

Governing Board Meeting Agenda

November 17, 2021 - Zoom Meeting

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VI.	Old Business/New Business	Michael Foster
VII.	Executive Session	Michael Foster
	Progressive Auto Claim # 19-4874088, Personal Injury File # 260052	
VIII.	Important Dates and Adjourn Meeting	Michael Foster
	December Board Meeting - December 15th @ 6pm	

*** Items Requiring a Vote**

Agenda Item I: Called to order at 6:00pm by Michael Foster

Attendees: Michael Foster, Dale Tampke, James Henderson, Lee Brown, Belinda Hernandez, Melissa Winans, Judge Chance Oliver, April Powell

Absent: Trang Dang-Le, Dr. Howard Shaw, Hamed Husain, Sarah Schroeder, Dr. Kimberly Middleton

Quorum was met.

Staff: Doreen Rue, Pam Barnes, Larry Bisno

Guests:

Agenda Item II: Consent Agenda - Approval of September 2021 Board Minutes, September 2021 Financial Committee Minutes, September 2021 Financials, September 2021 Quality Committee Minutes, September & October Strategic Planning Committee Minutes, October 2021 Personnel Committee Minutes, October 2021 MarCom Report (including approval of grants)

Motion to approve all consent items: *Dale Tampke*

Seconded: *Lee Brown*

Motion Passed Unanimously

Agenda Item III: Board Training

- Service Area Competition (SAC) Application
 - The SAC application was presented at all committee meetings this month to allow for thorough board member review.
 - This application is typically on a 3-year cycle, this round is 4 years due to COVID-19.
 - This application highlights community need and the services HSNT provides.
 - The application includes:
 - Community Need
 - Response
 - Services
 - Board Work
 - Collaborations, etc.
 - The updated application was sent to the board with an updated patient number projection.
 - Revised up to 15,000
 - This is still a conservative increase over the next 3 years.
 - This application was prepared by HSNT's grants manager Jamie Taylor who did excellent work preparing this application and facilitating collaboration across HSNT.

Motion to approve the Service Area Competition Application: *Melissa Winans*

Seconded: *Lee Brown*

Motion Passed Unanimously

Agenda Item IV: CEO Report

- Pam Barnes will be recognized by the Dallas Business Bureau as part of the CFO of the Year Awards.
- Staffing Shortage
 - HSNT is losing front line clinical staff (receptionist and nursing staff) to other opportunities providing compensation that HSNT cannot match.
 - HSNT is looking at creative solutions to retain and recruit staff.
- Dashboard
 - HSNT is performing well on financial metrics including Days in Cash and Operation Margin.
- Diversity and Inclusion Taskforce
 - The first session was held today and included powerful lessons and opportunities for HSNT.
 - This will be a key piece of HSNT's staff development.

Agenda Item V: Committee Reports

- **Executive Committee – Michael Foster Reporting**
 - HSNT 403b Retirement Plan Audit and Review Ratification
 - The committee reviewed and approved the audit via email earlier this week.

The Executive Committee recommends the ratification of the 403b Retirement Plan Audit and Review to the Governing Board.

Seconded: *Lee Brown*

Motion Passed Unanimously

- **Finance Committee – Dale Tampke Reporting**
 - Meeting Report
 - HSNT is continuing its good cash position from last month.
 - Bad debt was recognized this month which will affect HSNT's revenue numbers.
 - HSNT is continuing to work through issues with Walgreens and the 340b program.
 - HRSA 330 Compliance: Sliding Fee Update
 - The Sliding Fee scale was updated at the beginning of 2021.
 - The original HRSA compliance review recommended a follow up evaluation to ensure the new system was working as intended.
 - The review report indicates the new system is working as intended and in compliance.
- **Quality Committee – Melissa Winans Reporting**

- Meeting Report
 - Patient satisfaction ratings are continuing to perform well.
 - HSNT quality metrics are making progress.
- Title X Program Update
 - HSNT began utilizing this program funding in 2014.
 - The Title X program targets unplanned pregnancies and reproductive health.
 - Services Include:
 - Education
 - Reproductive Planning
 - Preventative Health Care
 - STI Screening and Treatment
 - Class D Pharmacy Services
 - Sonograms
 - Medical Supplies
 - HSNT does not provide abortion services or referrals. These services are strictly prohibited by Title X funding and HSNT’s federal funding.
- Safe Environment Policy
 - This policy is intended to protect and promote a safe work environment for HSNT’s staff.

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

Seconded: *Lee Brown*

Motion Passed Unanimously

- **Strategic Planning Committee – James Henderson Reporting**
 - 2022 Strategic Plan
 - This plan will cover 3 years and includes HSNT’s Mission, Vision and Values, Strategic Priorities for 2022, Long Term Goals, SWOT Analysis, etc.
 - This plan incorporates board feedback, the 2020 HSNT Community Needs Assessment, patient feedback, etc.

The Personnel Committee recommends the approval of the 2022 Strategic Plan to the Governing Board.

Seconded: *Melissa Winans*

Motion Passed Unanimously

- **Personnel Committee – James Henderson Reporting**
 - HR Policies
 - The policies were sent to the board with the supplemental board materials for review.
 - Compensation and Benefits Policy

- Position Requisition Policy
- Time Worked and Time Keeping Policy

Motion to approve the HR Polices items: *Dale Tampke*

Secoded: *Melissa Winans*

Motion Passed Unanimously

- Committee Structure
 - This update includes the formal addition of Belinda Hernandez and Dr. Kimberly Middleton to the Quality Committee.

The Personnel Committee recommends the approval of the Committee Structure to the Governing Board.

Secoded: *Lee Brown*

Motion Passed Unanimously

Agenda Item VI: Old/New Business

- Old Business – none to report.
- New Business – none to report.

Agenda Item VII: Executive Session

- Progressive Auto Claim # 19-4874088, Personal Injury File # 260052
 - No report at this time.

Agenda Item VIII: Important Dates

- HSNT Plano Ribbon Cutting – October 26th
- November Board Meeting – November 17th @ 6pm – Virtual Meeting

Adjourned by Michael Foster at 6:40pm.

Board Secretary Approval _____ **Date** _____

Board President Approval _____ **Date** _____



Finance Committee Meeting

Meeting Facilitator: Dale Tampke
Meeting Date: October 19, 2021
Time: 7:30 a.m.
Location: HSNT HQ ZOOM

Attendees: Dale Tampke and Lee Brown
Staff Present: Doreen Rue, Pam Barnes, Debra Layman and Christopher Redden

Agenda Item I: Review and Approve September 2021 minutes

Motion to accept: Lee Brown
Seconded: Dale Tampke
Motion Passed 2-0

Agenda Item II: Review and Approve September 2021 Financials

Dale acknowledged notes to the financials sent out prior to this meeting. Pam gave a quick overview of HSNTs financial health. Cash is maintaining higher than year end at 57% increase for the last two months. Medical AR has increased 19% in the last two months compared to year end. Pam will scrub collections to ensure Medical AR is not overstated. Operating margin increased 9% in the last two month compared to year end. All of this activity puts HSNT in a favorable financial health position. In analyzing HSNT 2021 financials, HSNT has experienced significant increase in grant funding and days in cash, largely due to American Rescue Plan funding (ARP). If HSNT were to remove ARP, HSNT operations are not covering operating costs. Dale Tampke asked Pam to provide the number of days in cash removing ARP funding.

HSNT has implemented a pilot program to increase patient access to care titled HSNT BEST. Best stands for "Building Efficient Systems Together". HSNT Best is an HSNT initiative to evaluate workflows and systems to reduce inefficiency and duplication of efforts to increase productivity. This initiative is guided by Toyota's "lean manufacturing system" a well-known system that has been studied worldwide because of its broad application that has increased efficiency within numerous nonprofit organizations. The finance committee also discussed the eCW update that interrupted HSNTs reported prescriptions to Walgreens. As of today, this script file has been resent to Walgreens, however, it has not been reprocessed through the 340B compliance system as of today. Christopher, HSNT CIO, will follow up to ensure this file is processed.

Motion to accept: Lee Brown
Seconded: Dale Tampke
Motion Passed 2-0

Agenda Item III: HSNT HRSA Service Area Competition application

HSNT Service Area Competition (SAC) application was extended one year due to COVID, typically the SAC application is a three year process and with COVID extension, this is the first SAC written in four years. There are

seven criteria addressed in the SAC application. HSNTs application clearly addresses each of the seven criterions: Need, Response, Collaboration, Evaluative Measures, Resources/Capabilities, Governance and Support Received. COVID elevated the need in our community and HSNTs application demonstrates HSNT response. HSNT clearly demonstrated collaborations with other organization to support continuity of care across HSNT community partners. HSNT describes the depth of services and comprehensive care HSNT provides that translates into multiple visits. HSNT has strong Governance with an annual workplace to provide structure, ensure HSNT maintains patient board representation, approving the annual budget and applications, approved services locations, hours of operations and evaluating health center performance.

Agenda Item IV: Review 2020 HSNT Retirement Plan Audit

HSNT Executive committee held an executive meeting to review and approve HSNT FY2020 Retirement Plan Audit. Couple of points to note:

- Plan Termination. In the event of plan termination, participants would become 100% vested in their employer contributions.
- Recommendation to establish procedure to determine maximum percentage allowed for contributions for Highly Compensated Employees(HCEs). Implement of a nonqualified deferred compensation plan will enable the select HCEs to shelter the maximum amount permitted by law. HSNT has two employees that failed the nondiscrimination testing.
- HSNT does not offer a ROTH IRA

HSNT Executive Committee approved the retirement plan audit and HSNT filed the Retirement Plan Form 5500 along with the audit document October 13, 2021.

Agenda Item V: Sliding Fee Scale Review

HSNT completed a 6 month review of HSNT Sliding Fee Discount program to ensure HSNT maintains compliance and the new system is operating effectively. A random sample of 15 charts indicates 74% of patient are able to pay the flat rate and has no outstanding balance after check out. Having an inclusive rate also reduce a need for collection of payments at check out except in cases where the patient has pending imaging orders as well as reduces the complexity of training while increasing the ability to discuss this program with HSNT patients.

Agenda Item V: Medical Director Update


Dr. Siegel discussed with Doreen in August 2021 that he would like to step down as HSNT Medical Director. HSNT will begin the process of a Medical Director search and Dr. Siegel's contract will end December 31, 2021.

Agenda Item V: 8:18 am adjourned

September minutes include notes to the financials.

Board Treasurer Approval: _____

Dale Tampke, HSNT Board Treasurer



Health Services of North Texas, Inc.

Statement of Financial Position

As of 10/31/2021

	Current Period	Last Month	Beginning Year Balance	YTD Change	YTD % Change
ASSETS					
Current Assets					
Operating Cash	3,197,464.85	3,352,154.33	1,965,114.47	1,232,350.38	62.71
Other Current Assets					
Medical Receivable	511,695.79	543,630.46	379,021.86	132,673.93	35.00
Grant Receivable	415,732.54	430,983.33	439,228.86	(23,496.32)	(5.35)
340B Receivable	612,722.38	689,237.12	816,078.27	(203,355.89)	(24.92)
Prepaid Expenses	102,761.48	66,302.29	51,445.64	51,315.84	99.75
Deposits	11,429.25	11,429.25	11,429.25	0.00	0.00
Total Other Current Assets	1,654,341.44	1,741,582.45	1,697,203.88	(42,862.44)	(2.53)
Short Term Investments					
Investment CDs	564,649.38	564,649.38	564,649.38	0.00	0.00
Long Term Assets					
Fixed Assets					
Medical Equipment	60,525.84	60,525.84	60,525.84	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	15,240.00	15,240.00	15,240.00	0.00	0.00
Telephone Systems	95,499.55	95,499.55	95,499.55	0.00	0.00
IT Equipment	110,348.65	110,348.65	99,323.65	11,025.00	11.10
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	0.00
Accumulated Depreciation	(615,043.97)	(603,712.02)	(500,738.53)	(114,305.44)	22.83
Total Fixed Assets	2,751,586.04	2,762,917.99	2,854,866.48	(103,280.44)	(3.62)
Total Long Term Assets	2,751,586.04	2,762,917.99	2,854,866.48	(103,280.44)	(3.62)
Total ASSETS	8,168,041.71	8,421,304.15	7,081,834.21	1,086,207.50	15.34
LIABILITIES					
Current Liabilities					
Accounts Payable					
Credit Card Clearing Account	23,073.48	38,267.24	21,316.68	1,756.80	8.24
Other	418,322.73	456,230.07	446,751.62	(28,428.89)	(6.36)
Total Accounts Payable	441,396.21	494,497.31	468,068.30	(26,672.09)	(5.70)
Accrued Payroll	699,866.39	680,366.39	668,636.39	31,230.00	4.67
Accrued Retirement	143,919.48	124,023.64	125,320.83	18,598.65	14.84
Payroll Liabilities	9,975.36	(16,632.58)	8,025.68	1,949.68	24.29
Other Current Liabilities	261,976.34	261,976.34	262,360.64	(384.30)	(0.15)
Total Current Liabilities	1,557,133.78	1,544,231.10	1,532,411.84	24,721.94	1.61
Long Term Liabilities					
Capital Loan	1,274,532.35	1,278,710.51	1,314,891.20	(40,358.85)	(3.07)
Total LIABILITIES	2,831,666.13	2,822,941.61	2,847,303.04	(15,636.91)	(0.55)
NET ASSETS					
Fund Balances					
Net Assets at Beginning of Year	4,234,531.17	4,234,531.17	4,234,531.17	0.00	0.00
Current Net Assets(Liabilities)	1,101,844.41	1,363,831.37	0.00	1,101,844.41	100.00
Total Fund Balances	5,336,375.58	5,598,362.54	4,234,531.17	1,101,844.41	26.02
Total NET ASSETS	5,336,375.58	5,598,362.54	4,234,531.17	1,101,844.41	26.02
TOTAL LIABILITIES & NET ASSETS	8,168,041.71	8,421,304.15	7,081,834.21	1,086,207.50	15.34

Health Services of North Texas, Inc.
Statement of Operations
From 10/1/2021 Through 10/31/2021

	Current Month	Last Month (09/01/2021 - 09/30/2021)	Current YTD	Prior YTD	FY2021 Budget	YTD Difference	% Budget
Patient Revenue							
Net Patient Rev	1,993,697.43	1,814,416.01	18,454,276.63	14,111,133.26	28,784,071.00	4,343,143.37	(64.11)%
Uncollectible	(902,792.90)	(614,019.57)	(8,145,110.76)	(8,167,257.82)	(17,351,691.00)	22,147.06	(46.94)%
Total Patient Revenue	<u>1,090,904.53</u>	<u>1,200,396.44</u>	<u>10,309,165.87</u>	<u>5,943,875.44</u>	<u>11,432,380.00</u>	<u>4,365,290.43</u>	<u>(90.18)%</u>
Other Revenue							
Grants	479,118.65	461,228.12	5,062,944.38	3,654,411.23	4,337,269.00	1,408,533.15	(116.73)%
Other	148,482.09	31,634.62	1,118,383.78	1,216,948.18	902,067.00	(98,564.40)	(123.98)%
Total Other Revenue	<u>627,600.74</u>	<u>492,862.74</u>	<u>6,181,328.16</u>	<u>4,871,359.41</u>	<u>5,239,336.00</u>	<u>1,309,968.75</u>	<u>(117.98)%</u>
TOTAL Revenue	<u>1,718,505.27</u>	<u>1,693,259.18</u>	<u>16,490,494.03</u>	<u>10,815,234.85</u>	<u>16,671,716.00</u>	<u>5,675,259.18</u>	<u>(98.91)%</u>
Expenses							
Personnel	1,067,768.79	748,987.10	7,875,407.58	6,648,543.12	9,383,920.00	1,226,864.46	83.92%
Medical Services	498,610.85	421,852.85	3,702,727.53	1,980,843.05	2,957,381.00	1,721,884.48	125.20%
Patient Care	47,761.48	45,894.50	464,979.41	368,950.41	641,500.00	96,029.00	72.48%
IT	85,997.75	91,837.57	847,431.14	702,018.89	789,027.00	145,412.25	107.40%
MarComm	39,795.64	19,710.67	174,131.81	100,503.59	154,680.00	73,628.22	112.57%
Occupancy	44,421.36	45,666.88	509,018.45	425,547.76	522,067.00	83,470.69	97.50%
Operating Costs	196,136.36	226,509.88	1,814,953.70	1,448,039.11	2,159,093.00	366,914.59	84.06%
Total Expenses	<u>1,980,492.23</u>	<u>1,600,459.45</u>	<u>15,388,649.62</u>	<u>11,674,445.93</u>	<u>16,607,668.00</u>	<u>3,714,203.69</u>	<u>92.66%</u>
Operating Income(Loss)	<u>(261,986.96)</u>	<u>92,799.73</u>	<u>1,101,844.41</u>	<u>(859,211.08)</u>	<u>64,048.00</u>	<u>1,961,055.49</u>	<u>.,720.34)%</u>
Net Assets	<u>(261,986.96)</u>	<u>92,799.73</u>	<u>1,101,844.41</u>	<u>(859,211.08)</u>	<u>64,048.00</u>	<u>1,961,055.49</u>	<u>.,720.34)%</u>

Health Services of North Texas, Inc.
Statement of Cash Flows
As of 10/31/2021

	<u>Current Period</u>	<u>Current Year</u>	<u>Prior Year YTD</u>
Cash Flows from Operating Activities			
Medicaid	619,872.41	5,123,130.01	3,310,892.06
Medicare	60,837.36	547,973.58	420,897.12
Private/Commercial	103,082.51	472,342.24	374,447.97
Self Pay	(22,169.17)	985,279.80	713,255.12
Program Income	361,216.09	3,369,352.18	1,217,109.49
Grants	580,884.18	5,286,279.19	3,191,567.91
Receipts from Contributors	148,482.09	1,118,383.78	1,213,768.59
Change in Inventory	0.00	0.00	9,185.53
Interest Received	0.00	0.00	3,179.59
Payments to Employees & Suppliers	<u>(1,982,293.84)</u>	<u>(15,569,508.07)</u>	<u>(10,449,641.18)</u>
Total Cash Flows from Operating Activities	<u>(130,088.37)</u>	<u>1,333,232.71</u>	<u>4,662.20</u>
Cash Flows from Capital Activities			
Capital Activity/Disposal of Assets	0.00	(11,025.00)	0.00
Capital Loan	<u>(9,407.35)</u>	<u>(94,073.50)</u>	<u>(94,073.50)</u>
Total Cash Flows from Capital Activities	<u>(9,407.35)</u>	<u>(105,098.50)</u>	<u>(94,073.50)</u>
Change in Medical Liability			
Change in Patient Refunds	<u>0.00</u>	<u>2,459.37</u>	<u>(8,636.45)</u>
Total Change in Medical Liability	<u>0.00</u>	<u>2,459.37</u>	<u>(8,636.45)</u>
Beginning Cash & Cash Equivalents	<u>3,878,536.47</u>	<u>2,508,447.17</u>	<u>2,472,037.04</u>
Ending Cash & Cash Equivalents	<u><u>3,739,040.75</u></u>	<u><u>3,739,040.75</u></u>	<u><u>2,373,989.29</u></u>

Health Services of North Texas, Inc.
Financial Ratios
October 2021

		Fiscal Year	
	FY2020 Goals	To Date 2021	Fiscal Year End 2020
Quick Ratio	9:1	3.41 : 1	3.07 : 1
Current Assets/Current Liabilities			
Debt/Equity	13.0%	53.1%	60.5%
Total Liabilities/Total Net Assets			
Working Capital to Expense Ratio	3 : 1	2.51 : 1	2.39 : 1
CA/CL divided by Expense/# month in Period			
Long Term Debt to Equity Ratio	25%	23.9%	29.6%
Percentage of Admin & Fundraising	25.0%	14.7%	15.6%
<i>included estimate of new accounting standard</i>			
Number of Days - Cash	60	71	58
Number of Days - Liquidity	180	101	101
Accounts Receivable Days (Medical AR Collection Period)	50	27	28
Change In Net Assets to Expense	3.0%	7.2%	1.6%
(Net Assets/Total Expense)			
Operating Margin	0.5%	6.7%	1.56%
(Change in Net Assets/Total Revenue)			
Cash Flow	1.5%	53.4%	6.0%
			FY2020
Cost per Employee this month		\$7,686.02	\$5,037.72
		Rolling 12 Month Data	Fiscal Year End 2020
Cost per Employee R12		\$69,949.94	\$65,398.18
Average Hourly Rate R12		\$35.22	\$32.73
Cost Per Medical Encounter *43,736		\$294.21	\$354.79
Cost Per Medical Patient *16,013		\$1,151.40	\$1,053.75
Federal Cost Per Medical Patient		\$100.62	\$103.91

* 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

October 20, 2021

Present: Belinda Hernandez, Melissa Winans, Judge Chance Oliver

Absent: Trang Dang-Le, Dr. Howard Shaw, Dr. Kimberly Middleton

Staff: Doreen Rue

Quorum met.

Called to order: 5:06pm

I. Roll Call and Acceptance of the Consent Agenda

- August 2021 Minutes
 - Staff Quality Meeting
 - Governing Board Meeting
- Patient Satisfaction
- Quality Dashboards
- Quarterly Reports:
 - PDSAs
 - Peer Review

Motion to approve the Consent Agenda: Judge Chance Oliver

Seconded: Belinda Hernandez

Motion Passed Unanimously

II. Service Area Competition (SAC) Application

- This application typically occurs on a 3-year cycle, this is a 4-year cycle due to COVID-19.
- The updated application was sent to the board yesterday with an updated patient projection number.
- Narrative Section
 - This section highlights the community need, including:
 1. Food Insecurity
 2. Mental Health Access
 3. Other Social Determinates of Health
 - This also includes a focus on unmet needs by zip code.
 1. HSNT focuses on locating services in the areas of highest need.
 - This section also illustrates the overlap between the HSNT board workplan and the requirements of the HRSA 330 grant.
- Response Section



○ This section details the services provided by HSNT and locations and hours of operations.

1. Updates since last application:

- a. HSNT at Serve Denton
- b. HSNT Plano

- The application also details the collaborations and support of the community including HSNT’s partnerships with other organizations and service providers.
- Board Work to Support the Application and HSNT’s Service Delivery:
 - Quality Monitoring
 - 1. Clinical Measures
 - 2. Patient Satisfaction
 - Ensuring Compliance with Federal Regulations
 - Staffing Plans

III. Medical Director Update

- Dr. Siegel’s contract will expire at the end of 2021.
- HSNT is currently recruiting for this position.
 - Interim plans are in place if the recruiting process takes longer than planned.
- Doreen Rue and board member Dr. Kimbelry Middleton are participating in a medical director training course.

IV. HSNT Safe Environment Policy

- This is an updated version of a previous policy.

Motion to approve the Consent Agenda: Judge Chance Oliver

Seconded: Belinda Hernandez

Motion Passed Unanimously

V. Title X Funding Update

- The next onsite monitoring visit for the Title X program will be in November.
- Title X was created to address a high rate of unplanned pregnancies.
 - The program has since evolved to include all facets of reproductive health.
- This program is intended to target low-income patients. It includes sliding fee discounts and waived fees below a certain income level.
- The program serves male and female patients.
 - Services include contraceptives, education, etc.



- HSNT absorbed a clinic providing Title X services that was no longer viable in 2014. This allowed HSNT to fulfill its federal requirements while also ensuring continuity of care for the community.
- HSNT is on track to meet its Title X patient goals for this year.
- Services Provided:
 - Reproductive Planning
 - Education
 - Preventative Health Care
 - STI Screening and Treatment
 - Class D Pharmacy
 - Sonograms
 - Medical Supplies
- HSNT's services do not include abortion services or referrals.
 - This is strictly prohibited by Title X funding and HSNT's Federal Funding.
- HSNT recently relocated its Title X program to the HSNT at Serve Denton location.

VI. Quality Presentation – Dr. Howard Shaw

- Deferred to November.

VII. Reports to the Board

- Safe Environment Policy recommendation for approval.
- Report on Title X funding and services.

Adjourned: 5:50pm



Governing Board Strategic Planning Committee Minutes

November 11, 2021

Attendees: Sara Schroeder, James Henderson

Staff: Doreen Rue, Larry Bisno

Quorum Met

Meeting Called to Order at: 11:01am

I. HRSA 330 Compliance Review: Needs Assessment

- The needs assessment was last completed and approved in 2020.
 - i. It is required to be completed every 3 years.
- This committee reviewed and approved the most recent needs assessment.
- HSNT uses the needs assessment to identify community needs and determine HSNT's health care service delivery.
- The HSNT needs assessment was found to be compliant with HRSA requirements.

II. Incentive Goal Progress 2021

- The board sets the incentive goals for HSNT at an organizational level.
- HSNT staff individual goals are tied to the strategic priorities and goals set by the board.
- HSNT is on track for both financial and compliance goals.
- Quality Goals
 - i. HSNT tracks 3 sets of goals.
 - UDS – HRSA (calendar year)
 - HEDIS – commercial payors (rolling 12 months)
 - Internal Goals – set by HSNT
 - a. These goals are selected by the quality committee and allow for controllable outcomes.
 - i. Ex. mammography referrals, colorectal exam education, etc.
 - ii. HSNT is currently at 48% to a goal of 80%.
 - HSNT is on the cusp of meeting 5 to 6 measures.

- iii. All data from 2021 will be needed to make determinations about quality goal performance.

III. Incentive Goals 2022

- Accrual for 2022 incentive pay is not included in the 2022 budget.
 - i. This does not mean that incentive will not be paid, but the funds will be allocated from revenue surpluses in other areas.
 - Ex. efficiencies discovered during the HSNT BEST program
 - ii. HSNT has previously used this model previously.
- Goals will be set by the relevant committees.
 - i. Finance, Quality, etc.
 - ii. Compliance Goals – can utilize input from both the strategic planning and personnel committees.
 - Compliance goals include major grants, HR components, HIPAA security, IT, etc.
 - Christopher Redden, CIO will be retiring in early 2022.
 - a. Anticipate not increasing this goal to account for this transition.
 - b. HSNT will be partnering more closely with Eon during this transition.
 - i. Any strategic decisions will be brought to this committee.
 - c. Christopher has been working to prepare HSNT for the future and ensuring the staff will have support in the future.
 - d. At future meetings the principle from Eon will attend strategic planning committee meetings to provide updates and answer any questions.
- This committee will discuss goal setting in more detail at the next meeting with Larry Bisno in attendance.

IV. Reports to the Board

- HRSA 330 Review: Needs Assessment
- Overview of Incentive Goal Information

Adjourned: 11:28am



Governing Board Personnel Committee Minutes

November 12, 2021

Present: James Henderson, Sarah Schroeder

Staff: Doreen Rue

Quorum met.

Meeting Called to Order: 11:03am

I. Vaccine Mandate

- Vaccine mandates are delicate/sensitive topics for many organizations.
- Due to HSNT's federal funding and Medicaid and Medicare revenue, HSNT must comply with and enforce the federal vaccine mandate or forfeit that funding and HSNT's FQHC designation.
- The federal mandate requires policies be in place by December 4th.
- HSNT is proposing moving forward with the policy presentation to the board while finalizing the procedure.
 - i. The procedure does not require board approval.
- HSNT's proposed policy reflects the requirements of the federal mandate and CMS guidance.
- Employees of HSNT will not be able to opt for weekly testing in lieu of receiving the vaccine due to HSNT's federal funding and CMS revenue.
- A large portion of HSNT's staff is already vaccinated.
 - i. HSNT who are not vaccinated and do not choose to receive the vaccine will be handled confidentially and within HR guidelines.
- Should this topic also be addressed in the strategic planning committee?
 - i. Potential discussions include strategies for staff blowback or any potential negative impressions of the staff or public related to the vaccine requirement.
- HSNT has few options for granting exemptions/ not enforcing the mandate.
 - i. If a staff member does not have a valid exemption (medical or demonstrated religious belief), they must be terminated.
 - ii. One exemption for this rule:
 - 1. If a staff member works completely remotely and has no physical contact with any HSNT staff members.
 - a. This type of position does not currently exist at HSNT.
- The personnel committee will recommend approval of the policy to the board.

II. Employee Benefits Summary



- The 2022 benefit summary has very few changes compared to 2021.
- There is a modest price increase for insurance, HSNT had anticipated a larger increase for 2022.
- HSNT's benefit package is strong, however is expensive when spouses and children are added to the employee plans.
- There are no changes to the PTO, Personal, Holidays and Flex Days offered to HSNT staff.
- The payroll and holiday schedules for 2022 were previously approved by the board.
- The committee will recommend the approval of the 2022 Benefits Summary to the board.

III. Incentive Goal Progress 2021

- The chart shows HSNT's progress so far his year.
- All data from 2021 will be needed to make any determinations on incentive pay.
- The board will most likely vote on incentive performance in January 2022.

IV. Reports to the Board

- Recommendation of Mandatory COVID-19 Vaccination Policy
- Recommendation of the 2022 Benefits Summary

Adjourned: 11:37am

Grants & MarCom Monthly Report November 2021

Keeping HSNT Top of Mind & Building Relationships

- HSNT Plano Chamber Ribbon Cutting and Grand Opening Celebration allowed us to further connect with and strengthen many funder and community relationships, specifically with Collin County Commissioners Court, UWMD and several other key funder relationships.
- Argyle United Methodist Church is once again hosting HSNT patients and staff for a drive through Thanksgiving meal. This event received media recognition and we anticipate servicing more than 600 to go meals.
- The Plano north Metroplex chapter of Links Incorporated event featuring board member Belinda Hernandez and Dr. Kaushik was a huge success and we were able to connect HSNT to many community members in the greater Collin County area.
- Pam Barnes, CFO recognized by the Dallas Business Journal! So many opportunities to elevate the HSNT brand through this recognition.

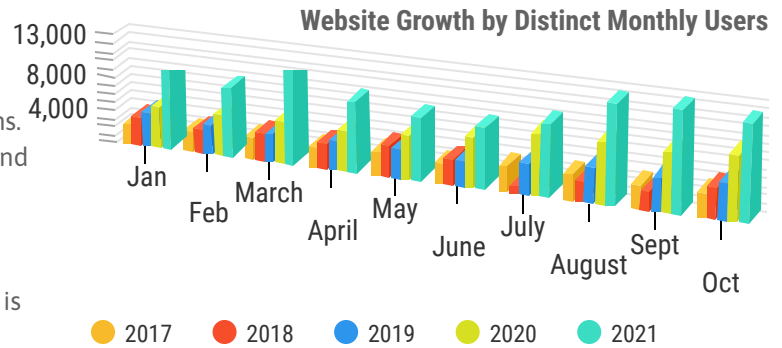
386

NEW PATIENTS
in October

192/50%
of these are
Pediatric Patients
33 Newborns

Digital Marketing and Website

- Website traffic is still strong with 11,649 Users, and 15,396 Sessions.
- Google Ad Grant spend reached \$10,007 with 34.2K impressions and 766 clicks. This is FREE, in-kind advertising secured through a Google Grant.
- Digital Ads for pediatrics continue to run, with all ads targeting pediatrics at HSNT Plano. Competition for pediatrics ads in Plano is tight and we are not seeing the lift expected. We are monitoring closely.



Key Campaigns

- HSNT Plano- Raising the bar for quality care in Plano for the entire family
- Pediatrics- position HSNT as a leader in pediatric care
- General Awareness Campaigns | Pediatrics | HIV & Infectious Disease Services
- COVID Vaccines for children and boosters for adults

Up Next

- Giving Tuesday
- Campaigns to connect donor Stakeholders to HSNT and finish 2021 strong
- Pediatric ads on the Kroger grocery carts at the Kroger closest to HSNT Plano
- Tours of Wylie Children's Medical Clinic to strengthen community engagement
- Ongoing outreach work to raise awareness of pediatrics in Plano
- Website and Google My Business audits

WCMC Patient Comment

"Big thank you to the nurse who took her time helped my special needs daughter to understand how hearing test worked and we were able to pass it for first time!
Thank you to Dr. Jo for taking time and answer all my questions and care for my child at the same time. We are so happy to be your patient!"

Key Grant Metrics

Awarded since October Board Meeting- \$7,500

Organization	Program	Amount
Baylor Scott & White Centennial	Medical program	\$2,500
Florence Foundation	Denton Pediatrics	\$5,000

9 Grant Proposals in Process

\$333,000 Value

13 Grant Proposals Awaiting Decision

\$2,366,289

Grant proposals/submissions for approval

Organization	Program	Amount	Approval Date
Mitchell Foundation	Plano pediatrics	\$20,000	November
Collin County Commissioners Court	HSNT Plano medical program	\$55,000	December
Superior Health Plan	Medical program	\$5,000	December
BNSF Railway	Denton Pediatrics	\$5,000	December
Communities Foundation of Texas	Medical program	\$15,000	January

YTD we have submitted 53 proposals, 18 to new funders.

MarCom Focus: To Elevate HSNT brand among all Stakeholder Groups through creating meaningful content that connects Stakeholders with brand, using brand voice and communicating value for all Stakeholder Groups.



FY 2022 HSNT Budget

Summary:

The Budget for FY 2022 has been reviewed the Finance Committee and is referred to the Governing Board for approval. HSNT is projecting a balanced budget for 2022.

ACTION:

Reviewed by:

- Pam Barnes, CFO _____ Date: _____
- Doreen Rue, CEO _____ Date: _____

Governing Board Finance Committee Approval:

_____ Date: _____

Governing Board Approval:

_____ Date: _____

(President)

FY2022 Budget Packet Summary

Health Services of North Texas projections are based on financial development and operation activities. Following explanation details the percentages and activities used in the projections.

Statement of Financial Position (Balance Sheet) Increase/Decrease based on FY202 Year End Projections

CASH

- Projected full receipt of Projected Income and ending the year at 55 days

OTHER CURRENT ASSETS

- Medical AR projected 4% Total Patient Revenue
- Grant Receivable projected 10% Grant Revenue
- 340B Receivable projected 7% Total Patient Revenue

FIXED ASSETS

- No Fix Asset purchases budgeted for 2022

LIABILITIES

- Accounts Payable 3% of total expenditures
- Accrued Payroll 10% of Salaries
- Accrued Retirement 3.5% of Salaries
- Capital Loan 4.75% Interest and principal (current loan balance \$1,321,058)
- Medicaid Overpayment included

NET ASSETS

- Projected Balanced Budget

Statement of Operations (Income Statement) Increase/Decrease based on FY2020 Year End Projection

REVENUE

- 18% OverAll 2021 Budget Revenue Increase
- 46% increase in total patient revenue (\$3,610,180)
- 17% decrease in other revenue (\$1,036,864) FY2020 year end projection includes SPA PPP loan of \$1,254,200 which is not included in FY2021. If we removed P3, HSNT is projecting a 4% increase in grant and other revenue generating activity.

EXPENSE

- 18% increase in personnel- budget includes two Medical Doctors
- 14% decrease in Medical Services. Also included Labs, Referrals, Imaging and Medications.
- 4% Increase in patient care. Includes Housing, Patient Insurance Premium Assistance and Patient Transportation.
- Level IT Budget represents 5% of Agency Budget.
- 35% increase MarCom to actual. MarCom recognized great 2020 savings

- Level Occupancy includes increased budget for maintenance
- 31% increase in operating costs

Cash Flow and Financial Ratios based on FY2020 Year End Projections

- 60 Days in cash
- 101 Days in Liquidity
- Operating Margin 0.32% increase
- Cash Flow 4.9% increase

Health Services of North Texas, Inc.
Statement of Financial Position Projections

	2021 Projection	Rounded 2022 Projection	\$ Chge	% Chge
ASSETS				
Current Assets				
Operating Cash	2,733,477.00	2,704,184.00	(29,293.00)	-1.1%
Other Current Assets		0.00		
Medical Receivable	467,340.00	559,587.00	92,247.44	19.7%
Grant Receivable	610,075.00	561,168.00	(48,907.50)	-8.0%
340B Receivable	817,845.00	979,278.00	161,433.02	19.7%
Prepaid Expenses	65,000.00	76,000.00	11,000.00	16.9%
Deposits	<u>11,429.25</u>	<u>14,600.00</u>	<u>3,170.25</u>	<u>27.7%</u>
Total Other Current Assets	1,971,689.25	2,190,633.00	218,943.21	11.1%
Short Term Investments				
Investment CDs	570,000.00	575,000.00	5,000.00	0.9%
Fixed Assets				
Medical Equipment	60,525.84	60,526.00	0.00	0.0%
Building Improvements	92,664.56	92,665.00	0.00	0.0%
4308 Mesa Denton Office	308,335.28	308,335.00	0.00	0.0%
4304 Mesa Medical Center	2,324,761.13	2,324,761.00	0.00	0.0%
Software Applications	15,240.00	15,240.00	0.00	0.0%
Telephone Systems	95,499.55	95,500.00	0.00	0.0%
IT Equipment	110,348.65	110,349.00	0.00	0.0%
Vehicles	102,255.00	102,255.00	0.00	0.0%
4304 Land	257,000.00	257,000.00	0.00	0.0%
Accumulated Depreciation	<u>(650,000.00)</u>	<u>(790,000.00)</u>	<u>(140,000.00)</u>	<u>21.5%</u>
Total Fixed Assets	<u>2,716,630.01</u>	<u>2,576,631.00</u>	<u>(140,000.00)</u>	<u>-5.2%</u>
Total ASSETS	<u>7,991,796.26</u>	<u>8,046,448.00</u>	<u>54,650.21</u>	<u>0.7%</u>
LIABILITIES				
Current Liabilities				
Accounts Payable	546,780.00	615,489.00	68,726.55	12.6%
Accrued Payroll	807,730.00	833,840.00	26,110.40	3.2%
Accrued Retirement	242,319.00	250,152.00	7,833.12	3.2%
Payroll Liabilities	(6,500.00)	(6,500.00)	0.00	0.0%
Other Current Liabilities	<u>261,976.00</u>	<u>261,976.00</u>	<u>0.00</u>	<u>0.0%</u>
Total Current Liabilities	1,852,305.00	1,954,957.00	102,670.07	5.5%
Long Term Liabilities				
Capital Loan	<u>1,266,710.00</u>	<u>1,218,710.00</u>	<u>(48,000.00)</u>	<u>-3.8%</u>
Total LIABILITIES	<u>3,119,015.00</u>	<u>3,173,667.00</u>	<u>54,670.07</u>	<u>1.8%</u>
NET ASSETS				
Net Assets at Beginning of Year	4,234,531.00	4,872,781.00	638,250.00	15.1%
Current Net Assets(Liabilities)	<u>638,250.00</u>	<u>0.00</u>	<u>(638,250.00)</u>	<u>-100.0%</u>
Total NET ASSETS	<u>4,872,781.00</u>	<u>4,872,781.00</u>	<u>0.00</u>	<u>0.0%</u>
TOTAL LIABILITIES & NET ASSETS	<u>7,991,796.00</u>	<u>8,046,448.00</u>	<u>54,670.07</u>	<u>0.7%</u>

Health Services of North Texas, Inc.
Statement of Operations
Fiscal Year 2022 Projections

	2021 Projection	FY2022 Projection
Patient Revenue		
Net Patient Rev	21,940,000.00	26,604,097.00
Uncollectible	(10,256,500.00)	(12,614,411.00)
Total Patient	11,683,500.00	13,989,686.00
Other Revenue		
Grants	6,100,750.00	5,611,675.00
Other	1,070,000.00	915,524.00
Total Other Revenue	7,170,750.00	6,527,199.00
TOTAL Revenue	<u>18,854,250.00</u>	<u>20,516,885.00</u>
 Expenses		
Personnel	9,425,000.00	10,195,476.00
Medical Services	4,270,000.00	5,374,061.00
Patient Care	556,000.00	543,000.00
IT	1,020,000.00	878,899.00
MarComm	180,000.00	235,468.00
Occupancy	625,000.00	551,688.00
Operating Costs	2,150,000.00	2,738,293.00
Total Expenses	<u>18,226,000.00</u>	<u>20,516,885.00</u>
 Operating Income(Loss)	 <u>628,250.00</u>	 <u>0.00</u>

Health Services of North Texas, Inc.

Statement of Operations

Fiscal Year 2022 Projections

	2021 Projection	FY2022 Projection
REVENUE		
Individuals	27,500.00	28,000.00
Corporations	170,000.00	209,000.00
Organizations	286,660.00	201,000.00
In Kind	353,800.00	282,524.00
United Way	215,040.00	190,000.00
Govt Grants	6,100,750.00	5,611,675.00
Medicaid	5,481,739.00	8,291,903.00
Medicare	1,076,450.00	975,271.00
Commercial	1,276,455.00	2,077,325.00
Self Pay	10,592,736.00	13,368,429.00
Contractual Adj	(9,816,500.00)	(15,257,502.00)
Doubtful Allow	(40,000.00)	(65,600.00)
Bad Debt	(400,000.00)	(250,000.00)
Medicaid Incentive	504,420.00	0.00
Program Income	3,008,200.00	4,849,860.00
Interest Income	5,000.00	5,000.00
Misc. Income	<u>12,000.00</u>	<u>0.00</u>
Total REVENUE	18,854,250.00	20,516,885.00
EXPENSES		
Salaries	8,077,300.00	8,338,404.00
Payroll Taxes	595,000.00	679,580.00
Fringe Benefits	756,700.00	1,147,492.00
Contract Labor	1,460,000.00	1,824,741.00
Communication	235,000.00	149,400.00
Depreciation	137,305.00	140,000.00
Equipment	510,000.00	551,450.00
Insurance	87,200.00	90,550.00
Interest	65,000.00	66,000.00
Training	35,000.00	65,164.00
Mileage	4,500.00	5,000.00
Misc. Expenses	500.00	500.00
Donor Dev	35,000.00	29,900.00
Occupancy	655,000.00	551,688.00
Postage/Print	53,000.00	119,188.00
Professional Svcs	145,000.00	335,500.00
Assist to Clients	4,485,320.00	5,407,595.00
Dues	45,600.00	46,690.00
Supplies	<u>833,575.00</u>	<u>968,043.00</u>
Total EXPENSES	<u>18,216,000.00</u>	<u>20,516,885.00</u>
Net Assets	<u>638,250.00</u>	<u>0.00</u>

Health Services of North Texas, Inc.
2022 Financial Ratio Projections

	FY2022 Goals	2021 Projections	2022 Projections
Quick Ratio <i>Current Assets/Current Liabilities</i>	5:1	2.81 : 1	2.75 : 1
Debt/Equity <i>Total Liabilities/Total Net Assets</i>	13.0%	64.0%	65.1%
Working Capital to Expense Ratio <i>CA/CL divided by Expense/# month in Period</i>	3 : 1	2.25 : 1	2.06 : 1
Long Term Debt to Equity Ratio	25%	26.0%	25.0%
Percentage of Admin & Fundraising	25.0%	14.4%	12.8%
Number of Days - Cash	60	62	55
Number of Days - Liquidity	180	100	92
Accounts Receivable Days (Medical AR Collection Period)	50	29	22
Change In Net Assets to Expense <i>(Net Assets/Total Expense)</i>	3.0%	3.5%	0.0%
Operating Margin <i>(Change in Net Assets/Total Revenue)</i>	0.5%	3.4%	0.00%
Cash Flow	1.5%	33.5%	-0.8%

12 Month Rolling Data

Cost per Employee R12	\$71,347.12	\$65,398.18
Average Hourly Rate R12	\$34.79	\$32.73
Cost Per Medical Encounter *65,385	\$302.97	\$354.79
Cost Per Medical Patient *13,859	\$1,163.00	\$1,053.75
Federal Cost Per Medical Patient	\$111.50	\$103.91



HRSA - C8E44526 Rebudgeting

Summary

Health Services of North Texas (HSNT) is rebudgeting our awarded ARP-Capital grant (C8E44526).

Due to increasing construction costs across the industry, project 190871-01 (Alteration and Renovation of Denton Medical Center 4308 - BPS-H80-012002) will cost more than initially projected.

Therefore, HSNT is rebudgeting this grant to move all funds allocated to project 190871-04 (Equipment) to project 190871-01 (Alteration and Renovation of Denton Medical Center 4308 - BPS-H80-012002).

- Rebudgeting project 190871-01 (Alteration and Renovation of Denton Medical Center 4308) from \$486,125 to \$501,125
- Rebudgeting project 190871-04 (Equipment) from \$15,000 to \$0

Action

Reviewed by:

- Doreen Rue, CEO _____ Date: _____
- Pam Barnes, CFO _____ Date: _____

Governing Board Finance Committee Approval

_____ Date: _____

Governing Board Approval

_____ Date: _____



**HRSA 330 Compliance Annual Review Final Report:
Budget**

Participants:

- Project Leader: Kelsey Moore
- Compliance Officer: Larry Bisno
- Subject Owner: Pam Barnes
- Review Team: Shelby Cefoldo

Materials Reviewed:

- Forms 5A & 5B
- Operating Budget Policy
- Most Recent Independent Audit Results
- Most Recent Financials
- 2022 Budget: In Process

Timeline:

- Review Worksheet sent to Subject Owner: 9/30/2021
- Review Worksheet Completed and Requested Documents Uploaded by Subject Owner: 10/13/2021
- Submissions Reviewed by Project Leader and Compliance Officer: 11/1/2021
- Meeting with Subject Owner, Project Leader, Compliance Officer, and Review Team to discuss next steps and recommendations: 11/2/2021
- Progress Report to Agency Quality Committee: 11/17/2021
- Full Report to Governing Board: 11/17/2021
- Final Report to Agency Quality Committee: 12/15/2021

Recommendations:

- HSNT’s Budget was found to be in compliance with HRSA requirements.
- The 2022 HSNT Budget will be presented to the Governing Board for approval.

ACTION:

Reviewed by:

• Pam Barnes, CFO _____ Date: _____

• Doreen Rue, CEO _____ Date: _____



Governing Board Finance Committee Approval:

_____ Date: _____

Governing Board Approval:

_____ Date: _____

(President)



**HRSA 330 Compliance Annual Review:
Budget**

Participants:

- Project Leader: Kelsey Moore
- Compliance Officer: Larry Bisno
- Subject Owner: Pam Barnes
- Review Team: Shelby Cefoldo

Materials Reviewed:

- Forms 5A & 5B
- Operating Budget Policy
- Most Recent Independent Audit Results
- Most Recent Financials
- 2022 Budget: In Process

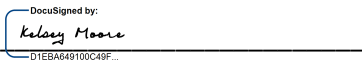

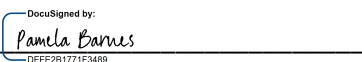

Timeline:

- Review Worksheet sent to Subject Owner: 9/30/2021
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- Submissions Reviewed by Project Leader and Compliance Officer: 11/1/2021
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- Progress Report to Agency Quality Committee: 11/17/2021
- Full Report to Governing Board: 11/17/2021
- Final Report to Agency Quality Committee: 12/15/2021

Recommendations:

- HSNT’s Budget was found to be in compliance with HRSA requirements.
- The 2022 HSNT Budget will be presented to the Governing Board for approval.

Approved By:

- Kelsey Moore  Date: 11/8/2021
- Larry Bisno  Date: 11/8/2021
- Pam Barnes  Date: 11/8/2021
- Shelby Cefoldo  Date: 11/8/2021



Abuse, Neglect, Sexual Violence and Exploitation Policy

Summary:

It is the policy of the Health Services of North Texas that all of its health care providers in all clinical areas (medical, dental, WIC, and the like) be responsible, knowledgeable, and alert to indications of domestic violence, sexual exploitation, human trafficking, and abuse or neglect of children, elderly and disabled persons.

ACTION:

Reviewed by:

• Debra Layman, COO _____ Date: _____

• Doreen Rue, CEO _____ Date: _____

Governing Board Quality Committee Approval:

_____ Date: _____

Governing Board Approval:

_____ Date: _____

(President)



ABUSE, NEGLECT, SEXUAL EXPLOITATION AND DOMESTIC VIOLENCE

POLICY

TX008

POLICY:

It is the policy of the Health Services of North Texas:

- A. That all of its health care providers in all clinical areas (medical, dental, WIC, and the like) be responsible, knowledgeable, and alert to indications of domestic violence, sexual exploitation, human trafficking, and abuse or neglect of children, elderly and disabled persons.
- B. That a designated Reporting Officer operationalize the policy and procedure, enforcement, and monitoring of abuse and other reporting requirements
- C. To validate Staff competencies that are age-specific concerning screening and management of patients who are victims of abuse, neglect, sexual exploitation, human trafficking, and/or domestic violence.
- D. That Staff be aware of resources available to prevent abuse and provide protection and resources for victims.
- E. That the Staff and providers comply with applicable laws and regulations concerning assessment, documentation, referral, and reporting of suspicions, disclosures, or incidents of abuse and neglect, sexual exploitation, or human trafficking.
- F. That the Staff and providers comply with laws concerning assessment, documentation, referral, and notice to victims of domestic violence.



HEALTHSERVICESNTX.ORG

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
940-381-1501
940-591-7830 Fax

HSNT at Serve Denton
306 N Loop 288 Suite 200
Denton, TX 76209
940-381-1501
940-591-7830 Fax

Denton South Center
3537 South I-35E Suite 210
Denton, TX 76210
940-381-1501
940-381-5249 Fax

HSNT Plano
5501 Independence Pkwy
Suite 110
Plano, TX 75023
940-381-1501
972-424-9117 Fax

**Wylie Children's
Medical Clinic**
303 Hwy 78 Suite 106
Wylie, TX 75098
940-381-1501
972-429-5410 Fax

- G.** To comply with the Texas Department of State Health Services (DSHS) policy, Rider 19 (2005) concerning child abuse reporting, and the Texas Family Code Chapter 261 concerning screening, identification, documentation (including the use of the Checklist for DSHS Monitoring), and reporting of child abuse through the development of policies and procedures, Staff training, and enforcement of policies and procedures.
- H.** To ensure that Staff receives training on child abuse upon employment. HSNT compliance is reinforced through monitoring of HSNT abuse and neglect policies and procedures, including the use of the Rider 19 Checklist for DSHS Monitoring for any unmarried patient under fourteen (14) years of age who is pregnant or has a confirmed sexually transmitted disease (STD) acquired other than by perinatal transmission or transfusion. HSNT understands that compliance with DSHS policy on child abuse reporting is a condition for funding by the Maternal and Child Health (Title V), Family Planning, Primary Health Care, HIV and STDs, and Women, Infants and Children (WIC) programs. Non-compliance may be reported by DSHS to Health and Human Services Commission and may affect HSNT's funding for Medicaid (including Texas Health Steps) and Case Management for Children and Pregnant Women (CPW). HSNT cooperates with the DSHS monitoring as outlined in the attached DSHS Policy and Procedure.
- I.** To release to Texas Department of Family and Protective Services (TDFPS) the medical records of a child for whom the reporting requirement applies without requiring a parental consent or court order for an investigation related to suspected abuse or neglect. It is the policy of HSNT to release, at no charge, medical records subpoenaed by the TDFPS for investigations of abuse, neglect and/or exploitation; and
- J.** To monitor compliance through HSNT Compliance and Performance Improvement (CPI) Program, including monitors of screening, assessment, and reporting consistent with the reporting requirements for child, elder or disabled abuse, and the notice requirements for domestic violence. The CPI monitors include

verifications that Staff has training in HSNT Policies and Procedures relating to identification and management of abuse, neglect, sexual exploitation, human trafficking, and domestic violence; has competencies verified; screens and reports abuse, neglect, sexual exploitation, and human trafficking as required; and gives proper notice to victims of domestic violence. The CPI monitor includes verification in all clinical areas (medical, dental, WIC, and the like) on a **daily** basis that any suspected child abuse is reported within forty-eight (48) hours. (A sample monitor plan and forms are attached).

DSHS Monitors

HSNT understands that DSHS will monitor for compliance with DSHS policy, by reviewing all medical records from any department in HSNT for any unmarried patient under fourteen (14) years of age who is confirmed pregnant or diagnosed with an STD, including AIDS/HIV, acquired in a manner other than through perinatal transmission or transfusion and a random sample of minor records from ages fourteen (14) to seventeen (17). DSHS monitor will confirm the use of the DSHS Rider 19 Checklist for DSHS Monitoring form for those patients under age fourteen (14). The DSHS reviewer may make copies of portions of the medical record relevant to child abuse and reporting. The DSHS monitor will also include a review of CPI minutes reflecting results of ongoing daily and monthly monitoring to ensure compliance with child abuse reporting. The DSHS surveyor may review CPI documents related to abuse monitors; however, copies are not made due to CPI confidentiality provisions.

HSNT understands that DSHS expectations for good faith efforts will be met if a contract provider or subcontractor complies with these requirements. Failures by a contractor/provider to develop, implement, and enforce a policy or to train Staff can result in withholding of funds payable to the contractor/provider until the contractor/provider has corrected the failure. Failure by a contractor to complete the Checklist for DSHS Monitoring for designated patients or failure to report child abuse can also result in the temporary withholding of funds until the contractor/provider complies. DSHS provides technical assistance regarding its expectations and requirement at website: www.dshs.state.tx.us/childabuserreporting/default.shtm.

Two subsequent findings of failure to comply will result in a DSHS sanction letter providing HSNT/providers with fifteen (15) days to make corrections to avoid funding being withheld.

Medicaid Services

Medicaid (including Texas Health Steps) and Case Management for Children and Pregnant Women (CPW) provider agreements require providers to make a good faith effort to comply with all child abuse reporting guidelines and requirements in Chapter 261, Texas Family Code. Medicaid providers may use the DSHS Checklist for Monitoring compliance. Adverse findings on Medicaid random record reviews are reported to Texas Health and Human Services Commission for follow up.

Criminal Offenses

HSNT acknowledges reporting requirements related to criminal sexual or injury offenses against a child, adult, elder or disabled person. These criminal offenses are outlined in the Texas Family Code and the Penal Code in an attachment that includes definitions that are different from other abuse, neglect, exploitation, and human trafficking provisions in this Policy.

NOTE from DSHS to Contractors/Providers: Please consult your own attorney for any legal advice on what constitutes abuse and what your reporting obligations are under the Family Code, Chapter 261. Under Rider 19, DSHS enforces only a good faith effort to report child abuse; however, the Family Code requires that you not knowingly fail to report any case where a child may be adversely affected by abuse. In particular, there has been some misunderstanding of the criminal laws relating to offenses against children. Sexual abuse, including sexual assault and indecency with a child, can occur even when there is no force, duress, or coercion; in other words when the minor and his or her partner are both willing sexual partners. Your own attorney can explain these criminal laws to you so that you can then report when required by law.

Training

- A. HSNT shall develop training for all Staff on the Policies and Procedures in regard to reporting abuse, neglect, sexual exploitation, and human trafficking including the provisions regarding child abuse, including Rider 19 and criminal offenses. New

Staff shall receive this training as part of their initial training/orientation. Additional in-service training is provided annually to ensure compliance with changes in the law and updated Policies and Procedures. Training shall be documented and filed in Human Resources department. Sample training documentation, teaching outline and materials are attached.

- B. HSNT provides the level and manner of training for Staff considering factors such as the Staff person's level of contact with patients and the Staff person's professional status and responsibility for reporting.
- C. As part of the training, Staff shall be informed that the provider or Staff person who conducts screening and has cause to suspect abuse has occurred is legally responsible for reporting and that those persons may make a joint report.

Child Abuse, Neglect and Sexual Exploitation

A. Definitions

1. Child or Minor. A Child or Minor means a person under eighteen (18) years of age who is not and has not been married or who has not had the disabilities of minority removed for general purposes.¹ Note that for child sexual abuse “minor” means a person under seventeen (17) years of age.
2. Child Abuse.² Child Abuse includes the following acts or omissions by a person:
 - a. Mental or emotional injury to a Child that results in an observable and material impairment in the Child’s growth, development, or psychological functioning.
 - b. Causing or permitting of a Child to be in a situation in which the Child sustains a mental or emotional injury that results in an observable and material impairment in the Child’s growth, development, or psychological functioning.

¹ Tex. Family Code Title 5, Chapter 101, §101.003(a) [Definition of Child or Minor].

² Tex. Family Code §261.001 [Definition of Child Abuse].

- c. Physical injury that results in substantial harm to the Child or the genuine threat of substantial harm from physical injury to the Child, including an injury that is at variance with the history or explanation given and excluding an accident or reasonable discipline by a parent, guardian, or managing or possessory conservator that does not expose the Child to a substantial risk of harm.
- d. Failure to make a reasonable effort to prevent an action by another person that results in physical injury which results in substantial harm to the Child.
- e. Sexual conduct harmful to a Child's mental, emotional, or physical welfare including conduct that constitutes the offense of indecency with a Child under §21.11 of the Texas Penal Code, sexual assault under §22.011 of the Texas Penal Code, or aggravated sexual assault under §22.021 of the Texas Penal Code.
- f. Failure to make a reasonable effort to prevent harmful sexual conduct to a Child.
- g. Compelling or encouraging the child to engage in sexual conduct as defined by §43.01 of the Texas Penal Code.
- h. Causing, permitting, encouraging, engaging in, or allowing the photographing, filming, or depicting of the child, if the person knew or should have known that the resulting photograph, film, or depiction of the child is obscene as defined by §43.21 of the Texas Penal Code or pornographic.
- i. The current use by a person of a controlled substance, as defined by Chapter 481 of the Texas Health and Safety Code, in a manner or to the extent that the use results in physical, mental, or emotional injury to a child.
- j. Causing, expressly permitting, or encouraging a Child to use a controlled substance as defined by Chapter 481 of the Texas Health and Safety Code; or

- k. Causing, permitting, encouraging, engaging in, or allowing a sexual performance by a child as defined by §43.25 of the Texas Penal Code.

3. Child Neglect.³ The term Child Neglect includes:

- a. The leaving of a Child in a situation where the Child would be exposed to a substantial risk of physical or mental harm, without arranging for necessary care for the Child, and the demonstration of an intent not to return by a parent, guardian, or managing or possessory conservator of the Child; or
- b. The following acts or omissions by any person:
 - (i) Placing the Child in or failing to remove the Child from a situation that a reasonable person would realize requires judgment or actions beyond the Child's level of maturity, physical condition, or mental abilities, and that results in bodily injury or a substantial risk of immediate harm to the Child.
 - (ii) Failing to seek, obtain, or follow through with medical care for the Child, with the failure resulting in or presenting a substantial risk of death, disfigurement, or bodily injury, or with the failure resulting in an observable and material impairment to the growth, development, or functioning of the Child.
 - (iii) The failure to provide the Child with food, clothing, or shelter necessary to sustain the life or health of the Child, excluding failure caused primarily by financial inability, unless relief services had been offered and refused.
 - (iv) Placing the Child in or failing to remove the child from a situation in which the child would be exposed to a substantial risk of sexual conduct harmful to the child.

³ Tex. Family Code §261.001(4) [Definition of Child Neglect].

- (v) Placing a child in or failing to remove the child from a situation in which the child would be exposed to acts or omissions that constitute abuse under Subparagraph (2)(e),(f),(g),(h), or (k) (directly above) committed against another child; or
 - c. The failure by the Person Responsible for a Child's Care, Custody, or Welfare to permit the Child to return to the Child's home without arranging for the necessary care for the Child after the Child has been absent from the home for any reason, including having been in residential placement or having run away.
4. Person Responsible for a Child's Care, Custody, or Welfare Person Responsible for a Child's Care, Custody, or Welfare means a person who traditionally is responsible for a Child's care, custody, or welfare, including:
- a. a parent, guardian, managing or possessory conservator, or foster parent of the Child.
 - b. a member of the Child's family or household as defined by Texas Family Code Chapter 71.
 - c. a person with whom the Child's parent cohabits.
 - d. school personnel or a volunteer at the Child's school; or
 - e. personnel or a volunteer at a public or private child-care facility that provides services for the Child or at a public or private residential institution or facility where the Child resides.
5. Report means a report that alleged or suspected abuse or neglect of a Child has occurred or may occur.

B. Child Abuse Assessment and Reporting Procedure

1. Any provider who is licensed or certified by the state and has direct contact with children and who has cause to believe that a child has been abused or neglected, or that a child is a victim of sexual offense must within forty eight

(48) hours (two days) after first suspecting, personally (cannot be delegated) report to the local law enforcement and/or to the Texas Department of Family and Protective Services (TDFPS); if not an emergency, report on website: www.txabusehotline.org/PublicMain.asp or call 1(800) 252-5400. Reports concerning child abuse under DSHS policy must be made to the TDFPS if the alleged or suspected abuse involves a person responsible for the care, custody, or welfare of the child. If the situation is an emergency, the report must also be made to local law authorities in addition to TDFPS. The report also may be made to the agency licensing the facility where the alleged abuse occurred. A report may also be made to the Texas Youth Commission (TYC) based on information provided by a child while under the supervision of TYC concerning the child's alleged abuse of another child.

2. Any person, such as a person performing screening, who has cause to believe that a child is a victim of child abuse or neglect must report immediately; however, before reporting, may assure that the belief of abuse or neglect is based on factual evidence by consultation with a licensed provider. Joint reports may be filed to fulfill the reporting duty of professionals and nonprofessionals.
3. Each provider is required to report only upon first suspecting or identifying child abuse regardless if the provider suspects or knows that a report has already been filed. If at subsequent routine encounters the minor's circumstances change and a new reason for suspecting abuse may exist and a report of the new offense should be made.
4. The provider shall document any observations, assessments, and findings in the Child's medical record. The provider shall collect, retain, and safeguard any evidentiary material released by the victim or his or her representative, as appropriate. Any affirmative defense not to report child abuse must be documented in the medical record.
5. If the provider believes that the minor may be a victim of abuse, the provider may examine and treat a minor without obtaining consent from the parent or

guardian, unless the minor is sixteen (16) years of age or older and refuses the examination.

6. The report shall include the name and address of the child (if known); the name and address of the person responsible for the care, custody, or welfare of the child; and any other pertinent information.
7. If the patient is under the age of seventeen (17) who is or has been married, providers may rely on the statement of the minor as to their marital status.

C. DSHS Child Abuse Reporting Policy and Procedures (Effective September 1, 2005)

All Staff must comply with the provisions of state law as set forth in Texas Family Code Chapter 261 concerning reporting suspected child abuse, sexual abuse, and neglect and as addressed in HSNT Policy and Procedures in addition to DSHS policy. The specific provisions for Rider 19 are generally updated with a new Rider number each legislative session. HSNT providers are responsible to note any law changes or updates in the Rider provisions and provide the necessary training for the Staff. Rider updates may be secured after each legislative session at the DSHS website www.dshs.state.tx.us.gov

Under contract with DSHS, if an unmarried minor is younger than fourteen (14) years of age and is confirmed pregnant or diagnosed with an STD, acquired in a manner other than through perinatal transmission or transfusion, the provider is required to complete the Checklist for DSHS Monitoring to document that the reporting requirements are met. Use of the Checklist for DSHS Monitoring does *NOT* take the place of reporting concerning any minor to the TDFPS or other law enforcement, as required.

Providers performing the screening are legally required to report within forty-eight (48) hours (two days) of the suspicion of child abuse or neglect.

1. Rider 19 specifically requires that a minor who is under fourteen (14) who is confirmed pregnant or diagnosed with an STD not acquired by perinatal transmission or transfusion must be documented on the Rider 19 Checklist for

DSHS Monitoring and, if appropriate criteria is met, be reported for child abuse to the appropriate agency. Report to Department of Family and Protective Services (DFPS) 24-hour Hotline 1-800-252-5400 or Fax 1-800-647-7410 if the abuse involves a caretaker or custodian; otherwise, also may be reported to law enforcement or an appropriate licensing state agency. Non-emergency reports of child abuse (not considered to be high risk to the child) may be reported online at: www.txabusehotline.org/PublicMain.asp. Emergency situations should be reported at once to local law authorities.

2. Unmarried minors (male or female) ages fourteen (14) to under seventeen (17) who are sexually active and whose partner is more than three (3) years older and of the same sex and/or used duress, force, or threat against the victim at the time of the offense may be documented on Checklist for DSHS Monitoring and must be reported. An affirmative defense not to report is that the partner is less than three (3) years older, of the opposite sex, and there was no duress, force, or threat. Affirmative defenses not to report must be documented in the medical record.
3. There is no affirmative defense not to report for an unmarried minor under the age of fourteen (14).
4. In addition, circumstances that may trigger the responsibility to determine if a report is required include but are not limited to:
 - a. A minor who has never been married seeking birth control. The provider must determine whether acts have occurred that constitute abuse, neglect or sexual abuse and may determine whether any affirmative defense not to report applies, based on all information available from the provider's routine treatment of the minor. Affirmative defenses not to report must be documented in the medical record.
 - b. A minor who has never been married self-reports he or she has an STD or is pregnant (for example, applies for WIC). If the STD is confirmed the provider

must report or determine whether acts have occurred that constitute abuse, neglect or sexual abuse and may determine whether any affirmative defense not to report applies, based on all information available from the provider's routine treatment of the minor. Affirmative defenses not to report must be documented in the medical record.

5. Circumstances that would **not** trigger the responsibility to report include:
 - a. Emancipated minors and divorced minors are not subject to the required reporting.
 - b. If the identity of the minor is unknown, or the minor is seeking anonymous HIV/AIDS testing. The **fact** of the HIV/AIDS testing cannot be reported, but any evidence of sexual abuse must be reported. However, a positive HIV or other STD test is evidence of sexual activity and is, therefore, reportable.
6. Reports must include the name and address of the minor, name and address of the parents or person responsible for the minor, and any other pertinent information concerning the alleged abuse that would routinely be secured. The assessments and reasons for suspected abuse must be documented in the medical record.
7. The Checklist for DSHS Monitoring documenting the reporting is filed in the medical record. Documentation of the patient screening, assessment, and findings, as well as affirmative defenses not to report, if any, are documented in the medical record. The Checklist is a DSHS form and may not be modified except to cross out the words "Use this checklist only if the patient is under 14 years" when choosing to use the form to report older minors. Additional information may be entered at the bottom of the form. The Checklist for DSHS Monitoring is not to be used for the report, rather to document in the medical record that the report was made.
8. Reports may be filed anonymously; however, that does not fulfill the duty of the provider to report. If the provider determines to file the report anonymously,

DSHS recommends that the optional portions of Checklist for DSHS Monitoring be completed as that form is not to be used for the report. If it is later determined that the provider knew or should have known about the abuse and failed to document reporting, the provider may be found in violation of the law based on the assessments and reasons for suspecting child abuse documented in the medical record.

9. Confidentiality Issues

- a. A provider may test a minor under fourteen (14) years anonymously for HIV/AIDS and may not reveal whether the minor has been tested or diagnosed; however, must report under Rider 19 if there is evidence of sexual activity.
- b. Providers are required to report as required regardless of professional confidentiality. It is not a breach of confidentiality to report child abuse.
- c. The reports become a part of the medical record subject to the same confidentiality as the medical record and subject to HIPAA provisions.

Sources: Tex. Fam. Code §32.005 [Examination Without Consent of Abuse or Neglect of Child]; §§261.001-261.410 [Investigation of Report of Child Abuse or Neglect]; and 40 TAC, §§700.104-700.2705 [Social Services and Assistance, Department of Family and Protective Services, Child Protective Services], (collectively, as amended 2005).

Elderly and Disabled Abuse, Neglect and Exploitation.⁴

A. Definitions⁵

1. Elderly Person An Elderly Person means a person sixty-five (65) years of age or older.
2. Disabled Person. A Disabled Person means a person with a mental, physical, or developmental disability that substantially impairs the person's ability to

⁴ Texas Family Code, Chapter 48, §§48.001 et seq. [Investigations and Protective Services for Elderly and Disabled Persons].

⁵ Texas Family Code §48.002 [Definitions].

provide adequately for the person's care or protection and who is:

(a) eighteen (18) years of age or older; or (b) under eighteen (18) years of age and who has had the disabilities of minority removed.

3. Abuse. Abuse means:

- a. the negligent or willful infliction of injury, unreasonable confinement, intimidation, or cruel punishment with resulting physical or emotional harm or pain to an Elderly or Disabled Person by the person's caretaker, family member, or other individual who has an ongoing relationship with the person.
- b. sexual abuse of an Elderly or Disabled Person, including any involuntary or nonconsensual sexual conduct that would constitute an offense under Texas Penal Code §21.08 (Indecent Exposure) or Texas Penal Code, Chapter 22 (Assaultive Offenses), committed by the person's caretaker, family member, or other individual who has an ongoing relationship with the person.

4. Neglect means the failure to provide for one's self the goods or services, including medical services, which are necessary to avoid physical or emotional harm or pain or the failure of a caretaker to provide such goods or services.

5. Exploitation means the illegal or improper act or process of a caretaker, family member, or other individual who has an ongoing relationship with the Elderly or Disabled Person using the resources of an Elderly or Disabled Person for monetary or personal benefit, profit, or gain without the informed consent of the elderly or disabled person.

6. Protective Services means the services furnished by the TDFPS to an Elderly or Disabled Person who has been determined to be in a state of Abuse, Neglect, or Exploitation. These services may include social casework, case management, and arranging for psychiatric and health evaluation, home care, day care, social services, health care, and other services.

B. Elder and Disabled Assessment and Reporting Procedures⁶

1. A person having reasonable cause to believe that an Elderly or Disabled Person is experiencing Abuse, Neglect, or Exploitation shall report the information immediately to local law enforcement agency, or TDFPS 1 (800) 252-5400, www.txabusehotline.org/PublicMain.asp.
2. The duty to report applies without exception to a person whose knowledge concerning possible Abuse, Neglect, or Exploitation is obtained during the scope of the person's employment or whose professional communications are generally confidential, including an attorney, clergy member, medical practitioner, social worker, and mental health professional ("Licensed Professional"). Before reporting, a person may assure that the belief of Abuse, Negligence, or Exploitation is based on factual evidence by consultation with a Licensed Professional. Persons may file a joint report.
3. The report may be made orally or in writing. The report shall include the name, age, and address of the Elderly Person; the name, and address of any person responsible for the Elderly or Disabled Person's care; the nature and extent of the Elderly or Disabled Person's condition; the basis of the reporter's knowledge; and other relevant information.
4. The Licensed Professional shall document any observations, assessments, and findings in the patient's medical record. The Licensed Professional shall collect, retain, and safeguard any evidentiary material released by the victim or his/her representative, as appropriate.
5. Confidentiality The identity of the person making the report, and all files, reports, records, communications, and working papers used or developed in an investigation made under this Policy, or in providing services as a result of an investigation, are confidential and may be disclosed only for purpose consistent with applicable law. If a person who makes a report chooses to give self-

⁶ Texas Family Code §§48.051 et seq.

identifying information, the caseworker who investigates the report shall contact the person if necessary to obtain any additional information required to assist the person who is the subject of the report.

6. Penalty for failure to Report Failure to report Abuse, Neglect, or Exploitation pursuant to applicable law is a Class A misdemeanor, may expose the person to civil liability, and may result in a revocation of the person's license.
7. Immunity⁷A person filing a report under applicable law or testifying or otherwise participating in any judicial proceeding arising from a petition, report, or investigation is immune from civil or criminal liability on account of his or her petition, report, testimony, or participation, unless the person acted in bad faith or with a malicious purpose. A person who reports the person's own abuse, neglect, or exploitation of another person or who acts in bad faith or with malicious purpose in reporting is not immune from civil or criminal liability. An employer whose employee reports as required is immune from civil or criminal liability on account of an employee's report, testimony, or participation in any judicial proceedings arising from a petition, report, or investigation.

Family/Domestic Violence

A. Definitions

Family Violence Family Violence is defined as an act by a member of a family or household against another member with the intent to cause physical harm, bodily injury, assault, or sexual assault. Family violence includes a threat that reasonably places a member in fear of imminent physical harm, bodily injury, assault, or sexual assault (not including defensive measures to protect oneself).

B. Policy

It is the policy of HSNT that the Staff receive training relevant to their contact with patients and ensure that they are competent to identify, assess, appropriately

⁷ Texas Human Resources Code §48.054 [Immunity].

document, and address suspected family violence with respect to the patient's rights. If a minor, elder, or disabled person is identified as a victim of domestic violence, the child, elder, or disabled abuse documentation and reporting requirements apply. Reporting domestic violence is not subject to mandated reporting.

C. Procedure

Any Licensed Professional, who treats an adult person for injuries that the professional has reason to believe were caused by family violence, shall:

1. Document in the patient's medical record reasons for the Licensed Professional's belief that the injuries were caused by family violence (documentation includes the screening, assessment, and findings).
2. Provide the patient with a Notice to Adult Victims of Family Violence (a Spanish and English is attached) with appropriate information filled in (fill in information on the local law enforcement and local or available safe places or shelters); and
3. Document in the patient's medical record that the Notice was provided, or document why it was not given (e.g. if the patient refused the Notice).

D. Immunity

The law provides immunity for a person who provides the Notice and information to an alleged victim of family violence unless the person is reporting his/her own acts.

Sources: Tex. Fam. Code §71.004 [Family Violence]; §§91.001-91.004 Reporting Family Violence]; §92.001 [Immunity]

Human Trafficking

A. Definition

Human Trafficking Human trafficking is a crime that involves exploiting a person for labor, services, or commercial sex. The Trafficking Victims Protection Act of 2000 and its subsequent reauthorizations define human trafficking as:

- a. Sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age; or
- b. The recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery. (22 U.S.C. § 7102(9)).

B. Policy

It is the policy of HSNT that the Staff receive training relevant to their contact with patients and ensure that they are competent to identify, assess, appropriately document, and address suspected human trafficking with respect to the patient's rights. If a minor, elder, or disabled person is identified as a victim of human trafficking, Texas state reporting requirements apply.

C. Procedure

1. All medical providers complete the Stop. Observe. Ask. Respond (SOAR) for Healthcare Module training upon hire.
2. Any Staff who has reason to believe a patient is a victim of human trafficking, shall
 - i. Document in the patient's medical record reasons for the belief that the patient may be a victim of human trafficking.
 - ii. If able, provide patient with the National Human Trafficking Hotline (NHTH) (888) 373-7888.
 - iii. Call NHTH or local law enforcement authorities to report suspected/confirmed human trafficking.
 - iv. Document in the patient's medical record which agency the suspected/confirmed human trafficking was reported to and if the patient was given the NHTH information.

Chief Executive Officer

Date

Board of Directors Representative

Date

Revision dates to Policy:
Board approved revision:

DSHS Rider 19 Checklist for DSHS Monitoring

Date: _____

Patient's name: _____

Patient's age (Use this checklist only if patient is under 14): _____

Staff person conducting the screening: _____

Each contractor/provider shall ensure that its employees, volunteers or other Staff report a victim of child abuse who is a minor under 14 years of age who has engaged in sexual activity with any individual to whom the minor is not married. Sexual activity would be indicated if the minor is pregnant or has a confirmed diagnosis of a sexually transmitted disease acquired in a manner other than through perinatal transmission or transfusion.

Using the above criteria, did you determine that a report of child abuse is required?

Yes No

If "Yes," please report and complete the information below.

Report was made:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Staff person who submitted the report (optional):	_____
Date reported:	_____
Name of Agency to which report made:	_____
DFPS call ID# or law enforcement assigned # (optional):	_____
Name of person who received the report (optional):	_____
Phone number of contact (when applicable):	_____

Use of the Checklist for DSHS monitoring of reporting of abuse of children younger than fourteen (14) who are pregnant or diagnosed with an STD does not relieve contractors or subcontractors of the requirements in Chapter 261, Texas Family Code, to report any other instance of suspected child abuse.

NOTICE TO ADULT VICTIMS OF FAMILY VIOLENCE

It is a crime for any person to cause you any physical injury or harm EVEN IF THAT PERSON IS A MEMBER OR FORMER MEMBER OF YOUR FAMILY OR HOUSEHOLD.

You may report family violence to a law enforcement officer by calling the following numbers: Denton Police Department 940-349-8181 or 9-1-1 for an emergency.

If you, your child, or any other household resident have been injured, or if you feel you are going to be in danger after a law enforcement officer investigating family violence leaves your residence or at a later time, you have the right to:

Ask the local prosecutor to file a criminal complaint against the person committing family violence; and

Apply to a court for an order to protect you (you may want to consult with a legal aide office, a prosecuting attorney, or a private attorney).

A court can enter an order that:

- Prohibits the abuser from committing further acts of violence;
- Prohibits the abuser from threatening, harassing, or contacting you at home;
- Directs the abuser to leave your household; and
- Establishes the temporary custody of the children or any property.

A VIOLATION OF CERTAIN PROVISIONS OF COURT-ORDERED PROTECTION MAY BE A FELONY.

CALL THE FOLLOWING VIOLENCE SHELTERS OR SOCIAL ORGANIZATIONS IF YOU NEED PROTECTION:

SHELTER: _____

Local number: _____

National Hotline: 1-800-799 7233 or 1-800-787-3224 (TDD)

ADVISORIO A VICTIMAS ADULTAS SOBRE LA VIOLENCIA DOMESTICA

Es un crimen que alguna persona le cause a UD. cualquier tipo de daño físico AUN CUANDO ESA PERSONA SEA UN MIEMBRO ó HAYA SIDO MIEMBRO DE SU FAMILIA ó DE SU CASA.

Ud. puede reportar la violencia doméstica a algún oficial de la ley al llamar a los siguientes números de teléfonos:

Si Ud., sus hijos, ó cualquier otro miembro residente de su casa han sido heridos, ó si UD. piensa que estará en peligro después que un oficial de la ley se vaya de su casa al haber ido a investigar un caso de violencia doméstica; ó si siente que estará en peligro en un tiempo posterior, Ud. tiene el derecho a :

Solicitar al fiscal local que sienta una denuncia en contra de la persona cometiendo la violencia doméstica; y

Solicitar de una corte una orden de protección. (Ud. podría consultar con la oficina de ayuda legal, un acusador público (fiscal), ó un abogado privado).

La corte puede asentar una orden que:

- Prohíba al que está cometiendo el abuso que continúe con actos de violencia;
- Prohíba al que está cometiendo el abuso que amenace, hostigue, ó que se comunique con Ud. en su casa.;
- Dirija al que está cometiendo el abuso que abandone su casa; y
- Establezca la custodia temporal de los hijos ó de la propiedad.

LA VIOLACION DE CIERTAS PROVISIONES DE LA ORDEN DE PROTECCION OTORGADA POR LA CORTE PODRIA SER UN DELITO MAYOR (FELONIA).

LLAME A LAS SIGUIENTES CASA HOGARES PARA VICTIMAS DE VIOLENCIA DOMESTICA ó A LAS SIGUIENTES ORGANIZACIONES SOCIALES SI UD. NECESITA PROTECCION:

Número de teléfonos _____

Número de teléfonos: 1-800-799 7233 or 1-800-787-3224 (TDD)



**HRSA 330 Compliance Annual Review Final Report:
Needs Assessment**

Participants:

- Project Leader: Kelsey Moore
- Compliance Officer: Larry Bisno
- Subject Owner: Debra Layman
- Review Team: Jamie Taylor, Karishma Patel

Materials Reviewed:

- 2020 HSNT Community Needs Assessment
- Forms 5A & 5B
- UDS Reporting

Timeline:

- Review Worksheet sent to Subject Owner: 9/30/2021
- Review Worksheet Completed and Requested Documents Uploaded by Subject Owner: 10/4/2021
- Submissions Reviewed by Project Leader and Compliance Officer: 11/1/2021
- Meeting with Subject Owner, Project Leader, Compliance Officer, and Review Team to discuss next steps and recommendations: 11/4/2021
- Progress Report to Agency Quality Committee: 11/17/2021
- Full Report to Governing Board: 11/17/2021
- Final Report to Agency Quality Committee: 12/15/2021

Recommendations:

- HSNT’s Needs Assessment was found to be in compliance with HRSA requirements.
- HSNT will continue to monitor and update the zip codes included within its service area.
- HSNT will continue to document the use of the needs assessment when making decisions on HSNT’s health care services delivery.

ACTION:

Reviewed by:

• Debra Layamn, COO _____ Date: _____

• Doreen Rue, CEO _____ Date: _____



Governing Board Quality Committee Approval:

_____ Date: _____

Governing Board Approval:

_____ Date: _____

(President)



**HRSA 330 Compliance Annual Review:
Needs Assessment**

Participants:

- Project Leader: Kelsey Moore
- Compliance Officer: Larry Bisno
- Subject Owner: Debra Layman
- Review Team: Jamie Taylor, Karishma Patel

Materials Reviewed:

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- Forms 5A & 5B
- UDS Reporting

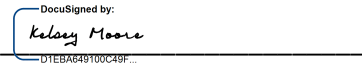
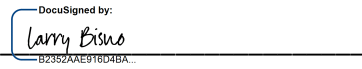
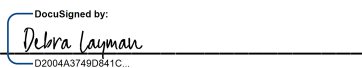
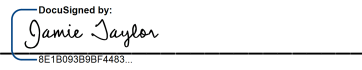
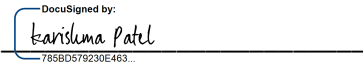
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Approved By:

- Kelsey Moore  Date: 11/8/2021
- Larry Bisno  Date: 11/8/2021
- Debra Layman  Date: 11/8/2021
- Jamie Taylor  Date: 11/8/2021
- Karishma Patel  Date: 11/8/2021

Incentive Goals

Incentive Goal	2021 Goal	2021 YTD (as of 10.2021)	Suggested 2022 Goal
Days in Cash	60	71	TBD
Operating Margin	.5%	6.7%	TBD
Quality Goals	80%	54.84%	TBD
Compliance	92%	97.6%	TBD



Mandatory COVID-19 Vaccination Policy

Summary:

Vaccination is a vital tool to reduce the presence and severity of COVID-19 cases in the workplace, in communities, and in the nation as a whole. Health Services of North Texas has adopted this policy on mandatory vaccination to safeguard the health of our employees from the hazard of COVID-19.

This Mandatory COVID-19 Vaccination Policy applies to all employees of HSNT.

ACTION:

Reviewed by:

• Brandi Ruiz, HR Director _____ Date: _____

• Doreen Rue, CEO _____ Date: _____

Governing Board Personnel Committee Approval:

_____ Date: _____

Governing Board Approval:

_____ Date: _____

(President)



Mandatory COVID-19 Vaccination Policy

HR0015

Purpose:

Vaccination is a vital tool to reduce the presence and severity of COVID-19 cases in the workplace, in communities, and in the nation as a whole. Health Services of North Texas has adopted this policy on mandatory vaccination to safeguard the health of our employees from the hazard of COVID-19.

Scope:

This Mandatory COVID-19 Vaccination Policy applies to all employees of HSNT.

All employees covered by this policy are required to be fully vaccinated as a term and condition of employment at Health Services of North Texas. Employees are considered fully vaccinated two weeks after completing primary vaccination with a COVID-19 vaccine, with, if applicable, at least the minimum recommended interval between doses. For example, this includes two weeks after a second dose in a two-dose series, such as the Pfizer or Moderna vaccines, two weeks after a single-dose vaccine, such as the Johnson & Johnson vaccine, or two weeks after the second dose of any combination of two doses of different COVID-19 vaccines as part of one primary vaccination series. All employees are required to report their vaccination status and to provide proof of vaccination. Employees must provide truthful and accurate information about their COVID-19 vaccination status. Employees not in compliance with this policy will may be subject to disciplinary action up to and including separation of employment.

Employees may request an exception from this mandatory vaccination policy if the vaccine is medically contraindicated for them or medical necessity requires a delay in vaccination. Employees also may be legally entitled to a reasonable accommodation if they cannot be vaccinated because of a disability, or if the provisions in this policy for vaccination, and/or testing for COVID-19 conflicts with a sincerely held religious belief, practice, or observance. Requests for exceptions and reasonable accommodations must be initiated by submitting the respective accommodation request forms to Human Resources.



HEALTHNTX.ORG

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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
940-381-1501
940-591-7830 Fax

HSNT at Serve Denton
306 N Loop 288 Suite 200
Denton, TX 76209
940-381-1501
940-591-7830 Fax

Denton South Center
3537 South I-35E Suite 210
Denton, TX 76210
940-381-1501
940-381-5249 Fax

Collin County Center
2540 K Avenue
Plano, TX 75074
972-424-1480
972-424-9117 Fax

Wylie Children's
Medical Clinic
303 Hwy 78 Suite 106
Wylie, TX 75098
940-381-1501
972-429-5410 Fax

Chief Executive Officer

Date

Board of Directors Representative

Date

Revision to Policy:
Board approved revision:



2022 Employee Benefits Summary

Summary:

The 2022 Benefits Summary Includes:

- Health, Dental, and Vision Insurance
- Flexible Spending Account
- Basic and Voluntary Life Insurance
- Concierge Health
- Long Term Disability
- 403b Retirement Plan
- PTO, Holiday and Personal Days
- Flex Days and CME Reimbursement for Providers

ACTION:

Reviewed by:

- Brandi Ruiz, HR Director _____ Date: _____
- Doreen Rue, CEO _____ Date: _____

Governing Board Personnel Committee Approval:

_____ Date: _____

Governing Board Approval:

_____ Date: _____

(President)

2022 Benefits Summary

The information below provides a summary of the health, welfare, retirement and fringe benefits offered to full-time employees and their families. Please contact the Human Resources department for additional information or refer to plan materials located on the S:Drive in the Employee Benefits folder or in Paylocity.

Benefit	Carrier	Options
Medical	Blue Cross Blue Shield	<ul style="list-style-type: none"> PPO Medical Plan \$40 co-pay/ \$1,500 deductible individual
Flexible Spending Account	HSNT	<ul style="list-style-type: none"> Health: up to \$1500 per calendar year Pre-tax benefit for healthcare costs
Concierge Health (Company Paid)	FreshBenies	<ul style="list-style-type: none"> 16 concierge services – Telehealth, Doctors Online, Advocacy, Fresh Savings (includes 9 Savings categories)
Dental	Guardian	<ul style="list-style-type: none"> PPO Dental Plan
Vision	Guardian	<ul style="list-style-type: none"> Full Feature Plan
Basic Life (Company Paid), AD&D	Guardian	<ul style="list-style-type: none"> 2X Base Salary, up to \$250,000, paid by HSNT
Voluntary Life and AD&D For Employee, Spouses, and Children	Guardian	<ul style="list-style-type: none"> Employee: Up to \$300,000 in \$10,000 increments, \$100,000 guarantee issue Spouse: Up to 50% of Employee’s voluntary coverage, \$50,000 guarantee issue Child(ren): Up to 10% of Employee’s voluntary coverage, \$10,000 max
Long Term Disability (Company Paid)	Cigna	<ul style="list-style-type: none"> Begins after 90th day out for Injury or Illness LTD – 60% of salary, with a max monthly benefit of \$5,000
Retirement Plan 403(b)	Fidelity	<ul style="list-style-type: none"> Dollar for Dollar Employer match, up to 5% Vesting Schedule: 25% Vesting @ 1 yr; 50% @ 2 yr; 75% @3 yr; 100% after 4th year

Employees are eligible for all benefits the 1st of the month after 30 days from eligible employment date

An employee is considered eligible for benefits if he or she is regularly scheduled to work more than 30 hours per week.

Employee Group Benefit Contributions

Blue Cross Blue Shield PPO	Bi-weekly Employee Costs
Employee Only	\$54.83
Employee + Children	\$420.83
Employee + Spouse	\$420.83
Employee + Family	\$786.37

Dental Guardian	Bi-weekly Cost
Employee Only	\$9.97
Employee + Children	\$40.83
Employee + Spouse	\$27.82
Employee + Family	\$58.57

Vision Guardian	Bi-weekly Cost
Employee Only	\$3.86
Employee + Children	\$6.76
Employee + Spouse	\$6.62
Employee + Family	\$10.68

The Benefits Summary is designed to provide an overview of HSNT benefit plans. All plans will be administered pursuant to benefit plan documents and/or established policies.

Paid Time Off (available to all eligible full-time employees)

PTO combines vacation and sick pay to promote flexibility for employees' time off needs. The below accrual schedule is based on a 40-hour work week, employees that work more than 30 hours, but less than 40 hours will accrue at a prorated amount based on their normal work schedule. Employees may request PTO after 30-days of hire.

Completed Years of Service	PTO Accrual	Bi-Weekly Accrual Rate
0-3 Years (0 months – 36 months)	Up to 10 days (80 hours)	3.08 hours per pay period*
3+Years - 5 Years (37 months – 60 months)	15 days (120 hours)	4.62 hours per pay period*
5+ Years (61+ months of service)	22 days (176 hours)	6.77 hours per pay period*

***Hourly employee accruals are based on number of hours worked per pay period.*

Holiday Pay (available after 30-days of employment to all eligible full-time employees, part-time employees may qualify)

The Company observes **seven holidays** during the year and provides (8) hours of compensation for each day. Holiday Pay will be paid based on the employees regularly scheduled workday hours.

Personal Days (available to all eligible full-time employees, except medical provider team)

On January 1 of each calendar year, employees (non-providers) are awarded three (3) personal days (to be taken as a full 8-hour day). Personal days do not roll over each calendar year and must be used by 12/31. During an employee's first calendar year of employment the accruals are awarded based on the schedule below and may also reduce based on work schedule modifications:

Hire Date	Personal Days
If hired before July 1st	3 days
July 1st – September 30th	2 days
If hired after September 30th	1 day

**Employees hired after December 1 will not receive personal days in first calendar year of employment.*

***Behavioral health providers receive a mix of 1 Flex day and 3 personal days, prorated based on date of hire.*

Benefits Specific to the Medical Provider Team:

Flex Days:

On January 1 of each calendar year, full-time Providers are awarded up to eight (8) Flex days (which may be taken in either 4-hour or 8-hour increments). Flex days do not roll over each calendar year and must be used by 12/31. During a Provider's first year the accruals are awarded based on the schedule below and may also reduce based on work schedule modifications:

Medical Provider Team	
Hire Date	Flex Days
If hired before July 1st	Up to 8 days
July 1st – September 30th	Up to 4 days
If hired after September 30th	Up to 2 days

**The above chart is for illustrative purposes only, for full-time providers hired after July 1 actual calculation of Flex days is based on number of months remaining in calendar year.*

***Behavioral health providers receive a mix of 1 Flex day and 3 personal days, prorated based on date of hire*

****Providers hired after December 1 will not receive flex days in first calendar year of employment.*

Continuing Education:

Full-time Providers have access to CME allowances each calendar year to pay conferences and fees associated with license renewal. In 2022, physicians may access to up to \$1500 in funds, mid-level providers up to \$1200, and behavioral health providers up to \$600, to spend toward CME initiatives. Please note that all training and conferences must be pre-approved, and that providers have the option of obtaining all CMEs through the UpToDate subscription provided by HSNT. CME balances do not roll over from year to year.