99	1,060,617.08	4,101,746.53	3,928,328.91	13,255,062.00	173,417.62	30.94%
Operating Income(Loss)	102,337.40	(99,531.49)	(74,738.38)	(218,011.78)	0.00	143,273.40	0.00%
Net Assets	102,337.40	(99,531.49)	(74,738.38)	(218,011.78)	0.00	143,273.40	0.00%

Health Services of North Texas, Inc.

Statement of Cash Flows

As of 4/30/2020

	<u>Current Period</u>	<u>Current Year</u>	<u>Prior Year YTD</u>
Cash Flows from Operating Activities			
Medicaid	336,702.18	1,413,212.44	1,301,745.09
Medicare	143,504.97	289,879.47	211,102.05
Private/Commercial	20,914.61	214,823.31	202,123.33
Self Pay	41,290.71	217,789.67	316,897.67
Program Income	77,413.91	404,666.25	240,405.77
Grants	316,466.69	1,312,871.16	1,609,304.57
Receipts from Contributors	93,494.36	294,526.82	224,253.57
Payments to Employees & Suppliers	<u>373,434.31</u>	<u>(3,044,614.99)</u>	<u>(4,129,447.06)</u>
Total Cash Flows from Operating Activities	<u>1,403,221.74</u>	<u>1,103,154.13</u>	<u>(23,615.01)</u>
Cash Flows from Capital Activities			
Capital Activity/Disposal of Assets	0.00	0.00	(8,530.53)
Capital Loan	<u>(9,407.35)</u>	<u>(37,629.40)</u>	<u>(37,629.40)</u>
Total Cash Flows from Capital Activities	<u>(9,407.35)</u>	<u>(37,629.40)</u>	<u>(46,159.93)</u>
Change in Medical Liability			
Change in Patient Refunds	<u>(40.00)</u>	<u>(36,181.74)</u>	<u>10,679.79</u>
Total Change in Medical Liability	<u>(40.00)</u>	<u>(36,181.74)</u>	<u>10,679.79</u>
Beginning Cash & Cash Equivalents	<u>2,107,605.64</u>	<u>2,472,037.04</u>	<u>1,586,753.54</u>
Ending Cash & Cash Equivalents	<u><u>3,501,380.03</u></u>	<u><u>3,501,380.03</u></u>	<u><u>1,527,658.39</u></u>

Health Services of North Texas, Inc.

Financial Ratios

April 2020

	FY2020 Goals	Fiscal Year To Date 2020	Fiscal Year End 2019
Quick Ratio Current Assets/Current Liabilities	9:1	2.23 : 1	3.54 : 1
Debt/Equity Total Liabilities/Total Net Assets	13.0%	79.3%	56.1%
Working Capital to Expense Ratio CA/CL divided by Expense/# month in Period	3 : 1	2.45 : 1	2.65 : 1
Long Term Debt to Equity Ratio	25%	31.9%	32.3%
Percentage of Admin & Fundraising <i>included estimate of new accounting standard</i>	25.0%	16.0%	15.5%
Number of Days - Cash	56	98	70
Number of Days - Liquidity	180	126	103
Accounts Receivable Days (Medical AR Collection Period)	50	15	23
Change In Net Assets to Expense (Net Assets/Total Expense)	3.0%	-1.8%	1.6%
Operating Margin (Change in Net Assets/Total Revenue)	0.5%	-1.82%	1.60%
Cash Flow	1.5%	51.2%	30.5%
		FY2020	FY2019
Cost per Employee this month		\$5,275.43	\$4,394.18
		Rolling 12 Month Data	Fiscal Year End 2019
Cost per Employee R12		\$67,937.16	\$69,027.55
Average Hourly Rate R12		\$30.49	\$36.41
Cost Per Medical Encounter *37,122		\$288.14	\$301.50
Cost Per Medical Patient *12,912		\$922.84	\$900.80
Federal Cost Per Medical Patient		\$127.91	\$130.28

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

*Cost per Employee and Hourly Rate updated to a rolling 12 months in August 2019

Governing Board Quality Committee Minutes 4.15.2020

Attendees: Dr. Howard Shaw, Melissa Winans, Dr. Dean Perkins, Doreen Rue, Debra Layman, Dr. Jason Siegel

Absent:

Guests: Judge David Garcia

Topic	Roll Call and Acceptance of Minutes	Action	Responsible Party	Follow-Up
Welcome & Roll Call	Called to Order at 5:00pm	Quorum Met		
Approval of minutes	Agency Minutes from March 2020 and Committee Minutes from March 2020: Moved by Dr. Howard Shaw and seconded by Dr. Dean Perkins	Approved		
New PDSA's				
	<ul style="list-style-type: none"> • Rapid Flu Test <ul style="list-style-type: none"> ○ All clinic staff trained on process and protocols. • Accounting EOB and Deposit Upload 	Reviewed		
Update on Existing Quality Initiatives				
COVID-19 Response	<ul style="list-style-type: none"> • Patient Portal Utilization – Healow App <ul style="list-style-type: none"> ○ eCW provider demographic breakdowns of the patients utilizing the Healow App for televisits. ○ HSNT's televisit initiative began in earnest in mid-March. <ul style="list-style-type: none"> ▪ 194 downloads in that time. ○ Over the last 30 days utilization of televisits has dramatically increased. ○ The largest barrier to adoption is patient access. <ul style="list-style-type: none"> ▪ Access to internet and smartphones • eCW televisit platform is integrated into HSNT's EMR. <ul style="list-style-type: none"> ○ Easy transition for providers who are enthusiastic about adoption. ○ Front line staff has been trained to assist patients with navigating telehealth platform. <ul style="list-style-type: none"> ▪ Downloading the app, troubleshooting, etc. 	Report to the Board		

	<ul style="list-style-type: none"> • HSNT is exploring funding opportunities to support the transition to telehealth both during this crisis and afterward. • In May the Governing Board will receive an update and training on HSNT's transition to telemedicine. 			
Patient Satisfaction				
	<ul style="list-style-type: none"> • HSNT suspended collection of patient satisfaction surveys to limit patient exposure to touch screen devices in the clinics. 	Report to the Board		
Quality Meeting Dashboard				
	<ul style="list-style-type: none"> • The incentive goals are progressing well for this time of the year. • The committee is impressed with the progress made on the goals, especially in light of the conditions surrounding the response to COVID-19. • UDS measures – HSRA has indicated they understand numbers may be lower during this reporting period, however the reporting will not be suspended. 	Report to the Board		
Other Items				
Telemedicine Policy	<ul style="list-style-type: none"> • The policy details specific procedures and requirements for telemedicine specific to the COVID-19 pandemic. • Specific visit types identified as appropriate for telemedicine are listed. • This policy was drafted specifically for the COVID-19 response. <ul style="list-style-type: none"> ○ A more permanent policy relating to telemedicine will be drafted in the future. ○ HSNT intends to use the information learned through this process to create a stable and effective telemedicine program. • Melissa Winans moves to approve the policy and recommend to the Governing Board for approval. <ul style="list-style-type: none"> ○ Dr. Dean Perkins seconds. • The committee approves and will recommend to the Governing Board for approval. 	Recommend to the Governing Board for Approval		

Information to Report to the Board				
	<ul style="list-style-type: none"> • Recommend Board approval of the Telemedicine Policy. • Report on HSNT's COVID-19 response. 	Report to the Board		

Meeting Adjourned: 5:39pm

Committee Facilitator: Debra Layman

Next Meeting: 5.20.20



Governing Board Personnel Committee Notes

May 13, 2020

Present: James Henderson

Staff: Doreen Rue

Quorum met.

I. Governing Board Committee Structure

- The 2020 board roster was approved last month and the board committees need to be repopulated as a result.
- The goal is to build these committees with bench strength as board membership changes and members roll off in the future.
- Personnel Committee
 - i. Propose adding Trang Dang-Le, April Powell, and Sara Schroeder to the committee.
 - ii. We will need to add members in the next year to prepare for Trang Dang-Le rolling off of the board.
 - 1. Lee Brown has expressed interest and is a good candidate to consider for appointment in the next year.
- Finance Committee
 - i. Committee members are appointed by the treasurer.
- Strategic Planning Committee
 - i. Propose adding Sara Schroeder to the committee.
 - 1. While she has also been nominated for the personnel committee, neither committee has monthly standing meeting making the time commitment more manageable.
 - ii. Dr. Dean Perkins will roll off of the board next year, we will need to prepare for that transition.
- Quality Committee
 - i. It is important to incorporate the consumer perspective into this committee.
 - ii. Potential board member Belinda Hernandez may be a good candidate.
 - 1. This decision will be tabled until the board receives her membership application.

II. New Business

- The Governing Board Roster was updated with the current contact information for HSNT's Life Members.



III. Reports to the Board

- Recommend approval of the new committee structure.

Meeting Adjourned: 11:38am

Grants & MarCom Monthly Report May 2020

Keeping HSNT Top of Mind & Building Relationships

- North Texas Honda Dealers were so kind to serve our staff lunch and celebrate their work with an onsite check presentation and boxed lunches. (Helpful Honda People)
- North Texas Giving Day- 22 Donors gave \$2,516.87
- DexImaging signed on as a Business Stakeholder at the \$5,000 level.
- HSNT is getting noticed! Both Doreen and Dr. Siegel were featured on Glen Ferris, Big Deal podcast, Serve Denton's blog writer wrote a very nice article about choosing HSNT for your medical home and we had three articles/mentions in the DRC.

Digital Marketing and Website



Now offering telehealth!

See local providers from the comfort of your home



- Google Grant spend in April generated 4.74K impressions and 244 clicks for a spend down of \$1,220 (this is FREE advertising). We saw a decrease of 938 impressions, mostly due to increased efforts by Google to monitor and flag ads during the pandemic.
- Website metrics for April - 6,877 unique visits, a 37% increase year over year
- The new telehealth landing page is performing well with 352 sessions, it's the 3rd most visited page on the website.
- Telehealth Advertising on digital news platforms in Plano, Lewisville and Denton



Now offering telehealth!

With a sliding-scale fee based on income, no insurance is no problem



Key Campaigns

- Telehealth promotion for all service lines other than women's health
- HSNT is open and here for you!
- Primary care in Plano
- Pediatric well visits

Up Next

- A vendor has been selected for HSNT's new website, go live date is set for July 1st.
- Pediatric Push- let's get children protected through immunizations

Key Grant Metrics

Total Awarded in April: \$33,000

Women's Health and Family Planning Association of Texas	\$12,000
Modern Woodmen	\$1,000
Independent Bank	\$10,000
North Texas Cares- UWMD	\$10,000

12 Grant Proposals in Process

\$1,138,731 Value

20 Grant Proposals Awaiting Decision

\$2,447,550 value

Grant proposals/submissions for approval

FCC	Telehealth	\$211,497	May
Meadows Foundation	Behavioral health	\$45,000	May
North Texas Cares	Mental Health	\$40,000	May
North Texas Cares	Back to School	\$40,000	May
North Texas Cares	Staff for COVID-19 testing	\$70,980	May
Direct Relief	COVID-19 response	\$40,000	May
EFSP	Utility assistance	\$2,500	May
Norcal Group Foundation	COVID-19 response	\$7,500	May
HOPWA	HIV/AIDS housing	\$616,734	June
Episcopal Health Foundation	Medical visits	\$7,500	June
Lightner Sams	WCMC medical/IT equipment	\$10,000	June
Grande Communication	Bus passes	\$2,500	June

460

NEW PATIENTS

261

appointment requests
via website

Patient Comment

"Kerry Gamble, NP was very helpful & listened to all of my concerns. She was very thoughtful & asked questions as we went along to not only see how I was doing medically, but mentally and emotionally. She is knowledgeable and helping me to healthy. She made sure to tell me my options in order to get affordable medications. Everyone I met at the office was friendly."

HSNT COVID-19

HSNT has been in full risk mitigation mode to preserve the asset that HSNT is in the community. The initial phase of our response has stabilized our primary concerns:

- Employee Health and Safety- HSNT sought and received the PPE necessary to protect our team members to the extent possible while performing patient care duties.
- Patient Health and Safety- HSNT is providing screening, education, and a safe clinical environment. To do this we are making use of telemedicine, testing, and follow up care.
- Supply Chain for Healthcare Services- HSNT has identified new sources and cobbled together community and National Stockpile resources to ensure we have the supplies necessary to continue to care for our patients. One need that has not resolved is the supply of COVID-19 testing. With recent funding and a push from the national and state level we anticipate that this will improve in near future.
- Financial Health- HSNT has applied for and received several COVID-19 specific response grants. They come with specific grant conditions and restrictions. HSNT is planning to maximize the use of these funds to maintain care for our current patients and to increase capacity as we know there is additional need in the community.

We are now in the maintain phase as an organization:

- Cost Optimization- Mission essential expenditures and prioritization of resources.
- Working Capital Improvement- Use of grant funding to shift service delivery mode and utilization of telemedicine and technology platforms to continue working remotely.
- Workforce Flexibility- Repurposing staff to maintain essential functions and prioritizing care coordination to preserve patient access.
- Productivity- Ramping up telemedicine (35% of visits) and planning for engaging patients to close gaps caused by disruptions in care.
- Market Opportunity- This is the last step in this phase and HSNT is beginning the process of determining our new normal environment. Looking at the silver linings and huge opportunities to shape our future before others shape it for us! The strategic planning team will focus on this step.

This will lead us to through recovery and to a long-term position to thrive in a new environment. In the coming months we will spend time on strategy alignment, competitive advantage, and organizational agility.

Funding

HSNT received a federal grant to increase our testing capacity. Resources will be used to support a testing program and release our current providers back to patient care. Currently the 2 providers who manage our triage and COVID-19 testing are the providers from our Serve Denton location that temporarily



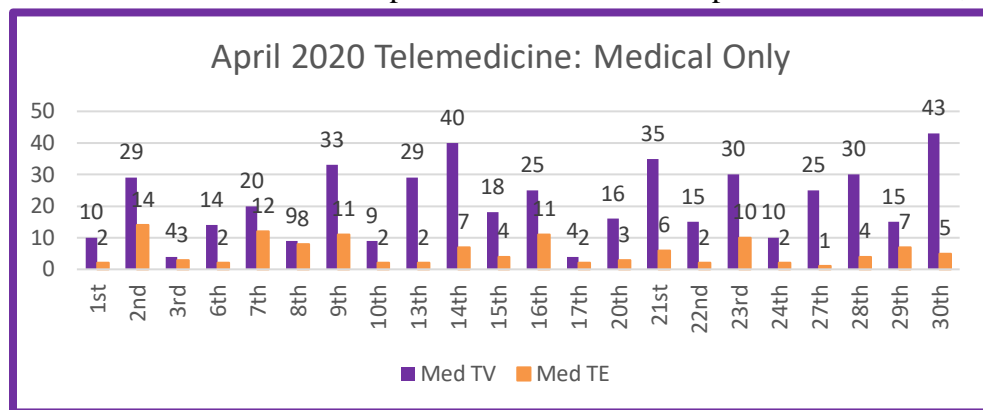
discontinued medical visits in order to develop a safe environment for staff and patients on the Mesa Drive Campus. It is conceivable this shift will position HSNT to resume full services and continue ramping up televisits at Serve Denton Center. More on that decision when we are able to implement the testing program. Attached is the Notice of Award (NoA) for the COVID-19 testing grant.

We are working on the grant budget and will present it to the Finance Committee and full board for review and approval next week.

HSNT received the small business loan for the Paycheck Protection Program. HSNT received a small business association (SBA) loan. Current staffing levels need to be maintained to qualify for forgiveness and we are on track as we are backfilling any staffing losses and have a few additional positions related to other grant programs. This loan and the federal grants are drawn down as expenses are incurred.

We are hopeful and waiting to hear from Federal Communication Commission (FCC) on telemedicine funding to support the purchase of telecommunications, information services, and connected devices to provide connected care services in response to the coronavirus pandemic. If funded,

this resource will help us through COVID-19 and strengthen the transformation of our operations on the other side of COVID-19.



April 2020 data on televisits (TV) and telephone encounters (TP) =**34.77%** for all Medical and Case Management Encounters. Chart above is only medical visits. I will provide an update on our telemedicine adoption at the board meeting.

Communications

Please check out Doreen’s and Dr. Siegel’s interviews on The Big Deal with Glen Farris.

<https://glenfarriscommercial.com/podcast/42-dr-jason-siegel-md-health-services-of-north-texas>

<https://glenfarriscommercial.com/podcast/41-doreen-rue-ceo-health-services-of-north-texas>

These were great opportunities for exposure for HSNT. Each interview is around an hour.

We continue calls with local, state, and federal sources to stay abreast of the changes and resources as we navigate and set our course for recovery. We are also involved in peer learning circles with health centers across the nation learning strategies and best practices. There are health centers who have converted 97% of their visits to telemedicine!


You should have received a hard copy of our 2019 annual report. This publication has also been sent to grant makers and other key stakeholders. It is available [digitally](#) on our website for you to liberally share.

Information and Follow Up

- Helpful Honda People Campaign recognized HSNT and provided lunch and donation.
- The pharmacy sublease with RenueRX at our Serve Denton location has been executed. They are making applications for licenses and planning improvements to the space. They anticipate a November 2020 opening timeline at this time.
- I met with Belinda Hernandez to screen for interest in board service. I shared her patient story with you last month. She is interested in serving on the board and will submit her application for consideration.
- HSNT is now using Zoom instead of Go to Meeting. Because we needed the HIPAA compliant version all attendees must have a Zoom account in order to access the meeting. I know many of you already use Zoom but for those who are new to this platform, please see the instruction in the email with the board packet and reach out if you need help setting up a Zoom account.

Thank you for your support,

Doreen Rue, CEO

1. DATE ISSUED: 05/04/2020		2. PROGRAM CFDA: 93.224		 NOTICE OF AWARD AUTHORIZATION (Legislation/Regulation) H.R. 266, Paycheck Protection Program and Health Care Enhancement Act																																																					
3. SUPERSEDES AWARD NOTICE dated: except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.																																																									
4a. AWARD NO.: 1 H8ECS38810-01-00		4b. GRANT NO.: H8ECS38810	5. FORMER GRANT NO.:																																																						
6. PROJECT PERIOD: FROM: 05/01/2020 THROUGH: 04/30/2021																																																									
7. BUDGET PERIOD: FROM: 05/01/2020 THROUGH: 04/30/2021																																																									
8. TITLE OF PROJECT (OR PROGRAM): FY 2020 Expanding Capacity for Coronavirus Testing (ECT)																																																									
9. GRANTEE NAME AND ADDRESS: Health Services of North Texas , Inc. 4401 N. I-35 Denton, TX 76207 DUNS NUMBER: 928920180 BHCNIS # 06E00522				10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR) Doreen Rue Health Services of North Texas , Inc. 4401 N Interstate 35 UNIT 312 Denton, TX 76207-3318																																																					
11. APPROVED BUDGET: (Excludes Direct Assistance) <input checked="" type="checkbox"/> Grant Funds Only <input type="checkbox"/> Total project costs including grant funds and all other financial participation				12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:																																																					
<table style="width:100%; border-collapse: collapse;"> <tr><td>a . Salaries and Wages :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>b . Fringe Benefits :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>c . Total Personnel Costs :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>d . Consultant Costs :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>e . Equipment :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>f . Supplies :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>g . Travel :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>h . Construction/Alteration and Renovation :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>i . Other :</td><td style="text-align: right;">\$290,929.00</td></tr> <tr><td>j . Consortium/Contractual Costs :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>k . Trainee Related Expenses :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>l . Trainee Stipends :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>m . Trainee Tuition and Fees :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>n . Trainee Travel :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>o . TOTAL DIRECT COSTS :</td><td style="text-align: right;">\$290,929.00</td></tr> <tr><td>p . INDIRECT COSTS (Rate: % of S&W/TADC) :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>q . TOTAL APPROVED BUDGET :</td><td style="text-align: right;">\$290,929.00</td></tr> <tr><td> i. Less Non-Federal Share:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td> ii. Federal Share:</td><td style="text-align: right;">\$290,929.00</td></tr> </table>				a . Salaries and Wages :	\$0.00	b . Fringe Benefits :	\$0.00	c . Total Personnel Costs :	\$0.00	d . Consultant Costs :	\$0.00	e . Equipment :	\$0.00	f . Supplies :	\$0.00	g . Travel :	\$0.00	h . Construction/Alteration and Renovation :	\$0.00	i . Other :	\$290,929.00	j . Consortium/Contractual Costs :	\$0.00	k . Trainee Related Expenses :	\$0.00	l . Trainee Stipends :	\$0.00	m . Trainee Tuition and Fees :	\$0.00	n . Trainee Travel :	\$0.00	o . TOTAL DIRECT COSTS :	\$290,929.00	p . INDIRECT COSTS (Rate: % of S&W/TADC) :	\$0.00	q . TOTAL APPROVED BUDGET :	\$290,929.00	i. Less Non-Federal Share:	\$0.00	ii. Federal Share:	\$290,929.00	<table style="width:100%; border-collapse: collapse;"> <tr><td>a. Authorized Financial Assistance This Period</td><td style="text-align: right;">\$290,929.00</td></tr> <tr><td>b. Less Unobligated Balance from Prior Budget Periods</td><td></td></tr> <tr><td> i. Additional Authority</td><td style="text-align: right;">\$0.00</td></tr> <tr><td> ii. Offset</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>c. Unawarded Balance of Current Year's Funds</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>d. Less Cumulative Prior Awards(s) This Budget Period</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION</td><td style="text-align: right;">\$290,929.00</td></tr> </table>		a. Authorized Financial Assistance This Period	\$290,929.00	b. Less Unobligated Balance from Prior Budget Periods		i. Additional Authority	\$0.00	ii. Offset	\$0.00	c. Unawarded Balance of Current Year's Funds	\$0.00	d. Less Cumulative Prior Awards(s) This Budget Period	\$0.00	e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$290,929.00
a . Salaries and Wages :	\$0.00																																																								
b . Fringe Benefits :	\$0.00																																																								
c . Total Personnel Costs :	\$0.00																																																								
d . Consultant Costs :	\$0.00																																																								
e . Equipment :	\$0.00																																																								
f . Supplies :	\$0.00																																																								
g . Travel :	\$0.00																																																								
h . Construction/Alteration and Renovation :	\$0.00																																																								
i . Other :	\$290,929.00																																																								
j . Consortium/Contractual Costs :	\$0.00																																																								
k . Trainee Related Expenses :	\$0.00																																																								
l . Trainee Stipends :	\$0.00																																																								
m . Trainee Tuition and Fees :	\$0.00																																																								
n . Trainee Travel :	\$0.00																																																								
o . TOTAL DIRECT COSTS :	\$290,929.00																																																								
p . INDIRECT COSTS (Rate: % of S&W/TADC) :	\$0.00																																																								
q . TOTAL APPROVED BUDGET :	\$290,929.00																																																								
i. Less Non-Federal Share:	\$0.00																																																								
ii. Federal Share:	\$290,929.00																																																								
a. Authorized Financial Assistance This Period	\$290,929.00																																																								
b. Less Unobligated Balance from Prior Budget Periods																																																									
i. Additional Authority	\$0.00																																																								
ii. Offset	\$0.00																																																								
c. Unawarded Balance of Current Year's Funds	\$0.00																																																								
d. Less Cumulative Prior Awards(s) This Budget Period	\$0.00																																																								
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$290,929.00																																																								
13. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)																																																									
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">YEAR</th> <th>TOTAL COSTS</th> </tr> </thead> <tbody> <tr> <td colspan="2" style="text-align: center;">Not applicable</td> </tr> </tbody> </table>						YEAR	TOTAL COSTS	Not applicable																																																	
YEAR	TOTAL COSTS																																																								
Not applicable																																																									
14. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)																																																									
<table style="width:100%; border-collapse: collapse;"> <tr><td>a. Amount of Direct Assistance</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>b. Less Unawarded Balance of Current Year's Funds</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>c. Less Cumulative Prior Awards(s) This Budget Period</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION</td><td style="text-align: right;">\$0.00</td></tr> </table>						a. Amount of Direct Assistance	\$0.00	b. Less Unawarded Balance of Current Year's Funds	\$0.00	c. Less Cumulative Prior Awards(s) This Budget Period	\$0.00	d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	\$0.00																																												
a. Amount of Direct Assistance	\$0.00																																																								
b. Less Unawarded Balance of Current Year's Funds	\$0.00																																																								
c. Less Cumulative Prior Awards(s) This Budget Period	\$0.00																																																								
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	\$0.00																																																								
15. PROGRAM INCOME SUBJECT TO 45 CFR 75.307 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES: A=Addition B=Deduction C=Cost Sharing or Matching D=Other [A] Estimated Program Income: \$0.00																																																									
16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY HRSA, IS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING: a. The grant program legislation cited above. b. The grant program regulation cited above. c. This award notice including terms and conditions, if any, noted below under REMARKS. d. 45 CFR Part 75 as applicable. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.																																																									
REMARKS: (Other Terms and Conditions Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No)																																																									
<i>Electronically signed by Elvera Messina , Grants Management Officer on : 05/04/2020</i>																																																									
17. OBJ. CLASS: 41.51		18. CRS-EIN: 1752252866A1		19. FUTURE RECOMMENDED FUNDING: \$0.00																																																					
FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE																																																			
20 - 398T160	93.224	20H8ECS38810C4	\$290,929.00	\$0.00	CH	20-COVID19-BPHC-C4																																																			

HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e., created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit <https://grants3.hrsa.gov/2010/WebEPSExternal/Interface/common/accesscontrol/login.aspx> to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

Terms and Conditions

Failure to comply with the remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

Grant Specific Term(s)

1. All post-award requests, such as significant budget revisions or a change in scope, must be submitted as a Prior Approval action via the Electronic Handbooks (EHBs) and approved by HRSA prior to implementation. Grantees under "Expanded Authority," as noted in the Remarks section of the Notice of Award, have different prior approval requirements. See "Prior-Approval Requirements" in the DHHS Grants Policy Statement: <http://www.hrsa.gov/grants/hhsgrantspolicy.pdf>
2. The funds for this award are sub-accounted in the Payment Management System (PMS) and will be in a P type (sub accounted) account. This type of account allows recipients to specifically identify the individual grant for which they are drawing funds and will assist HRSA in monitoring the award. If your organization previously received a grant under this program, it was in a G type (cash pooled) account designated by a PMS Account Number ending in G or G1. Now that this grant is sub accounted the PMS Account Number will be changed to reflect either P or P1. For example, if the prior year grant was in payee account number 2AAG it will now be in 2AAP. Similarly, if the prior year grant was in payee account 2AAG1, the grant will be in payee account 2AAP1. The P sub account number and the sub account code (provided on page 1 of this Notice of Award) are both needed when requesting grant funds. You may use your existing PMS username and password to check your organizations P account access. If you do not have access, complete a PMS Access Form (PMS/FFR Form) found at: <https://pms.psc.gov/grant-recipients/access-newuser.html> and send it to the fax number indicated on the bottom of the form. If you have any questions about accessing PMS, contact the PMS Liaison Accountant as identified at: <https://pms.psc.gov/find-pms-liaison-accountant.html>.
3. As required by the Federal Funding Accountability and Transparency Act of 2006 (Pub. L. 109–282), as amended by section 6202 of Public Law 110–252, recipients must report information for each subaward of \$25,000 or more in Federal funds and executive total compensation, as outlined in Appendix A to 2 CFR Part 170. You are required to submit this information to the FFATA Subaward Reporting System (FSRS) at <https://www.fsr.gov/> by the end of the month following the month in which you awarded any subaward. The FFATA reporting requirements apply for the duration of the project period and so include all subsequent award actions to aforementioned HRSA grants and cooperative agreement awards (e.g., Type 2 (competing continuation), Type 5 (non-competing continuation), etc.). Subawards to individuals are exempt from these requirements. For more information, visit: <https://www.hrsa.gov/grants/ffata.html>.

Program Specific Term(s)

1. New and/or improved space resulting from minor alteration and renovation activities may only be used for purposes consistent with Section 330 of the Public Health Service Act (42 U.S.C. § 254b) and the purposes of this award.
2. You may not use this funding for: costs supported with H80, H8C, or H8D funding, as well as costs that are reimbursed or compensated by other federal or state programs that provide for such benefits; the purchase or upgrade of an electronic health record that is not certified by the Office of the National Coordinator for Health Information Technology; new construction activities, including additions or expansions; major alteration and renovation projects valued at \$500,000 or greater in total federal and non-federal costs (excluding the cost of allowable moveable equipment); installation of trailers and permanently affixed modular or prefabricated buildings; facility or land purchases; and significant exterior site work such as new parking lots or storm water structures.
3. You may rebudget these funds without prior approval except as noted below, and provided that the proposed use of funding aligns with the funding intent (purchase, administer, and expand capacity for testing to monitor and suppress COVID-19), avoids ineligible uses of funding as outlined in this notice of award, and complies with 45 CFR Part 75 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards available at <http://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75>. HRSA requires grantees to seek prior approval for significant rebudgeting of project costs. Significant rebudgeting occurs when under a grant where the federal share of the project exceeds the Simplified Acquisition Threshold and the cumulative transfers among direct cost budget categories for the current budget period exceed 25 percent of the total approved budget (inclusive of direct and indirect costs and

federal funds and required matching or cost sharing) for that budget period.

4. Under existing law, and consistent with Executive Order 13535 (75 FR 15599), awardees are prohibited from using federal funds to provide abortion services (except in cases of rape or incest, or when the life of the woman would be endangered).
5. With receipt of this notice of award, you acknowledge that federal interest exists in real property and equipment which will be maintained in accordance with 45 CFR Part 75 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards available at <http://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75>. You must maintain adequate documentation to track and protect the federal interest. For real property, adequate documentation must include communications between the lessor and the lessee related to protecting such interest, in accordance with the standard award terms and conditions. Such documentation must be available for review by HRSA upon request.
6. This notice of award provides one-time funding to support health centers funded under the Health Center Program to prevent, prepare for, and respond to coronavirus disease 2019 (COVID-19). Specifically funds may be used by health centers for necessary expenses to purchase, administer, and expand capacity for testing to monitor and suppress COVID-19. Funds have been made available for this purpose by the Paycheck Protection Program and Health Care Enhancement Act, available at <https://www.congress.gov/bill/116th-congress/house-bill/266/text>.

As provided for in Office of Management and Budget Memorandum M-20-11 - *Administrative Relief for Recipients and Applicants of Federal Financial Assistance Directly Impacted by the Novel Coronavirus (COVID-19)*, available at <https://www.whitehouse.gov/wp-content/uploads/2020/03/M-20-11.pdf>, HRSA authorizes you to charge allowable pre-award costs that were incurred before the effective date of this award, dating back to January 20, 2020.

HRSA determined your award amount using the following formula: (1) \$98,329, plus, (2) \$15.00 per patient reported in the 2019 Uniform Data System (UDS).

7. Up to \$150,000 of the funding included in this notice of award may be utilized for minor alteration and renovation (A/R) activities to support testing capacity. Minor A/R activities must occur at an in-scope service delivery site and the total project cost must be less than \$500,000. You must submit the required minor A/R information to HRSA before drawing down funds for minor A/R activities. See the [ECT technical assistance webpage](#) for details regarding required minor A/R project information.
8. You must submit a progress report at least quarterly into the HRSA Electronic Handbooks. Reports will describe the status of the activities and use of funds to purchase, administer, and expand capacity for testing to monitor and suppress COVID-19. You will also submit information related to the use of this funding for minor alterations and renovations-related activities, if applicable. Details about reporting requirements will be posted to the [ECT technical assistance webpage](#) when available.
9. You must use this funding to support activities to purchase, administer, and expand capacity for testing for COVID-19. Funding may support a wide-range of testing and testing related, in-scope activities that may change as COVID-19 needs evolve within your community, including but not limited to:
 - Maintain and increase health center capacity and personnel levels to support coronavirus testing and clinical and operational needs directly related to testing, including hiring and contracting with providers and other personnel
 - Development of testing plans for both active infection and prior exposure
 - Procurement and distribution of tests within the service area
 - Purchase of testing equipment and supplies
 - Temporary drive- or walk-up testing
 - Laboratory services
 - Patient and community education related to testing
 - Assessment of symptoms, delivering test results, and appropriate follow up assessment including by telephone, text monitoring systems, or videoconference
 - Testing personnel to support a safe workplace and facilitate timely return to work
 - Personnel training related to testing
 - Outreach to patients who may be at high risk or who have access barriers
 - In coordination with federal, state and local public health activities, notifying identified contacts of infected health center patients of their exposure to COVID-19, consistent with applicable law (including laws relating to communicable disease reporting and privacy)
 - Reporting information on COVID-19 infection to federal, state, and local public health agencies consistent with applicable law (including laws relating to communicable disease reporting and privacy)
 - Personal protective equipment
 - Equipment (e.g., telehealth equipment, temporary and non-fixed barriers to separate patients, vehicles to transport patients or health center personnel)
 - Health information technology (e.g., technology to support tracking, sharing, and reporting capacity)
 - Minor alteration or renovation projects directly supporting testing capacity expansion
 - Purchase or lease of mobile vans/units directly supporting testing capacity expansion

As provided for in OMB Memorandum M-20-11 - *Administrative Relief for Recipients and Applicants of Federal Financial Assistance Directly Impacted by the Novel Coronavirus (COVID-19)*, available at <https://www.whitehouse.gov/wp-content/uploads/2020/03/M-20-11.pdf>, HRSA may waive the procurement requirements contained in 45 CFR § 75.328(b) regarding geographical preferences and 45 CFR § 75.330 regarding contracting small and minority businesses, women's business enterprises, and labor surplus area firms. HRSA approved this waiver on March 24, 2020, which is valid until July 26, 2020. HRSA will issue public notices of extensions of such waivers to the extent that they are extended.

10. You must update or request prior approval from HRSA as appropriate to ensure that your scope of project accurately reflects any changes needed to implement activities supported by this award. This includes: (1) Form 5A: Services Provided, (2) Form 5B: Service Sites, and (3) Form 5C: Other Activities/Locations. For additional information, see the scope of project resources available at <https://bphc.hrsa.gov/programrequirements/scope.html>, COVID-19 scope of project-related frequently asked questions at <https://bphc.hrsa.gov/emergency-response>, and consult your project officer as needed.
11. You are expected to monitor and use available resources, such as those available from local and state public health entities and the Centers for Disease Control and Prevention (CDC) available at <https://www.cdc.gov/coronavirus/2019-ncov/index.html>. Health center-specific resources and more information are available at Emergency Preparedness and Recovery Resources for Health Centers at <https://bphc.hrsa.gov/emergency-response> and through Health Center Program Strategic Partners at <https://bphc.hrsa.gov/qualityimprovement/strategicpartnerships/index.html>.

Standard Term(s)

1. Recipients must comply with all terms and conditions outlined in their grant award, including grant policy terms and conditions outlined in applicable Department of Health and Human Services (HHS) Grants Policy Statements, and requirements imposed by program statutes and regulations and HHS grant administration regulations, as applicable; as well as any requirements or limitations in any applicable appropriations acts.
2. All discretionary awards issued by HRSA on or after October 1, 2006, are subject to the HHS Grants Policy Statement (HHS GPS) unless otherwise noted in the Notice of Award (NoA). Parts I through III of the HHS GPS are currently available at <http://www.hrsa.gov/grants/hhsgrantspolicy.pdf>. Please note that the Terms and Conditions explicitly noted in the award and the HHS GPS are in effect.
3. "This [project/publication/program/website] [is/was] supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$XX with xx percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government."
Recipients are required to use this language when issuing statements, press releases, requests for proposals, bid solicitations, and other HRSA-supported publications and forums describing projects or programs funded in whole or in part with HRSA funding. Examples of HRSA-supported publications include, but are not limited to, manuals, toolkits, resource guides, case studies and issues briefs.
4. Recipients and sub-recipients of Federal funds are subject to the strictures of the Medicare and Medicaid anti-kickback statute (42 U.S.C. 1320a - 7b(b)) and should be cognizant of the risk of criminal and administrative liability under this statute, specifically under 42 U.S.C. 1320 7b(b) Illegal remunerations which states, in part, that whoever knowingly and willfully: (A) Solicits or receives (or offers or pays) any remuneration (including kickback, bribe, or rebate) directly or indirectly, overtly or covertly, in cash or in kind, in return for referring (or to induce such person to refer) an individual to a person for the furnishing or arranging for the furnishing of any item or service, OR (B) In return for purchasing, leasing, ordering, or recommending purchasing, leasing, or ordering, or to purchase, lease, or order, any goods, facility, services, or itemFor which payment may be made in whole or in part under subchapter XIII of this chapter or a State health care program, shall be guilty of a felony and upon conviction thereof, shall be fined not more than \$25,000 or imprisoned for not more than five years, or both.
5. Items that require prior approval from the awarding office as indicated in 45 CFR Part 75 [Note: 75 (d) HRSA has not waived cost-related or administrative prior approvals for recipients unless specifically stated on this Notice of Award] must be submitted as a Prior Approval action via Electronic Handbooks (EHBs). Only responses to prior approval requests signed by the GMO are considered valid. Grantees who take action on the basis of responses from other officials do so at their own risk. Such responses will not be considered binding by or upon the HRSA.
In addition to the prior approval requirements identified in 45 CFR Part 75, HRSA requires grantees to seek prior approval for significant rebudgeting of project costs. Significant rebudgeting occurs when, under a grant where the Federal share of the project exceeds the Simplified Acquisition Threshold and the cumulative transfers among direct cost budget categories for the current budget period exceed 25 percent of the total approved budget (inclusive of direct and indirect costs and Federal funds and required matching or cost sharing) for that budget period.
6. Payments under this award will be made available through the DHHS Payment Management System (PMS). PMS is administered by the

- Division of Payment Management, Financial Management Services, Program Support Center, which will forward instructions for obtaining payments. Inquiries regarding payments should be directed to: ONE-DHHS Help Desk for PMS Support at 1-877-614-5533 or PMSSupport@psc.hhs.gov. For additional information please visit the Division of Payment Management Website at <https://pms.psc.gov/>.
7. The DHHS Inspector General maintains a toll-free hotline for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Such reports are kept confidential and callers may decline to give their names if they choose to remain anonymous. Contact: Office of Inspector General, Department of Health and Human Services, Attention: HOTLINE, 330 Independence Avenue Southwest, Cohen Building, Room 5140, Washington, D. C. 20201, Email: Htips@os.dhhs.gov or Telephone: 1-800-447-8477 (1-800-HHS-TIPS).
 8. Submit audits, if required, in accordance with 45 CFR Part 75, to: Federal Audit Clearinghouse Bureau of the Census 1201 East 10th Street Jefferson, IN 47132 PHONE: (310) 457-1551, (800) 253-0696 toll free <https://harvester.census.gov/facweb/default.aspx/>.
 9. EO 13166, August 11, 2000, requires recipients receiving Federal financial assistance to take steps to ensure that people with limited English proficiency can meaningfully access health and social services. A program of language assistance should provide for effective communication between the service provider and the person with limited English proficiency to facilitate participation in, and meaningful access to, services. The obligations of recipients are explained on the OCR website at [HHS Limited English Proficiency \(LEP\)](#).
 10. This award is subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to: <https://www.hrsa.gov/sites/default/files/hrsa/grants/manage/trafficking-in-persons.pdf>. If you are unable to access this link, please contact the Grants Management Specialist identified in this Notice of Award to obtain a copy of the Term.
 11. The Further Consolidated Appropriations Act, 2020, § 202, (P.L 116-94), enacted December 20, 2019, restricts the amount of direct salary that may be paid to an individual under a HRSA grant or cooperative agreement to a rate no greater than Executive Level II of the Federal Executive Pay Scale. Effective January 2020, the Executive Level II salary level is \$197,300. This amount reflects an individual's base salary exclusive of fringe benefits. An individual's institutional base salary is the annual compensation that the recipient organization pays an individual and excludes any income an individual may be permitted to earn outside the applicant organization duties. HRSA funds may not be used to pay a salary in excess of this rate. This salary limitation also applies to sub-recipients under a HRSA grant or cooperative agreement. The salary limitation does not apply to payments made to consultants under this award although, as with all costs, those payments must meet the test of reasonableness and be consistent with recipient's institutional policy. None of the awarded funds may be used to pay an individual's salary at a rate in excess of the salary limitation. Note: an individual's base salary, per se, is NOT constrained by the legislative provision for a limitation of salary. The rate limitation simply limits the amount that may be awarded and charged to HRSA grants and cooperative agreements. For individuals whose salary rates are in excess of Executive Level II, the non-federal entity may pay the excess from non-federal funds.
 12. To serve persons most in need and to comply with Federal law, services must be widely accessible. Services must not discriminate on the basis of age, disability, sex, race, color, national origin or religion. The HHS Office for Civil Rights provides guidance to grant and cooperative agreement recipients on complying with civil rights laws that prohibit discrimination on these bases. Please see <http://www.hhs.gov/civil-rights-for-individuals/index.html>. HHS also provides specific guidance for recipients on meeting their legal obligation under Title VI of the Civil Rights Act of 1964, which prohibits discrimination on the basis of race, color or national origin in programs and activities that receive Federal financial assistance (P. L. 88-352, as amended and 45 CFR Part 75). In some instances a recipient's failure to provide language assistance services may have the effect of discriminating against persons on the basis of their national origin. Please see <http://www.hhs.gov/civil-rights-for-individuals/special-topics/limited-english-proficiency/index.html> to learn more about the Title VI requirement for grant and cooperative agreement recipients to take reasonable steps to provide meaningful access to their programs and activities by persons with limited English proficiency.
 13. Important Notice: The Central Contractor registry (CCR) has been replaced. The General Services Administration has moved the CCR to the System for Award Management (SAM) on July 30, 2012. To learn more about SAM please visit <https://www.sam.gov/SAM/>. It is incumbent that you, as the recipient, maintain the accuracy/currency of your information in the SAM at all times during which your entity has an active award or an application or plan under consideration by HRSA, unless your entity is exempt from this requirement under 2 CFR 25.110. Additionally, this term requires your entity to review and update the information at least annually after the initial registration, and more frequently if required by changes in your information. This requirement flows down to subrecipients. Note: SAM information must be updated at least every 12 months to remain active (for both grantees and sub-recipients). Grants.gov will reject submissions from applicants with expired registrations. It is advisable that you do not wait until the last minute to register in SAM or update your information. According to the SAM Quick Guide for Grantees (https://www.sam.gov/SAM/transcript/Quick_Guide_for_Grants_Registrations.pdf), an entity's registration will become active after 3-5 days. Therefore, check for active registration well before the application deadline.
 14. In any grant-related activity in which family, marital, or household considerations are, by statute or regulation, relevant for purposes of determining beneficiary eligibility or participation, grantees must treat same-sex spouses, marriages, and households on the same terms as opposite-sex spouses, marriages, and households, respectively. By "same-sex spouses," HHS means individuals of the same sex who have entered into marriages that are valid in the jurisdiction where performed, including any of the 50 states, the District of Columbia, or a

U.S. territory or in a foreign country, regardless of whether or not the couple resides in a jurisdiction that recognizes same-sex marriage. By "same-sex marriages," HHS means marriages between two individuals validly entered into in the jurisdiction where performed, including any of the 50 states, the District of Columbia, or a U.S. territory or in a foreign country, regardless of whether or not the couple resides in a jurisdiction that recognizes same-sex marriage. By "marriage," HHS does not mean registered domestic partnerships, civil unions or similar formal relationships recognized under the law of the jurisdiction of celebration as something other than a marriage. This term applies to all grant programs except block grants governed by 45 CFR part 96 or 45 CFR Part 98, or grant awards made under titles IV-A, XIX, and XXI of the Social Security Act; and grant programs with approved deviations.

15. **§75.113 Mandatory disclosures.**

Consistent with 45 CFR 75.113, applicants and non-federal entities must disclose, in a timely manner, in writing to the HHS awarding agency, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Sub recipients must disclose, in a timely manner, in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the awarding agency and to the HHS OIG at the following address:

Department of Health and Human Services
Health Resources and Services Administration
Office of Federal Assistance Management
Division of Grants Management Operations
5600 Fishers Lane, Mailstop 10SWH-03
Rockville, MD 20879

AND

U.S. Department of Health and Human Services
Office of Inspector General
Attn: Mandatory Grant Disclosures, Intake Coordinator
330 Independence Avenue, SW, Cohen Building
Room 5527
Washington, DC 20201

Fax: (202)205-0604 (Include: "mandatory Grant Disclosures" in subject line) or Email: MandatoryGranteeDisclosures@oig.hhs.gov
Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371. Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 & 376 and 31 U.S.C. 3321). The recipient must include this mandatory disclosure requirement in all sub-awards and contracts under this award.

Non-Federal entities that have received a Federal award including the term and condition outlined in Appendix XII are required to report certain civil, criminal, or administrative proceedings to www.sam.gov. Failure to make required disclosures can result in any of the remedies described in §75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. 3321).

Recipient integrity and performance matters. If the total Federal share of the Federal award is more than \$500,000 over the period of performance, [Appendix XII to CFR Part 200](#) is applicable to this award.

Reporting Requirement(s)

1. **Due Date: Within 90 Days of Project End Date**

Within 90 days after the project end date, submit the SF-428 (Tangible Personal Property Report) with the SF-428B (Final Report Attachment) and, if applicable, the SF-428S (Supplemental Sheet). These documents must be completed using the HRSA Electronic Handbooks (EHBs). You must report federally-owned property, acquired equipment with an acquisition cost of \$5,000 or more for which HRSA has reserved the right to transfer title, and residual unused supplies with total aggregate fair market value exceeding \$5,000. Records for equipment acquired with federal funds shall be retained for three years after final disposal.

2. **Due Date: Annually (Budget Period) Beginning: Budget Start Date Ending: Budget End Date, due Quarter End Date after 90 days of reporting period.**

The grantee must submit an annual Federal Financial Report (FFR). The report should reflect cumulative reporting within the project period and must be submitted using the Electronic Handbooks (EHBs). The FFR due dates have been aligned with the Payment Management System quarterly report due dates, and will be due 90, 120, or 150 days after the budget period end date. Please refer to the chart below for the specific due date for your FFR:

- Budget Period ends August – October: FFR due January 30
- Budget Period ends November – January: FFR due April 30
- Budget Period ends February – April: FFR due July 30
- Budget Period ends May – July: FFR due October 30

3. Due Date: Within 30 Days of Award Release Date

Within 30 days of award release date, you must submit the following: (1) activity overview, (2) SF-424A Budget Information Form, 3) budget narrative, 4) Equipment List Form (if applicable), and (5) minor alteration and renovation project information (if applicable). Instructions to support your submission, as well as details for technical assistance calls to address your submission questions, are available at the [ECT technical assistance webpage](#).

Failure to comply with these reporting requirements will result in deferral or additional restrictions of future funding decisions.

Contacts**NoA Email Address(es):**

Name	Role	Email
Doreen Rue	Program Director, Point of Contact, Authorizing Official	drue@healthntx.org

Note: NoA emailed to these address(es)

Program Contact:

For assistance on programmatic issues, please contact Carol Odum at:
5600 Fishers Ln
STE 17N58D
Rockville, MD, 20852-1750
Email: codum@hrsa.gov
Phone: (301) 443-7346
Fax: (301) 594-4983

Division of Grants Management Operations:

For assistance on grant administration issues, please contact Vera Windham at:
MailStop Code: MSC10SWH03
HRSA/DGMO/OFAM/HCB
5600 Fishers Ln
Rockville, MD, 20857-0001
Email: vwindham@hrsa.gov
Phone: (301) 443-6859

Helping Hands to Lift You Up



It's a situation that many Americans are in right now: you're out of work due to COVID-19 and you have kids to take care of, but you just don't have the money for your medications or for a well-visit. Plus, maybe you have an auto-immune disorder that keeps you from going out too much, maybe you just don't want to risk getting your kids sick. You feel stuck – and for the longest time, that's how Brooke Daly felt.

“I worked as a nurse in downtown Dallas for over 10 years...[but] in the last five years

I've had multiple health problems, including cancer,” Brooke says. “And with my immune system the way it is, I can get sick so easily, which would...be very bad.”

Brooke is a single mom with three boys who depend on her, one of them a four-year-old. Among other health issues, Brooke suffers from lupus, which is a disease that requires regular check-ups to manage. HSNT's Dr. Jason Siegel was the one provider who finally gave Brooke the diagnosis after years of seeing other providers and not knowing why she was sick.

“The telehealth has worked
out very well.”

“Nobody could figure out what was going on with me, and he finally did. And being a nurse, I’m pretty picky with doctors and who I like.... There are only a handful of doctors in this state that I trust, and he’s one of them.”

Along with seeing Dr. Siegel, Brooke also has a history of seeing HSNT’s behavioral health counselors. She used to see Louise Weston-Ferrill, who is now HSNT’s Director of Programs, and now currently she sees Kayla Whitworth.

“I saw Louise as a counselor for several years, way back when she was counseling there, so I was already familiar with HSNT through her,” Brooke says. “You know, it takes you a while to find a counselor you’re comfortable with... and Kayla Whitworth now...with all my health problems, she’s wonderful. I love her, too.”

HSNT has been Brooke’s medical home for nearly a decade

Now, Brooke sees both Dr. Siegel and Kayla, through HSNT’s telehealth system. She’s able to have well-visits and counseling sessions on her iPad without leaving her house and risking getting sick.

“For me, with the auto-immune stuff, I’m more susceptible to getting sick. Dr. Siegel told me to not come into the office unless I was really sick, and it’s worked out very well, so far. Haven’t had any problem with it.”

With her several health problems and her uncertain job future, Brooke is very grateful that her medical providers are caring there to help her through these trying times.

“I would, and I do, recommend you guys to a lot of people,” Brooke says. “Unfortunately, there are not a lot places that take Medicaid or that try to help people get care when they don’t have insurance... but Dr. Siegel, I could tell he was genuinely concerned, and he took the time to listen to everything I said and not blow me off. Everybody’s always real helpful, from the reception people to the providers.”

Health Services of North Texas, Inc.
 Health Center Coronavirus Aid, Relief, and Economic Security (CARES) Act Funding
 Budget Period 4/01/2020 - 3/31/2021
 Grant No. H8DCS36492

Object Class Category with Line Items	FTE charge to Grant	Federal Requested COVID-19 funding to support line item
PERSONNEL		
Debra Layman, Chief Operating Officers - Responsible for on-going telehealth development and implementation ensuring adherence to the Quality Management Plan. (Annual Salary \$171,427)	0.10	\$17,143.00
Anna Contreras, Senior Practice Administrator - Responsible for providing administrative oversight of HSNT Medical Centers implementation of Telehealth. (Annual Salary \$84,523)	0.25	\$21,356.00
Mari Bailey, Clinical Nurse Manager - Responsible for management and supervision of nursing staff. (Annual Salary \$65,820)	0.25	\$16,455.00
Chief Information Officer: Responsible for on-going development and implementation of the agency's telehealth technology and communication systems, including electronic health record administration. (Annual Salary \$121,426)	0.25	\$30,357.00
Jason Siegel, Medical Director - Provides clinical oversight and management of telehealth implementation. (Annual Salary \$250,000 adjusted to \$197,300 x 38%)	0.38	\$75,000.00
Jyotsna Kuppannagari, Physician - Medical Provider with prescriptive authority providing telehealth visits. (Annual Salary \$158,085)	0.20	\$31,617.00
Rekha Sivadasan, Physician - Medical Provider with prescriptive authority providing telehealth visits. (Estimated PRN Annual Salary \$41,600)	1.00	\$41,600.00
Shannon Starr, Physician - Medical Provider with prescriptive authority providing telehealth visits. (Annual Salary \$210,000 adjusted to \$197,300 x 32%)	0.32	\$63,000.00
Sophia Ahmed, Nurse Practitioner - Medical Provider with prescriptive authority providing telehealth visits. (Annual Salary \$92,500)	0.20	\$18,500.00
Sonja Estep, Nurse Practitioner - Medical Provider with prescriptive authority providing telehealth visits. (Annual Salary \$115,000)	0.20	\$23,000.00
Terrie Estes, Nurse Practitioner - Medical Provider with prescriptive authority providing telehealth visits. (Annual Salary \$100,000)	0.20	\$20,000.00
Kerry Gamble, Nurse Practitioner - Medical Provider with prescriptive authority providing telehealth visits. (Annual Salary \$124,800)	0.20	\$24,960.00
Joseph Hallock, Nurse Practitioner - Medical Provider with prescriptive authority providing telehealth visits. (Annual Salary \$135,195)	0.20	\$27,039.00

Health Services of North Texas, Inc.
 Health Center Coronavirus Aid, Relief, and Economic Security (CARES) Act Funding
 Budget Period 4/01/2020 - 3/31/2021
 Grant No. H8DCS36492

Janice Hill, Nurse Practitioner - Medical Provider with prescriptive authority providing telehealth visits. (Annual Salary \$116,514)	0.20	\$23,303.00
Mary Loya, Nurse Practitioner - Medical Provider with prescriptive authority providing telehealth visits. (Annual Salary \$122,695)	0.20	\$24,539.00
Laura Moore, Nurse Practitioner - Medical Provider with prescriptive authority providing telehealth visits. (Annual Salary \$105,000)	0.30	\$31,500.00
Tabitha Muriuki, Nurse Practitioner - Medical Provider with prescriptive authority providing telehealth visits. (Annual Salary \$120,000)	0.30	\$36,000.00
Brittany Powell, Nurse Practitioner - Medical Provider with prescriptive authority providing telehealth visits. (Annual Salary \$100,000)	0.20	\$20,000.00
Veronica Teran, Nurse Practitioner - Medical Provider with prescriptive authority providing telehealth visits. (Annual Salary \$116,485)	0.20	\$23,297.00
Elizabeth Demoret, Licensed Clinical Social Worker - Responsible to meet the Mental Health needs of Medical Center clients and their families/caregivers in telehealth environment. (Annual Salary \$53,000)	0.20	\$10,600.00
Kayla Whitworth, Licensed Clinical Social Worker - Responsible to meet the Mental Health needs of Medical Center clients and their families/caregivers in telehealth environment. (Annual Salary \$54,396)	0.20	\$10,879.00
TOTAL PERSONNEL		\$590,145.00
FRINGE BENEFITS		
FICA	7.65%	\$45,146.00
Health/Dental Insurance	12.50%	\$73,768.00
Retirement	3.00%	\$17,704.00
Life Insurance	1.85%	\$10,918.00
Workers Compensation	2.00%	\$11,803.00
TOTAL FRINGE BENEFITS		\$159,339.00
TRAVEL		
No travel Requested		\$0.00
TOTAL TRAVEL		\$0.00

Health Services of North Texas, Inc.
 Health Center Coronavirus Aid, Relief, and Economic Security (CARES) Act Funding
 Budget Period 4/01/2020 - 3/31/2021
 Grant No. H8DCS36492

EQUIPMENT	
Server Upgrade for Telehealth implementation	\$7,500.00
TOTAL EQUIPMENT	\$7,500.00
SUPPLIES	
Infection control supplies (Disinfecting Supplies)	\$15,000.00
Personal protective equipment (PPE)	\$15,000.00
TOTAL SUPPLIES	\$30,000.00
CONTRACTUAL	
Health Informatics Analysis, Telehealth Training	\$3,500.00
L&R Physician Services e-Psychiatry Service Agreement.	\$2,500.00
Website Reconfiguration to allow patients to make appointments through the site and updates for Patient Education.	\$6,400.00
TOTAL CONTRACTUAL	\$12,400.00
OTHER	
EHR license fees for to implement Dragon Speak Transcription (\$2,500 x 2), Integrated Fax. (\$2,500)	\$7,500.00
Additional EHR cost to implement telehealth visits (\$4.16 visit x 4,800)	\$20,000.00
Communications expenses includes network services, phone lines, and after hour answering services	\$9,356.00
TOTAL OTHER	\$36,856.00
INDIRECT COSTS	
Include only if your organization has a negotiated indirect cost rate or has previously claimed a de minimus rate of 10% of modified total direct costs	
Indirect Rate	
TOTAL INDIRECT COSTS	
TOTAL BUDGET	\$836,240.00

Health Services of North Texas, Inc.
 FY2020 Coronavirus Supplemental Funding for Health Centers
 Budget Narrative 3/15/2020 - 3/15/2021
 Grant No. H8CCS35342

Object Class Category with Line Items	FTE charged to Grant	Federal Requested COVID-19 funding to support line item
PERSONNEL		
Shannon Starr, Physician - Medical Provider with prescriptive authority providing telehealth visits. (Annual Salary \$210,000 adjusted to \$197,300 x 13%)	0.13	\$26,200.00
Mari Bailey, Clinical Nurse Manager - Responsible for management and supervision of nursing staff. (Annual Salary \$65,820)	0.30	\$19,746.00
TOTAL PERSONNEL		\$45,946.00
FRINGE BENEFITS		
FICA	7.65%	\$3,515.00
Health/Dental Insurance	12.50%	\$5,743.00
Retirement	3.00%	\$1,378.00
Life Insurance	1.85%	\$850.00
Workers Compensation	2.00%	\$919.00
TOTAL FRINGE BENEFITS		\$12,405.00
TRAVEL		
Detail travel costs consistent with your organization's established travel policy and in compliance with 45 CFR §75.474		
TOTAL TRAVEL		\$0.00
EQUIPMENT		
TOTAL EQUIPMENT		\$0.00
SUPPLIES		
Infection control supplies (Disinfecting Supplies)		\$5,000.00
Personal protective equipment (PPE)		\$5,678.00
TOTAL SUPPLIES		\$10,678.00
CONTRACTUAL		
TOTAL CONTRACTUAL		\$0.00
OTHER		
TOTAL OTHER		\$0.00
INDIRECT COSTS		
Include only if your organization has a negotiated indirect cost rate or has previously claimed a de minimus rate of 10% of modified total direct costs		
TOTAL INDIRECT COSTS		
TOTAL BUDGET		\$69,029.00



SLIDING FEE DISCOUNT SCHEDULE POLICY

SF001

POLICY:

It is the policy of Health Services of North Texas (HSNT) to remove income as a barrier to care by offering a sliding fee discount schedule (SFDS) to all individuals and families with income levels between 101% and 200% of the federal poverty guidelines. Each year when the federal poverty guidelines are published in the *Federal Register*, the procedure will be updated with the current information.

The overall discounts for patients will be determined by the income and members of the household/family. Household/family is defined by the patient; income as defined by the IRS which includes salary, wages, social security benefits or any other money received on a consistent basis. If a patient does not have documentation of income, they may fill out a self-declaration income form. Eligibility for the SFDS must be verified and updated on an annual basis for all patients accessing services.

HSNT provides a full discount for individuals and families with annual incomes at or below 100% of the federal poverty guidelines (FPG). There is a nominal fee of \$15.00 per visit. This is not a minimum fee, minimum charge or co-pay. This fee will not impede the patient's ability to access services. If the patient is unable to pay the discounted fee, it may be waived by the Business Office Manager with appropriate documentation. HSNT may have private funding which can assist a patient with service fees if they are eligible for those funds. All efforts will be made to assist the patient.

HSNT does not require patients to complete a financial screening prior to accessing services. We welcome and invite patients at all income levels to apply for a discount based on their income level; friendly signs will be posted at all entrances and beside all customer service windows. Staff will be sensitive and welcoming to any and all requests.

HSNT Headquarters
4401 N. I-35 Suite 312
Denton, TX 76207
940-381-1501
940-566-8059 Fax

Denton Medical Center
4304 & 4308 Mesa Drive
Denton, TX 76207
940-381-5788
940-591-7830 Fax

WWW.HEALTHNTX.ORG



Denton South Center
3537 South I-35E Suite 210
Denton, TX 76210
940-381-2313
940-381-5249 Fax

Collin County Center
2540 K Avenue
Plano, TX 75047
972-424-1480
972-424-9117 Fax

Patients who do not choose to apply for the SFDS will be charged at full rates. Patients with insurance will be charged according to the agreement with their insurance company. If a patient with insurance is below 200% of the FPG, they may be eligible for a SFDS for charges related to patient responsibility unless not allowed by their insurance. This will be assessed by the Business Office Manager or their designee. Inability to pay these fees will not keep patients from accessing services.

Services will be shown at full rates on the patient encounter form and in the electronic medical record (EMR) regardless of the source of payment; applicable discounts will be applied to all services. Front office staff including Care Managers will receive annual training on the Sliding Fee Discount Schedule.

HSNT will maintain a fee schedule reflecting its costs of operations whereby charges are representative of the cost to provide services and are compared to; area providers, published fee schedules rates and other third-party payment sources. HSNT establishes the nominal fee by evaluating the health center costs and the payor mix to determine the lowest fee for patient care based on expected income from all payors including grant and private funding. At least once every three years, HSNT collects utilization data to assess the rate at which patients within each of the discount pay classes, as well as the nominal fee to evaluate the effectiveness of its sliding fee discount program in reducing financial barriers to care. HSNT will use this data to identify and implement changes as needed.

Chief Executive Officer

Date

Board of Directors Representative

Date

Revision to Policy:
Board approved revision:

PROCEDURE:

To apply for sliding fee discount:

- At registration, an Application for Sliding Fee Scale Discount (attached) is to be completed by the patient or family member listing the members and income of the household. If the patient does not have proof of income, a self-declaration of income form (attached) may be completed.
- Front Office Staff or a Care Manager will review the financial assessment with the patient.
- Proof of the family members (ID cards or birth certificates) and income (check stubs or other proof) will be copied and placed in the EMR.
- The staff member completing the assessment will calculate the annual income (by converting it from weekly, bi-weekly, or monthly).
- If the patient/family qualifies for the SFDS, the staff member will “assign” the SFDS in the EMR accordingly. The household “assignment” is valid for one year.
- HSNT staff will be trained on other funding sources for patients, such as the county indigent program (less than 21% of FPL) and Medicaid, so they can encourage patients or parents of patients who may be eligible for those programs to apply for them. Front Office Staff and Care Managers will keep abreast of Medicaid criteria and be available to assist patients with applications if needed.

Sliding Fee Scale

The policy for the sliding fee scale is to provide discounts for families living between 101% - 200% of the federal poverty guidelines. Patients at or below 100% of poverty do not qualify for the SFDS, instead pay a nominal fee of \$15.00 for services. The overall discounts for patients will be determined by members and income of the household/family. Discounts will be as follows:

*Medical visit includes Behavioral Health and Substance Use Disorder

*Nominal Fee \$15.00

% of Federal Poverty Guidelines	Fee*
101 to 140% of federal poverty level	\$25 Flat Fee
141 to 180% of federal poverty level	\$40 Flat Fee
181 to 200% of federal poverty level	\$55 Flat Fee
Over 200% of federal poverty level	0% Discount

The sliding fee discount will apply to all services within the HSNT approved scope of project, whether required or additional for all HSNT locations. HSNT has multiple SFDS based on services.

The labs and diagnostic imaging will have the following sliding fee discount schedule. For patients under 100% of poverty the nominal fee for labs will be \$25.00 and X-ray \$45.00.

*Labs and Diagnostic Imaging

*Nominal Fee for Labs \$25.00 and for X-Ray \$45.00

% of Federal Poverty Guidelines	Lab Discount*	Imaging Discount (Plain Medical Film) *
101 to 140% of federal poverty level	\$35.00 Flat Fee	\$50.00 Flat Fee
141 to 180% of federal poverty level	\$45.00 Flat Fee	\$55.00 Flat Fee
181 to 200% of federal poverty level	\$55.00 Flat Fee	\$60.00 Flat Fee

Labor and delivery will have the following sliding fee discount schedule, based on the contracted physician’s professional fee of \$1,688. Hospital charges, including anesthesia, are in addition to these fees and will be billed separately. For patients under 100% of poverty the nominal fee for labor and delivery will be \$800.00.

*Labor and Delivery (Intrapartum Care Services)

*Nominal Fee for Labor and Delivery \$800.00

% of Federal Poverty Guidelines	Labor and Delivery Discount*
101 to 140% of federal poverty level	\$985
141 to 180% of federal poverty level	\$1,080
181 to 200% of federal poverty level	\$1,350
Over 200% of federal poverty level	0% discount

2020 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA	
Persons in family/household	Poverty guideline
For families/households with more than 8 persons, add \$4,480 for each additional person.	
1	\$12,760
2	\$17,240
3	\$21,720
4	\$26,200
5	\$30,680
6	\$35,160
7	\$39,640
8	\$44,120

Income *includes* total cash receipts before taxes from all sources. Income includes money wages and salaries before any deductions including net receipts from nonfarm self-employment (receipts from a person’s own unincorporated business, professional enterprise, or partnership, after deductions for business expenses); net receipts from farm self-employment (receipts from a farm which one operates as an owner, renter, or sharecropper; after deductions for farm operating expenses); regular payments from social security, railroad retirement, unemployment compensation, strike benefits from union funds, workers’ compensation, veterans’ payments, public assistance (including AFDC or TANF, SSI, and non-federally funded GA or General Relief money payments), and training stipends, alimony, child support, and military family allotments or other regular support from an absent family member of someone not living in the household; private persons, rental income, net royalties, periodic receipt from estates or trusts, and net gambling or lottery winnings.

Income *does not include* the following: capital gains, any assets drawn down as withdrawals from a bank, the sale of property, house, car, or tax refunds, gift, loans, lump-sum inheritances, one-time insurance payments, or compensation for injury, noncash benefits, i.e. employer or union-paid (portions of) health insurance of other employee fringe benefits, food or housing in lieu of wages, values of food and fuel produced and consumed on farms, imputed value of rent from owner occupied nonfarm or farming housing, and such Federal noncash benefit programs as Medicare, Medicaid, food stamps, school lunches, and housing assistance.

ATTACHMENTS:

Application for Sliding Scale Fee Discount

Self-Declaration of Income

Summary of Required and Additional Health Services

- Health Centers must provide access to all services listed in their HRSA-approved scope of project through one or more of the delivery methods below:
 - **Direct:** If a required or additional service is provided directly by health center employees⁴ or volunteers, this service is accurately recorded in Column I on Form 5A: Services Provided, reflecting that the health center pays for and bills for direct care.
 - **Formal Written Contract/Agreement:** If a required or additional service is provided on behalf of the health center via a formal contract/agreement between the health center and a third party (including a subrecipient) this service is accurately recorded in Column II on Form 5A: Services Provided, reflecting that the health center pays for the care provided by the third party via the agreement. In addition, the health center ensures that such contractual agreements for services include:
 - How the service will be documented in the patient's health center record; and
 - How the health center will pay for the service.
 - **Formal Written Referral Arrangement:** If access to a required or additional service is provided and billed for by a third party with which the health center has a formal referral arrangement, this service is accurately recorded in Column III on Form 5A: Services Provided, reflecting that the health center is responsible for the act of referral for health center patients and any follow-up care for these patients provided by the health center subsequent to the referral. In addition, the health center ensures that such formal referral arrangements for services, at a minimum, address:
 - The manner by which referrals will be made and managed; and
 - The process for tracking and referring patients back to the health center for appropriate follow-up care (for example, exchange of patient record information, receipt of lab results).
- The Health Center's scope of project is reflected in the HRSA Form 5A: Services Provided.
- The Governing Board must approve all changes in scope before they are submitted to HRSA for approval.
- HSNT's Form 5A is attached for review.

Self Updates: Services details

▼ **H80CS24197: Health Services of North Texas, Inc., Denton, TX**

Grant Number: H80CS24197

BHCNIS ID: 06E00522

Project Period: 06/01/2012 - 04/30/2021

Budget Period: 05/01/2020 - 04/30/2021

Required Services			
Service Type	Service Delivery Methods		
	Column I. Direct (Health Center Pays)	Column II. Formal Written Contract/Agreement (Health Center Pays)	Column III. Formal Written Referral Arrangement (Health Center DOES NOT pay)
General Primary Medical Care	X	X	
Diagnostic Laboratory	X	X	X
Diagnostic Radiology		X	X
Screenings	X	X	X
Coverage for Emergencies During and After Hours	X	X	
Voluntary Family Planning	X		
Immunizations	X	X	
Well Child Services	X	X	
Gynecological Care	X	X	
Obstetrical Care			
Prenatal Care	X	X	
Intrapartum Care (Labor & Delivery)		X	X
Postpartum Care	X		
Preventive Dental			X
Pharmaceutical Services	X	X	
Case Management	X		
Eligibility Assistance	X		
Health Education	X		
Outreach	X		
Transportation	X		
Translation	X	X	

Additional Services			
Service Type	Service Delivery Methods		
	Column I. Direct (Health Center Pays)	Column II. Formal Written Contract/Agreement (Health Center Pays)	Column III. Formal Written Referral Arrangement (Health Center DOES NOT pay)

Behavioral Health Services			
Mental Health Services	X	X	
Substance Use Disorder Services	X	X	
Additional Enabling/Supportive Services	X		

Speciality Services			
----------------------------	--	--	--

Service Type	Service Delivery Methods		
	Column I. Direct (Health Center Pays)	Column II. Formal Written Contract/Agreement (Health Center Pays)	Column III. Formal Written Referral Arrangement (Health Center DOES NOT pay)
Psychiatry - Psychiatry		X	
Infectious Disease	X		

Close Window



2020 HSNT Committee Structure

Summary of Changes:

- Personnel/Nominating Committee
 - Trang Dang-Le, April Powell, and Sara Schroeder added to committee.
- Finance/Audit Committee
 - Lee Brown added to the committee. (All finance committee members are appointed by the treasurer.)
- Strategic Planning Committee
 - Sara Schroeder added to the committee.

ACTION:

Reviewed and Approved by:

- Doreen Rue, CEO _____ Date: _____

Governing Board Personnel Committee Approval:

_____ Date: _____

Governing Board Approval:

_____ Date: _____

(President)

Draft 2020 HSNT Governing Board
Committee Assignments (Revised
Bylaws 8.2019)

	Executive Committee	Personnel/ Nominating Committee	Finance/Audit Committee	Strategic Plan Committee	Quality Assurance/Quality Improvement Committee	Ad Hoc
Board Members	Michael Foster	James Henderson	Dale Tampke	Dr. Dean Perkins	Dr. Howard Shaw	Assign as needed
	Trang Dang-Le	Trang Dang-Le	M. Hamed Husain	James Henderson	Dr. Dean Perkins	
	James Henderson	April Powell	Lee Brown	Dale Tampke	Melissa Winans	
	Dale Tampke	Sara Schroeder		Sara Schroeder		
	Judge David Garcia			Herman Oosterwijk*		
Staff Support	Doreen Rue	Doreen Rue	Pam Barnes	Doreen Rue	Debra Layman	Doreen Rue
			Doreen Rue	Leadership Team	Doreen Rue	
Governing Board President	Michael Foster	Michael Foster	Michael Foster	Michael Foster	Michael Foster	Michael Foster
	Executive Committee	Personnel/ Nominating Committee	Finance/Audit Committee	Strategic Plan Committee	Quality Assurance/Quality Improvement Committee	Ad Hoc
HSNT Bylaws- committee membership size	Board Officers + Past President (if active member)	up to 5 but no more than 2 Exec. members	At least 3 members appointed by the Treasurer	At least three members	At least three members	Assign as Needed

*Community Committee Member

*Yellow Highlights are Changes to Committee Membership