

**Thursday, March 23, 2023**

**8:00 A.M.**

**BOARD ROOM**

**4800 Fournace Place, Bellaire, TX 77401**

The meeting may be viewed online: <http://harrishealthtx.swagit.com/live>.

**\*Notice: Some Board Members may participate by videoconference.**

**Mission**

Harris Health is a community-focused academic healthcare system dedicated to improving the health of those most in need in Harris County through quality care delivery, coordination of care and education.

**AGENDA**

- |   |                              |                 |
|---|------------------------------|-----------------|
| <b>I. Call to Order and Record of Attendance</b>  | <b>Dr. Arthur W. Bracey</b>  | <b>1 min</b>    |
| <b>II. Approval of the Minutes of Previous Meeting</b>  | <b>Dr. Arthur W. Bracey</b>  | <b>1 min</b>    |
| <ul style="list-style-type: none"> <li>• Board Meeting – February 23, 2023</li> </ul>   |                              |                 |
| <b>III. Announcements / Special Presentations</b>   | <b>Dr. Arthur W. Bracey</b>  | <b>12 min</b>   |
| <b>A. CEO Report</b> Including Special Announcements – <b>Dr. Esmail Porsa</b>  |                              | <i>(10 min)</i> |
| <ul style="list-style-type: none"> <li>• New Senior Leadership Announcements and General Updates</li> <li>• Update on Workplace Safety Board Reporting Timeline</li> <li>• The People’s Hospital Book by Ricardo Nuila, MD</li> </ul>   |                              |                 |
| <b>B. Board Member Announcements</b> Regarding Board Member Advocacy and Community Engagements  |                              | <i>(2 min)</i>  |
| <ul style="list-style-type: none"> <li>• 2023 Texas Health Policy Conference</li> </ul>   |                              |                 |
| <b>IV. Public Comment</b>   | <b>Dr. Arthur W. Bracey</b>  | <b>3 min</b>    |
| <b>V. Executive Session</b>   | <b>Dr. Arthur W. Bracey</b>  | <b>30 min</b>   |
| <b>A.</b> Report Regarding Quality of Medical and Healthcare, Pursuant to Tex. Health & Safety Code Ann. §161.032, Tex. Occ. Code Ann. §160.007, and Tex. Occ. Code Ann. §151.002 to Receive Peer Review and/or Medical Committee Report, Including Report of the Medical Executive Board in Connection with the Evaluation of the Quality of Medical and Healthcare Services, Including the Harris Health System Quality, Safety Performance Measures and Zero Harm, and Possible Action Regarding this Matter Upon Return to Open Session – <b>Dr. Steven Brass and Dr. Yashwant Chathampally</b> | <b>Dr. Andrea Caracostis</b> | <i>(10 min)</i> |
| <b>B.</b> Medical Executive Board Report and Credentialing Discussion, Pursuant to Tex. Health & Safety Code Ann. §161.032, Tex. Occ. Code Ann. §160.007, and Tex. Occ. Code Ann. §151.002 to Receive Peer Review and/or Medical Committee Report, Including Consideration of Approval of Credentialing Changes for Members of the Harris Health System Medical Staff – <b>Dr. Martha Mims</b>  |                              | <i>(10 min)</i> |

- C. Report Regarding Harris Health System Correctional Health Quality of Medical and Healthcare, Including Credentialing Discussion and Operational Updates, Pursuant to Tex. Health & Safety Code Ann. §161.032, Tex. Occ. Code Ann. §160.007, Tex. Occ. Code Ann. §151.002 and Tex. Gov't Code Ann. §551.071 to Receive Peer Review and/or Medical Committee Report with Possible Action Upon Return to Open Session – **Dr. Otis Egin** (10 min)
- VI. Reconvene to Open Meeting** Dr. Arthur W. Bracey 2 min
- VII. General Action Item(s)** Dr. Arthur W. Bracey 4 min
- A. General Action Item(s) Related to Quality: Medical Staff
1. Consideration of Approval of Credentialing Changes for Members of the Harris Health System Medical Staff – **Dr. Martha Mims** (2 min)
- B. General Action Item(s) Related to Quality: Correctional Health Medical Staff
1. Consideration of Approval of Credentialing Changes for Members of the Harris Health System Correctional Health Medical Staff – **Dr. Otis Egin** (2 min)
- VIII. New Items for Board Consideration** Dr. Arthur W. Bracey 10 min
- A. Consideration of Approval of Revisions to Harris Health Board of Trustees Bylaws – **Ms. Sara Thomas** (5 min)
- B. Consideration and Possible Action Regarding DEI Committee Recommendation for Settegast Health Center Moving to Phase I as an Onsite Food Pharmacy and for Administration to Re-Evaluate the Timeline for the Remaining 15 Sites and Consider Accomplishing these by the End of Calendar Year 2024 – **DEI Committee Members and Dr. Esmaeil Porsa** (5 min)
- IX. Strategic Discussion** Dr. Arthur W. Bracey 70 min
- A. Harris Health System Strategic Plan Initiatives
1. Update Regarding Strategic Communication Plan (10 min)  
– **Ms. Olga Rodriguez and Langrand Communications**  
[Strategic Pillar 2: People]
2. Update Regarding Relocation of Thomas Street Health Center and Riverside Dialysis Clinic to Quentin Mease Clinic (15 min)  
– **Mr. Louis Smith, Dr. Jennifer Small, and Ms. Amanda Callaway**  
[Strategic Pillar 5: Infrastructure Optimization]
3. Update Regarding LBJ Hospital Expansion Project (15 min)  
– **Mr. Louis Smith, Ms. Patricia Darnauer, and Mr. Teong Chai**  
[Strategic Pillar 5: Infrastructure Optimization]
4. Discussion Regarding Harris Health Strategic Facilities Plan and Financing (10 min)  
– **Mr. Louis Smith and Ms. Victoria Nikitin**  
[Strategic Pillar 5: Infrastructure Optimization]

5. Consideration of Approval of Request by the Harris Health System Board of Trustees to the Harris County Commissioner's Court to Order a Bond Election, Pursuant to Section §281.102 of the Texas Health and Safety Code During the Next General Election for the Purposes of Financing the Acquisition, Construction, Equipment, and/or Enlargement of Harris Health System Facilities in the Estimated Amount of 2.5 Billion Dollars – **Dr. Esmail Porsa**  
[Strategic Pillar 5: Infrastructure Optimization] (10 min)
6. March Board Committee Meeting Reports: (10 min)  
[Strategic Pillar 3: One Harris Health System]
- Governance Committee – **Dr. Andrea Caracostis**
  - Quality Committee – **Dr. Andrea Caracostis**
  - Joint Conference Committee – **Dr. Andrea Caracostis**
  - DEI Committee – **Ms. Marcia Johnson**

**X. Board Education** **Dr. Arthur W. Bracey 10 min**

- A. Hospital District Board Responsibilities and the Texas Open Meetings Act**  
– **Ms. Sara Thomas**

**XI. Consent Agenda Items** **Dr. Arthur W. Bracey 5 min**

**A. Consent Purchasing Recommendations**

1. Consideration of Approval of Purchasing Recommendations (Items A1 through A60) – **Mr. DeWight Dopslauf and Mr. Jack Adger, Harris County Purchasing Office**  
(See Attached Expenditure Summary: March 23, 2023)
2. Consideration of Approval to Delegate Signature Authority to the Purchasing Agent for Agreements with Local Cooperative Organizations and, Pursuant to Loc. Gov't Code §271.102, to Designate the Purchasing Agent as the Person to Act on Harris Health's behalf in all Matters Pertaining to Cooperative Purchasing Programs – **Mr. DeWight Dopslauf and Mr. Jack Adger, Harris County Purchasing Office**

**B. Consent Grant Agreement Recommendations**

1. Consideration of Approval of Grant Recommendations (Items B1 through B2)  
– **Mr. Jeffrey Baker and Dr. Jennifer Small**  
(See Attached Expenditure Summary: March 23, 2023)

**C. New Consent Items for Board Approval**

1. Consideration of Acceptance of the Harris Health System January 2023 Financial Report Subject to Audit – **Ms. Victoria Nikitin**
2. Consideration of Approval to Enter into a New Lease Agreement with Fibertown Houston, LLC for the Houston Data Center Located at 12031 North Freeway, Houston, Texas 77060 – **Mr. Louis Smith**
3. Consideration of Approval to Enter into a New Lease Agreement with Fibertown DC, LLC for the Bryan Data Center Located at 110 North Main Street and 120 North Main Street, Bryan, Texas 77803 – **Mr. Louis Smith**

4. Consideration of Approval to Enter into a New Lease Agreement with Houston Community College System for the Pharmacy Central Fill Located at 9424 Fannin Street, Houston, Texas 77045 – **Mr. Louis Smith**

**D. Consent Reports and Updates to Board**

1. Updates Regarding Pending State and Federal Legislative and Policy Issues Impacting Harris Health System – **Mr. R. King Hillier**
2. Harris Health System Council-At-Large February Meeting Minutes  
– **Dr. Jennifer Small**

*{End of Consent Agenda}*

<b>XII. Item(s) Related to Community Health Choice</b>	<b>Dr. Arthur W. Bracey</b>	<b>12 min</b>
<p><b>A.</b> Consideration of Approval of the Reappointment of Members to the Community Health Choice, Inc. (CHC) and Community Health Choice Texas, Inc. (CHCT), collectively “Community,” Board of Directors Based on Recommendations by Community’s Board of Directors – <b>Ms. Lisa Wright, Community Health Choice</b></p>		<i>(10 min)</i>
<p><b>B.</b> Community Health Choice Retirement Notification of Board Member, Dr. Jose Garcia Jr. – <b>Ms. Lisa Wright, Community Health Choice</b></p>		<i>(2 min)</i>
<b>XIII. Item(s) Related to the Health Care for the Homeless Program</b>	<b>Dr. Arthur W. Bracey</b>	<b>15 min</b>
<p><b>A.</b> Review and Acceptance of the Following Report(s) for the Health Care for the Homeless Program (HCHP) as Required by the United States Department of Health and Human Services, which Provides Funding to the Harris County Hospital District d/b/a/Harris Health System to Provide Health Services to Persons Experiencing Homelessness under Section 330(h) of the Public Health Service Act – <b>Dr. Jennifer Small, Ms. Tracey Burdine and Dr. LaResa Ridge</b></p> <ul style="list-style-type: none"> <li>• HCHP March 2023 Operational Update</li> </ul>		<i>(10 min)</i>
<p><b>B.</b> Consideration of Approval of the HCHP Patient Satisfaction Report – <b>Dr. Jennifer Small, Ms. Tracey Burdine and Dr. LaResa Ridge</b></p>		<i>(1 min)</i>
<p><b>C.</b> Consideration of Approval of the Revised HCHP Strategic Plan – <b>Dr. Jennifer Small, Ms. Tracey Burdine and Dr. LaResa Ridge</b></p>		<i>(1 min)</i>
<p><b>D.</b> Consideration of Approval of the HRSA Operational Site Visit Report – <b>Dr. Jennifer Small, Ms. Tracey Burdine and Dr. LaResa Ridge</b></p>		<i>(1 min)</i>
<p><b>E.</b> Consideration of Approval of the HCHP Productivity Initiatives – <b>Dr. Jennifer Small, Ms. Tracey Burdine and Dr. LaResa Ridge</b></p>		<i>(1 min)</i>
<p><b>F.</b> Consideration of Approval of the HCHP Quality Management Report – <b>Dr. Jennifer Small, Ms. Tracey Burdine and Dr. LaResa Ridge</b></p>		<i>(1 min)</i>
<b>XIV. Executive Session</b>	<b>Dr. Arthur W. Bracey</b>	<b>60 min</b>
<p><b>D.</b> Consultation with Attorney Regarding Collaborative Opportunities with The University of Texas M.D. Anderson Cancer Center, Pursuant to Tex. Gov’t Code Ann. §551.071 and Tex. Gov’t Code Ann. §551.085 – <b>Ms. Sara Thomas and Mr. Louis Smith</b></p>		<i>(10 min)</i>

- E. Deliberation Related to the Purchase, Exchange, Lease, or Value of Real Property, Pursuant To Tex. Gov't Code Ann. §551.072 and Consideration of Approval of a Resolution in Support of Harris Health Administration Working with Harris County to Identify Lease Options in East Harris County Upon Return to Open Session  
– **Mr. Louis Smith, and Dr. Jennifer Small** (10 min)
- F. Consultation with Attorney Regarding the Agreements between Harris County Hospital District Foundation and Harris Health System and Philanthropic Strategies, Pursuant to Tex. Gov't Code Ann. §551.071 – **Ms. Sara Thomas** (15 min)
- G. Review of Proposed Funding Relating to The Harris Center for Mental Health and IDD Permanent Housing Apartment Community, Pursuant to Tex. Gov't Code Ann. §551.085, Including Consideration of Approval of Funding Relating to The Harris Center for Mental Health and IDD Permanent Housing Apartment Community Upon Return to Open Session – **Ms. Lisa Wright, Community Health Choice** (10 min)
- H. Consultation with Attorney Related to Harris Health Board Responsibilities and the Texas Open Meetings Act, Pursuant to Tex. Gov't Code Ann. §551.071 – **Ms. Sara Thomas** (10 min)
- I. Report by the Executive Vice President, Chief Compliance and Risk Officer, Regarding Compliance with Medicare, Medicaid, HIPAA and Other Federal and State Healthcare Program Requirements and a Status of Fraud and Abuse Investigations, Pursuant to Tex. Health & Safety Code Ann. §161.032, Tex. Gov't Code §418.183, Tex. Gov't Code §551.089, Tex. Occ. Code Ann. §160.007, Tex. Occ. Code Ann. §151.002, and Tex. Gov't Code Ann. §551.071, and Possible Action Regarding this Matter Upon Return to Open Session – **Ms.Carolynn Jones** (5 min)

**XV. Reconvene**

**Dr. Arthur W. Bracey 1 min**

**XVI. Adjournment**

**Dr. Arthur W. Bracey 1 min**

**MINUTES OF THE HARRIS HEALTH SYSTEM BOARD OF TRUSTEES**

**Board Meeting**

**Thursday, February 23, 2023**

**8:00 am**

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
<b>I. Call to Order and Record of Attendance</b>	<p>The meeting was called to order at 8:01 a.m. by Arthur Bracey, MD, Chair. It was noted that a quorum was present and the attendance was recorded. Dr. Bracey stated while some of Board members are in the room with us today, others will participate by videoconference as permissible by state law and the Harris Health Videoconferencing Policy. The meeting may be viewed online: <a href="http://harrishealthtx.swagit.com/live">http://harrishealthtx.swagit.com/live</a>.</p>	<p><b>A copy of the attendance is appended to the archived minutes.</b></p>
<b>II. Approval of the Minutes of Previous Meeting</b>	<ul style="list-style-type: none"> <li>Board Meeting – January 26, 2023</li> </ul>	<p><b><u>Motion No. 23.02-17</u></b>  <b>Moved by Ms. Alicia Reyes, seconded by Dr. Andrea Caracostis, and unanimously passed that the Board approve the minutes of the previous meeting as amended. Motion carried.</b></p>
<b>III. Announcements/Special Presentations</b>	<p><b>A. CEO Report Including Special Announcements</b></p> <p>Dr. Esmail Porsa, President and Chief Executive Officer (CEO), introduced Mr. Paul Umbach, Founder and President, Tripp Umbach - Strategic Consulting Services. Mr. Umbach delivered a presentation regarding Harris Health’s Economic Impact Study. He reported that Harris Health’s total economic impact in Harris County from system operations is \$4.8B and every \$1 that Harris Health receives in ad valorem taxes, generates \$5.89 within the County’s economy. He noted that almost 30,000 jobs are supported in Harris County, which means 1 in every 70 jobs held by a person in Harris County is directly or indirectly related to Harris Health. He also shared that \$133M in total state and local taxes are generated from system operations. Mr. Umbach stated that Harris Health has a strong economic impact in the state of Texas, with more than \$900M in economic impact received, more than 5,000 jobs supported, and \$24M generated in local tax revenue for communities outside Harris County because of Harris Health’s presence. Mr. Umbach provided a high – level overview of additional economic impacts attributed to Harris Health’s medical school partners, value of healthcare cost savings, charity care, charitable giving and volunteerism. Lastly, Mr. Umbach reported that Harris Health can anticipate \$3.3B in future economic impact, 18,871 jobs supported and \$48.2M generated in state and local taxes from the construction of the redevelopment of Lyndon B. Johnson (LBJ) Hospital.</p>	<p><b>As Presented.</b></p>

	<p>Dr. Porsa delivered an update regarding COVID-19, noting a continued decline in COVID-19 positivity rates and hospitalizations. He recognized Harris Health Information Technology (IT) and Correctional Health teams on publishing an article entitled “Caring for the Whole Community: Extending an EHR to a Large County Jail.” He also recognized Harris Health’s Correctional Health Pharmacy Department for undergoing a very successful survey by the Texas Board of Pharmacy. Dr. Porsa stated that the Texas Commission on Jail Standards surveyed the Harris County Jail and the final report will be shared with the Board. He shared that grand opening of the Quentin Mease Health Center will be held on Sunday, June 4, 2023. He also noted that the Thomas Street Clinic move – in date is May, 5, 2023, with its first day of service on May 9, 2023. Additionally, the Riverside Dialysis move – in date is June 1, 2023, with its first day of service on June 3, 2023. Dr. Porsa shared that Harris Health is partnering with Baylor College of Medicine (BCM) to host two (2) Brain Health education events on Saturday, March 4, 2023, from 10:00 – 11:00 a.m. at Strawberry Health Center and Saturday, March 25, 2023, from 10:00 – 11:00 a.m. at Northwest Health Center. The events will be presented in Spanish and the content focuses on signs, symptoms and treatment for Alzheimer’s and Dementia. Copies of economic impact study presentation and CEO report are available in the permanent record.</p>	
	<p><b>B. Special Announcement</b></p> <p>Dr. Bracey recognized two (2) Harris Health employees who exemplified and embodied the Board of Trustee’s commitment to a Just and Accountable Culture. Their escalation, advocacy, and intervention demonstrated commitment to the safety and care of patients at Harris Health. The Board recognized Ms. Judith Suckram, Utilization Management Resource Nurse, Outsourced Medical Services (OMS) and Ms. Thelma George, Social Worker Care Coordinator, OMS, for the Good Catch Awards.</p>	
	<p><b>C. Board Member Announcements Regarding Board Member Advocacy and Community Engagements.</b></p>	<p><b>There were no Board member announcements.</b></p>
<p><b>IV. Public Comment</b></p>	<p>Ms. Cynthia Cole, Executive Director, Local #1550 – AFSCME, American Federation of State, County, and Municipal Employees, addressed the Board regarding employee matters related to Harris Health grievance process, workplace safety, and a culture of trust. In addition, Ms. Cole provided several recommendations to help address employee concerns in the workplace.</p>	
<p><b>V. Executive Session</b></p>	<p>At 8:26 a.m., Dr. Arthur Bracey stated that the Board would enter into Executive Session for Items ‘A through C’ as permitted by law under Tex. Health &amp; Safety Code Ann. §161.032, Tex. Occ. Code Ann. §151.002 and Tex. Occ. Code Ann. §160.007.</p>	

	<p><b>A.</b> Report Regarding Quality of Medical and Healthcare, Pursuant to Tex. Health &amp; Safety Code Ann. §161.032, Tex. Occ. Code Ann. §160.007, and Tex. Occ. Code Ann. §151.002 to Receive Peer Review and/or Medical Committee Report, Including Report of the Medical Executive Board in Connection with the Evaluation of the Quality of Medical and Healthcare Services, Including the Harris Health System Quality, Safety Performance Measures and Zero Harm, and Possible Action Regarding this Matter Upon Return to Open Session</p>	<p><b>No Action Taken. Dr. Arthur Bracey recused from participating in discussion and voting regarding cases involving care rendered by Baylor College of Medicine (BCM) and credentialing discussions involving BCM.</b></p>
	<p><b>B.</b> Medical Executive Board Report and Credentialing Discussion, Pursuant to Tex. Health &amp; Safety Code Ann. §161.032, Tex. Occ. Code Ann. §160.007, and Tex. Occ. Code Ann. §151.002 to Receive Peer Review and/or Medical Committee Report, Including Consideration of Approval of Credentialing Changes for Members of the Harris Health System Medical Staff</p>	<p><b>No Action Taken. Dr. Arthur Bracey recused from participating in BCM discussions.</b></p>
	<p><b>C.</b> Report Regarding Harris Health System Correctional Health Quality of Medical and Healthcare, Including Credentialing Discussion and Operational Updates, Pursuant to Tex. Health &amp; Safety Code Ann. §161.032, Tex. Occ. Code Ann. §160.007, Tex. Occ. Code Ann. §151.002 and Tex. Gov’t Code Ann. §551.071 to Receive Peer Review and/or Medical Committee Report with Possible Action Upon Return to Open Session</p>	<p><b>No Action Taken.</b></p>
<p><b>VI. Reconvene to Open Meeting</b></p>	<p>At 8:42 a.m., Dr. Arthur Bracey reconvened the meeting in open session; he noted that a quorum was present and that no action was taken in Executive Session.</p>	
<p><b>VII. General Action Item(s)</b></p>	<p><b>A.</b> General Action Item(s) Related to Quality: Medical Staff</p>	
	<p>1. Approval of Credentialing Changes for Members of the Harris Health System Medical Staff</p> <p>Dr. Martha Mims, Chair, Medical Executive Board, presented the credentialing changes for members of the Harris Health System Medical Staff. For February 2023, there were twenty-five (25) initial appointments, fifty - five (55) reappointments, two (2) change/add privileges and four (4) resignations. A copy of the credentialing changes is available in the permanent record.</p>	<p><b><u>Motion No. 23.02-18</u></b>  <b>Moved by Ms. Alicia Reyes, seconded by Dr. Ewan D. Johnson, and unanimously passed that the Board approve agenda item VII.A.1. Motion carried. Dr. Arthur Bracey recused on this matter related to BCM Credentialing vote.</b></p>



	<p>2. Review and Discussion Regarding the Harris Health System Staffing Advisory Committee’s Semi-Annual Evaluation of the Nurse Staffing Plan and Aggregate Staffing Variance</p> <p>Dr. Jackie Brock, Executive Vice President &amp; Chief Nursing Executive, led the discussion regarding the Harris Health System Staffing Advisory Committee’s Semi-Annual Evaluation of the Nurse Staffing Plan and Aggregate Staffing Variance. Texas Health and Safety Code requires hospitals to create staffing advisory committees in facilities where 60% of the registered nurses (RNs) spend at least 50% of their time conducting direct patient care. The staffing plan is reviewed by the Board biannually to determine if it meets the elements required. Dr. Brock introduced Mr. Wale Salvador, Administrative Director of Nursing, Lyndon B. Johnson (LBJ) Hospital, and Ms. Patricia Wanza, Staffing Advisory Committee Chair, LBJ. Ms. Wanza stated that the registered nurse (RN) to patient ratios are consistent with community and national standards. Unlicensed assistive personnel ratios vary based on census, the patient population served, and the needs of the patients. Ms. Wanza reported that the hospital’s staffing committee consists of fourteen (14) nurse clinicians and received a response rate of 100%. She stated that 77.5% of those respondents strongly agreed with the staffing plan and 22% disagreed. The element with the highest level of disagreement is that there is a general sense of adequate staffing. The committee looked at nursing units that were struggling to reach their target patient satisfaction with nursing Hospital Consumer Assessment of Healthcare Provider System (“HCAHPS”) scores and identified no correlation between the scores and hours per patient day. Ms. Antoinette (Toni) Cotton, Chief Nursing Officer (CNO), Ben Taub Hospital, introduced Ms. Monica Manthey, Staffing Advisory Committee Chair, BTH. Ms. Mathey reported that the staffing committee consists of fourteen (14) nurse clinicians and received a response rate of 100%. She stated that 82% of those respondents strongly agreed with the staffing plans, 17% disagreed and 1% strongly disagreed. The element with the highest level of disagreement is that there is general sense of adequate staffing. In assessing patient experience scores, Ms. Manthey shared that no trends were identified. A copy of the executive summary is available in the permanent record.</p>	<p><b>As Presented.</b></p>
	<p><b>B. General Action Item(s) Related to Quality: Correctional Health Medical Staff</b></p>	
	<p>1. Approval of Credentialing Changes for Members of the Harris Health System Correctional Health Medical Staff</p> <p>Dr. Otis Egins, Chief Medical Officer, Harris Health Correctional Health, presented the credentialing changes for members of the Harris Health System Correctional Health Medical Staff. For February 2023, there were twenty-three (23) initial appointments. A copy of the credentialing changes is available in the permanent record.</p>	<p><b><u>Motion No. 23.02-19</u></b>  <b>Moved by Dr. Andrea Caracostis, seconded by Dr. Ewan D. Johnson, and unanimously passed that the Board approve agenda item VII.B.1. Motion carried.</b></p>

	<p>2. Approval of New Harris Health System Correctional Health Clinical Privileges</p> <ul style="list-style-type: none"> <li>• Dentistry</li> </ul> <p>A copy of the New Harris Health System Correctional Health Clinical Privileges is available in the permanent record.</p>	<p><b><u>Motion No. 23.02-20</u></b>  <b>Moved by Ms. Alicia Reyes, seconded by Ms. Jennifer Tijerina, and unanimously passed that the Board approve agenda item VII.B.2. Motion carried.</b></p>
	<p>Approval of Agreement between Harris Health System and CHS Care TX, LLC d/b/a YesCare for Correctional Health Staffing Services</p> <p>Mr. Michael Hill, Executive Vice President, Chief Strategy &amp; Integration Officer, stated that this Agreement would enable YesCare to staff qualified medical professionals to perform medical screenings during the intake of persons brought to the Harris County Joint Processing Center.</p>	<p><b><u>Motion No. 23.02-21</u></b>  <b>Moved by Dr. Ewan Johnson, seconded by Ms. Jennifer Tijerina, and unanimously passed that the Board approve agenda item VII.B.3. Motion carried.</b></p>
	<p><b>C. General Action Item(s) Related to Budget &amp; Finance</b></p>	
	<p>1. Approval of the Harris Health System Annual Investment Policy</p>	<p><b><u>Motion No. 23.02-22</u></b>  <b>Moved by Mr. Lawrence Finder, seconded by Dr. Ewan D. Johnson, and unanimously passed that the Board approve agenda item VII.C.1. Motion carried.</b></p>
<p><b>VIII. New Items for Board Consideration</b></p>	<p><b>A. Approval of Revisions to Harris Health Board of Trustees Bylaws</b></p> <p>Dr. Bracey stated that Ms. Sara Thomas, Chief Legal Officer/Division Director, Harris County Attorney’s Office, has received feedback and proposed changes from Board members on both the Bylaws and the Conflict of Interest Policy. Ms. Thomas stated that in order to comply with the regulations from the Centers for Medicare &amp; Medicaid Services (CMS), the Board Bylaws and Policies should be updated to reflect current Harris Health practices. She stated that she has updated the Bylaws and Conflict of Interest Policy to reflect current medical school agreements, as well as interlocal agreements for correctional health. She stated that she will incorporate Board member feedback and bring the proposed changes back to the Board for approval. Mr. Lawrence Finder recommended revisions related to Article VII: Board Meetings – “Hear from Citizens” changed to “Public Comment,” further limiting comments to stakeholders and residents of Harris County. A copy of the revised Harris Health Board of Trustees Bylaws is available in the permanent record.</p>	<p><b><u>Motion No. 23.02-23</u></b>  <b>Moved by Dr. Ewan D. Johnson, seconded by Ms. Alicia Reyes, and unanimously passed that the Board table agenda items VIII.A. and VIII.B. Motion carried.</b></p>

	<p><b>B.</b> Approval of Revisions to Harris Health System Board of Trustees Member Conflict of Interest and Nepotism Policy</p> <p>A copy of the revised Harris Health System Board of Trustees Member Conflict of Interest and Nepotism Policy is available in the permanent record.</p>	<p><b><u>Motion No. 23.02-23</u></b>  <b>Moved by Dr. Ewan D. Johnson, seconded by Mr. Lawrence Finder, and unanimously passed that the Board table agenda items VIII.A. and VIII.B. Motion carried.</b></p>
<p><b>IX. Strategic Discussion</b></p>	<p><b>A.</b> Harris Health System Strategic Plan Initiatives</p>	
	<p>1. Presentation Regarding Strategic Capital Needs and Funding</p> <p>Ms. Maria Cowles, Senior Vice President, Chief of Staff, delivered a presentation regarding Harris Health strategic capital needs and funding. She shared the LBJ facility expansion communication and bond referendum planning timeline as of February 1, 2023. Mr. Louis Smith, Senior Executive Vice President &amp; Chief Operating Officer, provided an overview of Harris Health strategic capital requirements and the System’s current state of hospital facilities. He addressed the current and future orientation of Ben Taub (BT) and LBJ Hospitals, as well as ambulatory care services (ACS) facilities. Mr. Smith noted that in assessing the strategic needs of Harris Health, there is an estimated total project cost of \$3.1B; more specifically \$2.9B related to BT, LBJ and ACS facilities. Ms. Victoria Nikitin, Executive Vice President, Chief Financial Officer, shared that these phases will be financed with \$2.5B in proposed bond debt proceeds, \$300M in Harris Health operating cash and \$100M in philanthropic contributions. She noted that the total strategic facilities plan will cost an estimated \$2.9B and will be completed in phases over the next ten (10) years. Dr. Ewan Johnson inquired regarding the \$410M projected cost associated with BT Hospital. Mr. Smith explained that the goal for BT is to extend the facility’s lifespan, address existing capacity limitations and improve clinical inefficiencies. Ms. Nikitin stated that the proposed ask for the bond debt is at the maximum for Harris Health’s credit capacity. Director Barbie Robinson inquired regarding the bond approval process and the factors and implications related to having the bonds approved by Commissioners Court. Mr. Mustafa Tameez, Founder &amp; CEO, Outreach Strategists, shared that it is important that Harris County Commissioners recognize that there is unanimous vote and consensus amongst the Board. In addition, Mr. Tameez noted that the Administration has made presentations to Commissioners Court, outlined the facilities plan and feels confident in the success for approval of the bond proposal. A copy of the presentation is available in the permanent record.</p>	<p><b>As Presented.</b></p>

	<p>2. Presentation Regarding Strategic Communications Plan</p> <p>Ms. Olga Llamas Rodriguez, Vice President, Community Engagement &amp; Corporate Communications, introduced Ms. Shannon Langrand, Founder &amp; CEO, Langrand Communications. Ms. Langrand delivered a presentation regarding Harris Health’s strategic communications plan. She shared that Langrand was engaged to develop a one-year strategic communications plan to increase public understanding and awareness of Harris Health and the value it delivers to all residents of Harris County. She noted that the goal is to garner support for Harris Health by connecting residents of Harris County. Ms. Langrand provided a high – level overview of Langrand’s research study, communication strategies and core objectives as it relates to the strategic communications plan. Ms. Langrand concluded by sharing Langrand’s media strategy recommendations and next steps. Discussions ensued regarding Harris Health’s former media blitz campaigns, communication strategies, as well as potential successes and opportunities. A copy of the presentation is available in the permanent record.</p>	<p><b>As Presented.</b></p>
	<p>3. Update Regarding Minority/Woman-owned Business Enterprises (MWBE) Utilization Report</p> <p>Mr. Derek Holmes, Administrative Director, Contracting Diversity, delivered an update regarding the Minority/Woman-owned Business Enterprises (MWBE) Utilization Report. He provided an analysis of FY22-23 contract awards compared to the previous year spends. For October 2022 through January 2023, a total of \$18M was awarded to MWBEs, of which 41% was to African Americans, 27% Caucasian Woman, 22% Asian and 10% Hispanic firms. Mr. Holmes presented several MWBE accomplishments which have occurred in the first 120 days. Lastly, Mr. Holmes shared Harris Health’s immediate and strategic MWBE objectives. A copy of the presentation is available in the permanent record.</p>	<p><b>As Presented.</b></p>
	<p>4. February Board Committee Meeting Reports:</p> <p><b><u>Governance Committee</u></b>                  Dr. Andrea Caracostis shared that the Governance Committee met on Tuesday, February 7, 2023. The Committee received Diligent training and discussed future Governance Committee priorities.</p> <p><b><u>Compliance &amp; Audit Committee</u></b>                  Director Barbie Robinson shared that the Compliance and Audit Committee met on Thursday, February 9, 2023. Ms. Nikitin and Mr. Clark, FORVIS, presented on Harris Health’s Independent Auditor’s Report and Overview for the Stub Year Ended September 30, 2022, which also included the Single Audit Report of Federal and State Award Programs for the Stub Year Ended September 30, 2022.</p>	<p><b>As Presented.</b></p>

	<p>Mr. Clark reported that there were no identified material weaknesses or significant deficiencies in internal controls. The Committee recommended that the report move forward to the full Board for acceptance. Ms. Catherine Walther, Compliance Administrative Director, presented proposed revisions to Harris Health’s Code of Conduct. The Committee recommended that the report move forward to the full Board for approval. Ms. Perkins presented an update on Harris Health’s Internal Audit activities, which included that the following audits have been completed: Correctional Health Mental Health Services, Follow-Up on A&amp;M Recommendations, and Procurement. Ms. Perkins also reported on audits in-progress and audits not started.</p> <p><b><u>Diversity Equity &amp; Inclusion (DEI) Committee</u></b></p> <p>Ms. Marcia Johnson stated that the DEI Committee met on Thursday, February 17, 2023. Mr. Reid, Executive Vice President, Chief People Officer, presented on Harris Health Human Resources Report on Racial/Gender Disparity. Mr. Reid, Mr. Miguel Gonzalez, Administrative Director, Workforce Analytics, and Mr. Chacko, Workforce Analytics Supervisor, presented an update regarding Harris Health DEI Dashboard. Dr. Esperanza (Hope) Galvan, Senior Vice President, Chief Health Officer and Ms. Tseng, Special Advisor to the CEO, presented on Harris Health diabetes health equity.</p>	
<p><b>X. Consent Agenda Items</b></p>	<p><b>A. Consent Purchasing Recommendations</b></p>	
	<p>1. Approval of Purchasing Recommendations (Items A1 through A37)</p> <p>Dr. Bracey noted that Purchasing’s transmittals B1 through B16 are not for approval. A copy of the Purchasing recommendations is available in the permanent record.</p>	<p><b><u>Motion No. 23.02-24</u></b>  <b>Moved by Mr. Lawrence Finder, seconded by Dr. Ewan Johnson, and unanimously passed that the Board approve agenda item X.A.1. Motion carried.</b></p>
	<p><b>B. Consent Committee Recommendations</b></p>	
	<p>1. Acceptance of the Harris Health System Independent Auditor’s Report and Financial Statements for the Stub Year Ended September 30, 2022</p>	<p><b><u>Motion No. 23.02-25</u></b>  <b>Moved by Mr. Lawrence Finder, seconded by Dr. Andrea Caracostis, and unanimously passed that the Board approve agenda item X.B.1. through X.D.4. Motion carried.</b></p>

	<p>2. Acceptance of the Harris Health System Single Audit Report of Federal and State Award Programs for the Stub Year Ended September 30, 2022</p>	<p><b><u>Motion No. 23.02-25</u></b>  <b>Moved by Mr. Lawrence Finder, seconded by Dr. Andrea Caracostis, and unanimously passed that the Board approve agenda item X.B.1. through X.D.4. Motion carried.</b></p>
	<p>3. Approval of Proposed Revisions to Harris Health System’s Code of Conduct</p> <p>Mr. Finder inquired regarding a more simplified and user-friendly version of the Code of Conduct. Ms.Carolynn Jones, Executive Vice President &amp; Chief Compliance and Risk Officer, shared that Harris Health offers a pocket version to employees, which focuses on the principles outlined in the full version. A copy of the pocket version will be shared with the Board when available.</p>	<p><b><u>Motion No. 23.02-25</u></b>  <b>Moved by Mr. Lawrence Finder, seconded by Dr. Andrea Caracostis, and unanimously passed that the Board approve agenda item X.B.1. through X.D.4. Motion carried.</b></p>
	<p><b>C. Consent Grant Agreement Recommendations</b></p>	
	<p>1. Approval of Grant Agreement Recommendations (Items C1 – C2)</p>	<p><b><u>Motion No. 23.02-25</u></b>  <b>Moved by Mr. Lawrence Finder, seconded by Dr. Andrea Caracostis, and unanimously passed that the Board approve agenda item X.B.1. through X.D.4. Motion carried.</b></p>
	<p><b>D. New Consent Items for Board Approval</b></p>	
	<p>1. Acceptance of the Harris Health System First Quarter Fiscal Year 2023 Investment Report</p>	<p><b><u>Motion No. 23.02-25</u></b>  <b>Moved by Mr. Lawrence Finder, seconded by Dr. Andrea Caracostis, and unanimously passed that the Board approve agenda item X.B.1. through X.D.4. Motion carried.</b></p>
	<p>2. Acceptance of the Harris Health System Fourth Quarter Calendar Year 2022 Pension Plan Report</p>	<p><b><u>Motion No. 23.02-25</u></b>  <b>Moved by Mr. Lawrence Finder, seconded by Dr. Andrea Caracostis, and unanimously passed that the Board approve agenda item X.B.1. through X.D.4. Motion carried.</b></p>

	<p>3. Acceptance of the Harris Health System December 2022 Quarterly Financial Report Subject to Audit</p>	<p><b><u>Motion No. 23.02-25</u></b>                  Moved by Mr. Lawrence Finder, seconded by Dr. Andrea Caracostis, and unanimously passed that the Board approve agenda item X.B.1. through X.D.4. Motion carried.</p>
	<p>4. Approval to Enter into a New Lease Agreement with University Christian Church for Supplemental Quentin Mease Clinic Parking</p>	<p><b><u>Motion No. 23.02-25</u></b>                  Moved by Mr. Lawrence Finder, seconded by Dr. Andrea Caracostis, and unanimously passed that the Board approve agenda item X.B.1. through X.D.4. Motion carried.</p>
	<p><b>E. Consent Reports and Updates to Board</b></p> <p>Dr. Bracey noted that Consent Agenda Items (X.E.1 and 2.) are reports and updates only and were presented in your packet for informational purposes only.</p> <ol style="list-style-type: none"> <li>1. Updates Regarding Pending State and Federal Legislative and Policy Issues Impacting Harris Health System</li> <li>2. Harris Health System Council-At-Large January Meeting Minutes</li> </ol> <p><i>{End of Consent Agenda}</i></p>	<p><b>For Informational Purposes Only</b></p>
<p><b>XI. Item(s) Related to Health Care for the Homeless Program</b></p>	<p><b>A. Review and Acceptance of the Following Report(s) for the Health Care for the Homeless Program (HCHP) as Required by the United States Department of Health and Human Services, which Provides Funding to the Harris County Hospital District d/b/a/Harris Health System to Provide Health Services to Persons Experiencing Homelessness under Section 330(h) of the Public Health Service Act</b></p> <ul style="list-style-type: none"> <li>• <b>HCHP February 2023 Operational Update</b></li> </ul> <p>Ms. Tracey Burdine, Director, Health Care for the Homeless Program, delivered a presentation regarding the Health Care for the Homeless Program (HCHP) February 2023 Operational Update Including Patient Services, Sliding Fee Discount Program Evaluation, 2023 HCHP Sliding Fee Scale, 2022 Q4 Budget Report, and HCHP 2023 – 2026 Strategic Plan. She reported that there were 430 new adult patients, six (6) new telehealth patients, forty-four (44) return telehealth patients, and twenty (20) new pediatric patients associated with the program.</p>	<p><b><u>Motion No. 23.02-26</u></b>                  Moved by Dr. Andrea Caracostis, seconded by, Ms. Alicia Reyes, and unanimously passed that the Board approve agenda item XI.A. Motion carried.</p>

	<p>HCHP is expected to see approximately 9,775 patients per year as required by the Health Resources and Services Administration (HRSA). At the close of January, HCHP served 1,111 unduplicated patients and 1,908 total completed visits. Ms. Burdine stated that there was one finding from the recent HRSA survey related to the sliding fee discount program evaluation. She presented the sliding fee discount program and noted that HCHP evaluates the sliding fee discount program at least once every three (3) years. Based upon the 2021 Uniformed Data System (UDS) Report, Ms. Burdine reported that 70% of the HCHP patients are 100% and below the poverty guideline and nearly 90% of patients are uninsured. She mentioned that in 2021, HCHP began charging fees for services for patients above 100% of the federal poverty level (FPL) based on a sliding scale. A new policy was created to allow people experiencing homelessness, who may have income barriers to request a waiver for HCHP service fees. Ms. Burdine shared the new 2023 HCHP sliding fee scale based on the 2023 federal poverty guidelines issued on January 2023. She noted that the categories and the nominal fees remain the same, however, the incomes were adjusted to meet the new federal poverty guidelines. This sliding fee scale only applies to patients of the HCHP. Ms. Burdine reported budgeted expenses of \$6.3M of which 70% of the total grant funds have been utilized. She noted the remaining balance of \$1.8M is attributed to the variance of supplemental grants received during the year. She mentioned that any additional funds will be carried over to next year’s budget. Ms. Burdine provided an overview of HCHP 2023 – 2026 Strategic Plan. Dr. Caracostis inquired regarding the reporting of prenatal care services. Additionally, Dr. Caracostis recommended that the UDS report be shared at the March Board meeting. Dr. Bracey recommended including Pillar 6 – Diversity, Equity and Inclusion (DEI), to the HCHP 2023 -2023 Strategic Plan. A copy of the operational update is available in the permanent record.</p>	
	<p><b>B. Approval of HCHP Sliding Fee Discount Program Evaluation</b></p>	<p><b><u>Motion No. 23.02-27</u></b>  <b>Moved by Dr. Ewan Johnson, seconded by, Ms. Alicia Reyes, and unanimously passed that the Board approve agenda item XI.B. Motion carried.</b></p>
	<p><b>C. Approval of 2023 HCHP Sliding Fee Scale</b></p>	<p><b><u>Motion No. 23.02-28</u></b>  <b>Moved by Dr. Ewan Johnson, seconded by, Dr. Andrea Caracostis, and unanimously passed that the Board approve agenda item XI.C. Motion carried.</b></p>



	D. Approval of HCHP 2022 Q4 Budget Report	<b><u>Motion No. 23.02-29</u></b> Moved by Ms. Alicia Reyes, seconded by, Dr. Ewan Johnson, and unanimously passed that the Board approve agenda item XI.D. Motion carried.
	E. Approval of HCHP 2023 – 2026 Strategic Plan	<b><u>Motion No. 23.02-30</u></b> Moved by Dr. Ewan Johnson, seconded by, Ms. Alicia Reyes, and unanimously passed that the Board approve agenda item XI.E, contingent upon modification to include Harris Health Strategic Pillar 6 – Diversity, Equity and Inclusion. Motion carried.
<b>XII. Executive Session</b>	At 10:59 a.m., Dr. Arthur Bracey stated that the Board would enter into Executive Session for items “D through J” as permitted by law under Tex. Gov’t Code §418.183, Tex. Gov’t Code §551.071, Tex. Gov’t Code §551.085, Tex. Gov’t Code §551.089, Tex. Health & Safety Code Ann. §161.032, Tex. Occ. Code Ann. §151.002 and Tex. Occ. Code Ann. §160.007.	
	D. Consultation with Attorney Regarding Collaborative Opportunities with The University of Texas M.D. Anderson Cancer Center, Pursuant to Tex. Gov’t Code Ann. §551.071 and Tex. Gov’t Code Ann. §551.085.	<b>No Action Taken. Mr. Lawrence Finder recused on this matter related to collaborative opportunities with M.D. Anderson.</b>
	E. Consultation with Attorney Regarding Proposal to Include UT Health and Baylor College of Medicine Signage on Harris Health Facilities, Pursuant to Tex. Gov’t Code Ann. §551.071, and Possible Action Upon Return to Open Session, Including Delegation of Authority to Harris Health Administration to Perform Due Diligence and Negotiate Agreements Related to the Proposed Joint Signage for Final Approval by the Harris Health Board of Trustees  <i>The Harris Health Board of Trustees hereby delegates Authority to Harris Health Administration to Perform Due Diligence on placing signage of medical school partners on Harris Health facilities and to Negotiate Agreements Related to the Proposed Joint Signage for Final Approval of such agreements by the Harris Health Board of Trustees.</i>	<b><u>Motion No. 23.02-31</u></b> Moved by Dr. Arthur Bracey, seconded by Ms. Alicia Reyes, and unanimously passed that the Board approve agenda item XII.E. Motion carried. Dr. Arthur Bracey recused on this matter related to BCM.

	<p><b>F.</b> Review of the 2022 Preliminary Financial Performance for the Twelve Months Ending December 31, 2022, Pursuant to Tex. Gov’t Code Ann. §551.085 and Tex. Gov’t Code Ann. §551.071, Including Consideration of Approval of the 2023 Capital Budget for Community Health Choice Texas, Inc. and Community Health Choice, Inc. and the 2023 Insurance Renewals Upon Return to Open Session</p> <p><i>The Harris Health Board of Trustees hereby approves the Capital Budget and 2023 Insurance Renewals for Community Health Choice Texas, Inc. and Community Health Choice, Inc. as presented to the Board in Executive Session.</i></p>	<p><b><u>Motion No. 23.02-32</u></b>  <b>Moved by Dr. Arthur Bracey, seconded by Mr. Lawrence Finder, and unanimously passed that the Board approve agenda item XII.F. Motion carried.</b></p>
	<p><b>G.</b> Report by the Executive Vice President, Chief Compliance and Risk Officer, Regarding Compliance with Medicare, Medicaid, HIPAA and Other Federal and State Healthcare Program Requirements and a Status of Fraud and Abuse Investigations, Pursuant to Tex. Health &amp; Safety Code Ann. §161.032, Tex. Gov’t Code §418.183, Tex. Gov’t Code §551.089, Tex. Occ. Code Ann. §160.007, Tex. Occ. Code Ann. §151.002, and Tex. Gov’t Code Ann. §551.071, and Possible Action Regarding this Matter Upon Return to Open Session</p>	<p><b>No Action Taken.</b></p>
	<p><b>H.</b> Consultation with Attorney and Possible Action Regarding the Agreements between Harris County Hospital District Foundation and Harris Health System and Philanthropic Strategies, Pursuant to Tex. Gov’t Code Ann. §551.071</p>	
	<p><b>I.</b> Consultation with Harris County Attorney Regarding Litigation Related to E-Cigarettes and Vaping, and Possible Action Upon Return to Open Session, Including Approval of Settlement Agreement</p> <p><i>The Harris Health Board of Trustees hereby approves the settlement of the claims brought by Harris Health against the JUUL Defendants in the JUUL Labs Product Case filed by Harris Health per confidential terms discussed in Executive Session. President/CEO of Harris Health or his designee is authorized to execute any agreement, release, or any other necessary documents to effect this settlement.</i></p>	<p><b><u>Motion No. 23.02-33</u></b>  <b>Moved by Dr. Arthur Bracey, seconded by Mr. Lawrence Finder, and majority passed that the Board approve agenda item XII.I. Mr. Lawrence finder opposed this motion. Motion carried.</b></p>
	<p><b>J.</b> Discussion Related to Correctional Health Matters, Pursuant to Tex. Health &amp; Safety Code Ann. §161.032, Tex. Occ. Code Ann. §160.007, Tex. Occ. Code Ann. §151.002 and Tex. Gov’t Code Ann. §551.071</p>	<p><b>No Action Taken.</b></p>
<p><b>XIII. Reconvene</b></p>	<p>At 12:36 p.m., Dr. Arthur Bracey reconvened the meeting in open session; he noted that the Board will take action on agenda items “E, F and I” of the Executive Session agenda.</p>	
<p><b>XIV. Adjournment</b></p>	<p>Moved by Dr. Ewan Johnson, seconded by Ms. Jennifer Tijerina, and unanimously approved to adjourn the meeting. There being no further business to come before the Board, the meeting adjourned at 12:39 p.m.</p>	

I certify that the foregoing are the Minutes of the Harris Health System Board of Trustees Meeting held on February 23, 2023.

Respectfully Submitted,

Arthur Bracey, M.D., Chair

Andrea Caracostis, M.D., Secretary

Minutes transcribed by Cherry Pierson

**Thursday, February 28, 2023**

**Harris Health System Board of Trustees Board Meeting – Attendance**

**Note:** For Zoom meeting attendance, if you joined as a group and would like to be counted as present, please submit an email to:

[BoardofTrustees@harrishealth.org](mailto:BoardofTrustees@harrishealth.org) before close of business the day of the meeting.

BOARD MEMBERS PRESENT	BOARD MEMBERS ABSENT
Dr. Arthur W. Bracey ( <i>Chair</i> )	
Dr. Ewan D. Johnson ( <i>Vice Chair</i> )	
Dr. Andrea Caracostis ( <i>Secretary</i> )	
Director Barbie Robinson	
Ms. Alicia Reyes	
Ms. Carol Paret	
Ms. Jennifer Tijerina	
Mr. Lawrence Finder	
Ms. Marcia Johnson	

EXECUTIVE LEADERSHIP
Dr. Esmail Porsa, President & Chief Executive Officer
Ms. Lisa Wright, President & Chief Executive Officer, Community Health Choice
Ms. Anna Majeta, Chief Financial Officer, Community Health Choice, Inc.
Mr. Anthony Williams, Vice President, Compliance Officer
Ms.Carolynn Jones, Executive Vice President & Chief Compliance and Risk Officer
Mr. DeWight Dopslauf, Purchasing Agent, Harris County Purchasing Office
Dr. Esperanza (Hope) Galvan, Senior Vice President, Chief Health Officer
Dr. Glorimar Medina-Rivera, Executive Vice President, Ben Taub Hospital
Dr. Hemant Roy, Vice Chair, Harris Health System & Ben Taub Hospital
Dr. Jackie Brock, Executive Vice President & Chief Nursing Executive
Dr. Jennifer Small, Executive Vice President, Ambulatory Care Services
Dr. Joseph Kunisch, Vice President, Quality Programs
Ms. Kari McMichael, Vice President, Controller
Dr. Kunal Sharma, Vice Chair, Medical Executive Board
Mr. Louis Smith, Senior Executive Vice President & Chief Operating Officer
Ms. Maria Cowles, Senior Vice President, Chief of Staff
Dr. Martha Mims, Chair, Medical Executive Board
Dr. Matasha Russell, Chief Medical Officer, Ambulatory Care Services
Dr. Maureen Padilla, Senior Vice President, Nursing Affairs & Support Services

Mr. Michael Hill, Executive Vice President, Chief Strategy & Integration Officer
Dr. Michael Nnadi, Senior Vice President, Chief Pharmacy & Lab Officer
Mr. Omar Reid, Executive Vice President, Chief People Officer
Dr. Otis Reggie Ekins, Chief Medical Officer, Harris Health Correctional Health
Ms. Olga Llamas Rodriguez, Vice President, Community Engagement & Corporate Communications
Ms. Patricia Darnauer, Executive Vice President, Lyndon B. Johnson Hospital
Mr. Ron Fuschillo, Senior Vice President and Chief Information Officer
Mr. Sam Karim, Vice President, Project Management Office & Division Planning
Dr. Sandeep Markan, Chief of Staff, Ben Taub Hospital
Ms. Sara Thomas, Vice President Legal Affairs/Managing Attorney, Harris County Attorney's Office
Dr. Steven Brass, Executive Vice President & Chief Medical Executive
Dr. Tien Ko, Chief of Staff, Lyndon B. Johnson Hospital
Ms. Victoria Nikitin, Executive Vice President, Chief Financial Officer

**ADDITIONAL GUESTS PRESENT**

Alison Perez	Julie Chmiel ( <i>Tripp Umbach</i> )
Amanda Pope ( <i>Outreach Strategists</i> )	Karen Hughes ( <i>Burson Cohn &amp; Wolfe</i> )
Antoinette "Toni" Cotton	Katie Rutherford
Bryan McLeod	Kelli Fondren
Cherry Pierson	Matthew Schlueter
Cynthia Cole ( <i>AFSCME</i> )	Michael Moore ( <i>Outreach Strategists</i> )
Daniel Smith	Nathan Bac
Derek Curtis	Nicholas J Bell
Derek Holmes	Paul Umbach ( <i>Tripp Umbach</i> )
Ebon Swofford	Randy Manarang
Elizabeth Winn	Richard Schechter ( <i>RS Law Firm</i> )
Holly Gummert	Shannon Langrand ( <i>Langrand</i> )
Jack Adgar	Shannon Otermat ( <i>Langrand</i> )
Jennifer Zarate	Tai Nguyen
John Matcek	Tracey Burdine
Johnathan Fombonne ( <i>Harris County Attorney's Office</i> )	Zubin Khambatta ( <i>Perkins Coie LLP</i> )

## Public Comment Request and Registration Process

Pursuant to Texas Government Code §551.007, members of the public are invited to attend the regular meetings of the Harris Health System Board of Trustees and may address the Board during the [Public Comment](#) segment regarding an official agenda item that the Board will discuss, review, or take action upon, or regarding a subject related to healthcare or patient care rendered at Harris Health System. Public Comment will occur prior to the consideration of all agenda items. If you have signed up to attend as a Public Speaker virtually, a meeting link will be provided. Note: Public Speakers will be removed from the meeting after speaking and have the option to join the meeting live via <http://harrishealthtx.swagit.com/live>.

### How to Request to Address the Board of Trustees

Members of the public must register in advance to speak at the Harris Health System Board of Trustees meetings. To register, members of the public must contact the Board of Trustees Office during core business hours, Monday through Friday between 8:00 a.m. to 5:00 p.m. Members of the public must submit the registration no later than 4:00 p.m. on the day before the scheduled meeting and may only register in one of the following manners:

1. Providing the requested information located in the “Speak to the Board” tile found at: <https://www.harrishealth.org/about-us-hh/board/Pages/public-comment-request-and-registration-process.aspx>.
2. Printing and completing the downloadable registration form found at: <https://www.harrishealth.org/about-us-hh/board/Pages/public-comment-request-and-registration-process.aspx>.
  - 2a. A hard-copy may be scanned and emailed to [BoardofTrustees@harrishealth.org](mailto:BoardofTrustees@harrishealth.org).
  - 2b. Mailing the completed registration form to 4800 Fournace Pl., Ste. E618, Bellaire, TX 77401.
3. Contacting staff at (346) 426-1524.

Prior to submitting a request to address the Harris Health System Board of Trustees, please take a moment to review the rules to be observed during the Public Comment Period.

### Rules During Public Comment Period

The presiding officer of the Board of Trustees or the Board Secretary shall keep the time for speakers.

### Three Minutes

A speaker, whose subject matter, as submitted, relates to an identifiable item of business on the agenda, will be requested by the presiding officer to come to the podium where they will be provided three (3) minutes to speak. A speaker, whose subject matter, as submitted, does not relate to an identifiable item of business on the agenda, will also be provided three (3) minutes to speak. A member of the public who addresses the body through a translator will be given at least twice the amount of time as a member of the public who does not require the assistance of a translator.

- Page 23 Was Intentionally Left Blank -

Thursday, March 23, 2023

Executive Session

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Report Regarding Quality of Medical and Healthcare, Pursuant to Tex. Health & Safety Code Ann. §161.032, Tex. Occ. Code Ann. §160.007, and Tex. Occ. Code Ann. §151.002 to Receive Peer Review and/or Medical Committee Report, Including Report of the Medical Executive Board in Connection with the Evaluation of the Quality of Medical and Healthcare Services, Including the Harris Health System Quality, Safety Performance Measures and Zero Harm, and Possible Action Regarding this Matter Upon Return to Open Session



- Pages 25-28 Were Intentionally Left Blank -

Thursday, March 23, 2023

Executive Session

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Medical Executive Board Report and Credentialing Discussion, Pursuant to Tex. Health & Safety Code Ann. §161.032, Tex. Occ. Code Ann. §160.007, and Tex. Occ. Code Ann. §151.002 to Receive Peer Review and/or Medical Committee Report, Including Consideration of Approval of Credentialing Changes for Members of the Harris Health System Medical Staff

- Pages 30-41 Were Intentionally Left Blank -

Thursday, March 23, 2023

Executive Session

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Report Regarding Harris Health System Correctional Health Quality of Medical and Healthcare, Including Credentialing Discussion and Operational Updates, Pursuant to Tex. Health & Safety Code Ann. §161.032, Tex. Occ. Code Ann. §160.007, Tex. Occ. Code Ann. §151.002 and Tex. Gov't Code Ann. §551.071 to Receive Peer Review and/or Medical Committee Report with Possible Action Upon Return to Open Session

- Pages 43-46 Were Intentionally Left Blank -

Thursday, March 23, 2023

**Consideration of Approval Regarding Credentialing Changes for  
Members of the Harris Health System Medical Staff**

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The Harris Health System Medical Executive Board approved the attached credentialing changes for the members of the Harris Health System Medical Staff for March 2023.

The Harris Health System Medical Executive Board requests the approval of the Board of Trustees.

Thank you.

# Board of Trustees Meeting



## March 2023 Medical Staff Credentials Report

### Medical Staff Initial Appointments: 11

BCM Medical Staff Initial Appointments - 3

UT Medical Staff Initial Appointments - 8

### Medical Staff Reappointments: 52

BCM Medical Staff Reappointments - 22

UT Medical Staff Reappointments - 26

Harris County Hospital District (Harris Health) Medical Staff Reappointments - 4

### BCM/UT/Harris County Hospital District (Harris Health) Medical Staff Changes in Clinical Privileges: 4

### Medical Staff Resignations: 2

BCM Medical Staff Resignations - 2

### BCM/UT/Harris County Hospital District (Harris Health) Medical Staff Files for Discussion:

Medical Staff Initial Appointment Files for Discussion - 1

BOARD OF TRUSTEES

Meeting of the Board of Trustees

HARRISHEALTH  
SYSTEM

Thursday, March 23, 2023

Consideration of Approval Regarding Credentialing Changes for  
Members of the Harris Health System Correctional Health Medical Staff

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# Board of Trustees Meeting



February 2023 Correctional Health Credentials Report

**Medical Staff Initial Appointments: 5**

**Medical Staff Resignations: 2**

**Medical Staff Files for Discussion: 2**

Medical Staff Initial Appointment Files for Discussion - 2

BOARD OF TRUSTEES

Meeting of the Board of Trustees

HARRISHEALTH  
SYSTEM

Thursday, March 23, 2023

Consideration of Approval of Revisions to Harris Health Board of Trustees Bylaws

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## Consideration of Approval of Revisions to Harris Health System Board of Trustees Bylaws

March 23, 2023

Pursuant to 42 CFR 482.12, which is the CMS Condition of Participation applicable to the Governing Body, “There must be an effective governing body that is legally responsible for the conduct of the hospital.” Policies and procedures, including the Governing Body’s Bylaws must describe and be timely updated with current practices to evidence compliance with the CMS Condition of Participation. We recommend that the Board accept the proposed revisions to Bylaws which reflect current practice, law and policies. The recommended revisions also align with the most recent version of the Harris Health System Medical Staff Bylaws, Quality Governance structures, and are reflective with updated contractual arrangements including those with our medical school partners and with Harris County for the provision of healthcare services at the jail.

Additional board member feedback incorporated into latest enclosed revision is noted in the summary below in red font.

Further substantive revisions to the Bylaws may be considered by the Board or the Governance Committee in 2023 or later.

### Summary of Proposed Revisions

- Definitions: Removal of the definitions and referral to the definitions in the Medical Staff Bylaws.
- Purposes: Addition of “and to improve health disparities through quality care delivery, coordination of care, and education and research.”
- **Overall: All references to “outside” have been changed to “external”**
- Principles, Policies, and Procedures: Article II Principles, Policies and Procedures has been deleted as the Board’s role with respect to policies is addressed in the new Article II, Board Duties. Addition of “to determine need for and to establish policies for the governance of Harris Health and to review and approve system level policies that involve substantive changes to the organization’s objectives and goals, mission and vision, and compliance with laws and regulation.” *This change makes the language consistent with Harris Health System policy 3.01, Policies and Procedures.*
- Article II: Duties of the Board - Additions to the duties of the Board to include governance and oversight and the addition to the performance of duties prescribed by regulations, policies, contractual agreements, and the Strategic Plan.
  - Duties with respect to policies was added for consistency with *Harris Health System policy 3.01, Policies and Procedures.*
  - Additions for approval of the budget, availability and public comment regarding the budget.
  - Addition for contract approval to include consistency with adopted purchasing policies.
  - Addition of ensuring high quality and safe patient care and reporting to the Board. *This change is to reflect the actual reporting structure.*
  - Addition to include approval of Correctional Health Quality Manual.
  - Change from annual to bi-annual review of report. Clarified that scope of review is limited to **Harris Health’s Executive Administration organization structure and compensation**

including a report of comparable compensation prepared by an external independent consultant. *This is clarification of language to reflect current practice.*

- Addition of Board appointment of “affiliated entities,” “Riverside Dialysis Center,” “and other boards as applicable.” *Changed from “or” to “and” per board member feedback.*
- Addition of “To delegate responsibilities to Standing and Special Committees, where authorized and approved by the Board.”
- Article III: Membership of the Board - Appointment and Reappointment - addition of “pursuant to the policies and procedures for appointments to County boards and commissioners...”
- Article III: Membership of the Board - Ethical Standards – addition of “Each board member shall, upon appointment and on a continuing basis, and in consultation with the Harris County Attorney’s Office, provide a financial affidavit and conflict of interest disclosure statement with the Board Office, in accordance with *Harris Health Policy 3.43, Board of Trustees Member Conflict of Interest and Nepotism Policy*, which shall be maintained by the Board Office.”
- Article V: Officers - Election – addition of “except such elected officers’ terms for the stub fiscal year of 2022 shall be extended through the end of **calendar** year of 2023. Such extension shall constitute a one-year term for purposes provided herein.” *Revised per Board member recommendation that election of officers and approval of committees should all align with calendar year.* Addition of “serve in.” Addition of “Officers shall participate as members of the CEO Evaluation Advisory workgroup and make recommendations to the Board on CEO Evaluation and compensation.” *This is reflective of current practice.*
  - Duties of the Chair – deletion of the Chair appointing special committees. Clarification that the Board must approve Chair’s appointment of members to committees.
  - Duties of Vice Chair – addition of “conflict of interest.”
  - Duties of Secretary – addition of “his or her designee.” Addition of 72 hour notice of meetings and deletion of mail, hand deliver or facsimile notice.
- Article VI: Board Committees - Board Committees and Appointment of Members – change from fiscal year to “new calendar” year “by approval of the Board calendar.” Change Chair to “non-voting” member of committees. *This change is in alignment with edits to Committee charters,*
- Article VI: Board Committees - Committee Meetings; Quorum; Notice – Change from majority voting members to “two” voting members for a quorum and add that “other Board members in attendance at the meeting shall be deemed to serve on the committee for that meeting and such designated member or members shall be included in the calculation of the quorum and shall have voting power.” *Allows for flexibility to establish quorum for committee with Board Chair and other non-committee board members.*
- Article VII: Board Meetings - Quorum –Clarification that a majority of the Board members must attend a meeting in person to constitute quorum for the transaction of business even if others participate via videoconference under the Texas Open Meetings Act. Addition of language regarding recess until quorum is present. Addition of language that matters before the Board are decided by an affirmative vote of the majority of Board members present and voting at the meeting where a quorum exists.
- Article VII: Board Meetings - “Hear from Citizens” changed to “Public Comment.” Changes to that section address registration for public comment via the website and allowing the registered speaker to address either an agenda item or generally the business of Harris Health. *The law only allows public comment on an agenda item, but Harris Health allows comment on matters concerning the business of Harris Health.*
- Article VII: Board Meetings - Addition of “Executive Session” paragraph to include “The Board may enter into executive session after establishing a quorum and announcing that an executive session will

be held in accordance with the policies and procedures of the Board and in compliance with the requirements set forth in the Texas Open Meetings Act.”

- Article VIII: Procedure for Meetings – Regular Meetings - Added “Strategic items” and “Consideration of approval of purchasing recommendations.”
- Article VIII: Procedure for Meetings - Special or Emergency Meetings – Added “emergency meeting.”
- Article IX: Medical Staff - Board Meeting Attendance - deletion of representative of Affiliated Medical Services and deletion of conflicts with MEB and policy. *Reflects current state of separate agreements with UT Health and BCM medical schools.*
- Article X: Administrative Staff - Change from annual to bi-annual submission of a **report of Harris Health Executive administration organization structure and compensation including a report of comparable compensation prepared by an external independent consultant.** *External compensation firms are only engaged bi-annually for Executive Compensation review.* Addition of reference to contracted services provided at the Harris County jail. Reference to *Harris Health Policy 3.06, Delegation of the Duties of the President and Chief Executive Officer* regarding instances of the CEO incapacity.
- Article XIII: Requests for Information – Clarification that Harris Health’s **Chief Legal Officer** be notified of TPIA requests received by a Board member. Deletion of paragraph regarding removal of records. *Received board member feedback to identify the individual who should receive the notification.*
- Article XIV: Board Statements: Remove “Policy” from the title. Addition of reference to the Standard Operation Procedures approved by the Board.
- Article XVI: Amendments - Review of Bylaws - Change from 2 years to **as required by law** or earlier if deemed necessary by a majority of the Board members.” *Recommended extension of time because Governance Committee can review Bylaws per Governance Committee charter.*
- Article XVII: Amendments - Conflict – addition of “declared unenforceable.”

**BYLAWS OF THE BOARD OF TRUSTEES  
HARRIS COUNTY HOSPITAL DISTRICT  
D/B/A HARRIS HEALTH SYSTEM  
HOUSTON, TEXAS**

March 1, 2023

**PREAMBLE**

The Harris County Hospital District d/b/a Harris Health System (“Harris Health”) is a political subdivision of the State of Texas established and operated pursuant to the constitution and laws of the State of Texas, in particular Chapter 281, Texas Health & Safety Code, as amended (“the Act”). Therefore, the Act and all other applicable state laws are included in these Bylaws to the extent necessary for the purpose of clarification. In the event of any conflict between any provision of these Bylaws and any state law, state law shall control. In order to provide for the orderly implementation of the statutes authorizing Harris Health, the Board of Trustees of Harris Health (“the Board”) adopts the following Bylaws pursuant to the Act.

**DEFINITIONS**

The following terms are defined in accordance with the Harris Health Medical Staff Bylaws and are incorporated herein as if fully set forth at length: Advanced Practice Professional (“APP”), Attending Staff, Contract Practitioner, Medical Executive Board (“MEB”) and Medical Staff. Whenever the context requires, words of one gender used herein shall include the other gender, and words used in the singular shall include the plural.

- ~~1. The term “Advanced Practice Professional” or “APP” means an individual who holds a state license in their profession as well as other educational credentials attesting to training and qualifications to provide services in accordance with the categories in the Medical Staff Bylaws, in one or more of the following categories: Physician Assistant, Certified Registered Nurse Anesthetist, Nurse Practitioner or Clinical Nurse Specialist, Optometrist, Certified Nurse Midwife, Clinical Psychologist, Registered Dietitian, and Clinical Pharmacist. APPs are not members of the medical staff, but provide clinical services to Harris Health patients. APPs holding clinical privileges shall have their privileges or practice prerogatives reviewed and approved through the same mechanism as Medical Staff members.~~
- ~~2. The term “Attending Staff” shall mean all Medical Staff as defined in the Medical Staff Bylaws: (1) holding faculty appointments at The University of Texas Health Science Center at Houston and/or Baylor College of Medicine; (2) employed by Harris Health; or (3) Contract Practitioners; and approved by the credentialing mechanisms of Harris Health. means all Medical Staff holding faculty appointments at The University of Texas Health Science Center at Houston and/or Baylor College of Medicine and approved by the credentialing mechanisms of Harris Health. Medical school faculty appointment status is not required for medical staff members employed by Harris Health or for Contract Practitioners.~~
- ~~3. The term “Contract Practitioner” means, unless otherwise expressly limited, all physicians, podiatrists, or dentists who are appointed to the Medical Staff as defined in the Medical Staff Bylaws, and (i) whose patient care services are contracted for by Harris~~

~~Health and are performed within Harris Health facilities; (ii) do not hold a faculty appointment at Baylor College of Medicine and/or The University of Texas Health Science Center at Houston; and (iii) are not employed by Harris Health to provide healthcare services at designated Harris Health facilities.~~

~~4. The term “Medical Executive Board” or “MEB” means the committee with authority to exercise medical governance of the Medical Staff and as further defined in the Medical Staff Bylaws.~~

~~5. The term “Medical Staff” means all physicians, dentists, podiatrists, and oral maxillofacial surgeons who are appointed to the Medical Staff and as defined in the Medical Staff Bylaws to provide healthcare services at designated Harris Health facilities and who (i) hold a faculty appointment at Baylor College of Medicine and/or The University of Texas Health Science Center at Houston, or (ii) are employed by Harris Health, or (iii) are Contract Practitioners.~~

~~6. The term “Medical Staff Bylaws” means a document adopted by the voting members of the Medical Staff and approved by the Board of Trustees that defines: the rights, responsibilities, and accountabilities of the Medical Staff and various officers, persons, and groups, including Contract Practitioners, and Advanced Practice Professionals; the self-governance functions of the organized Medical Staff; and the working relationship with and accountability to the Board of Trustees for the quality of care provided to the patients of Harris Health.~~

## **ARTICLE I**

### **PURPOSES**

Harris Health acknowledges these purposes, each subject to funding and resource availability:

1. To provide medical, including dental, aid and hospital care for indigent and needy persons residing in Harris County, Texas.
2. To improve the health of those most in need in Harris County and to reduce health disparities through quality care delivery, coordination of care, education and research.
3. To facilitate the coordination of publicly funded health services in Harris County.
4. To facilitate the provision of health services on a regional basis when the need is identified.
5. To support research and education that enhances health care and treatment in the Harris County community, ~~and Harris Health.~~
6. To provide emergency services to those who present themselves in accordance with federal and state law, e.g., the Emergency Medical Treatment and Active Labor Act, as amended.

## **ARTICLE II**

**PRINCIPLES, POLICIES, AND PROCEDURES**

**Commented [TLS1]:** Board's role with respect to Policies is addressed in new Article II section 2 and language is consistent with System Policy 3.01.

1. ~~In the fulfillment of Harris Health's purposes, these Bylaws recognize three levels of authority:~~

~~2. Principles~~

~~Principles are those general areas in which applicable laws govern the operation of Harris Health.~~

~~3. Policies~~

~~Policies are statements by the Board of the general courses of action for Harris Health and instructions for the direction and operation of Harris Health.~~

~~4. Procedures~~

~~Procedures are statements of specific rules through which successful performance and adherence to policies are accomplished in the day-to-day operation of Harris Health.~~

~~The Board will concern itself primarily with matters of policy; It will delegate the administrative responsibilities, including the establishment of Procedures, to the President and Chief Executive Officer (referred to as Administrator under the Act) ("CEO"), who shall be appointed by the Board in accordance with Article XI herein.~~

**ARTICLE III**  
**ARTICLE II**

**DUTIES OF THE BOARD**

The Board is the governing body of Harris Health, ~~charged with governance and oversight of the health system.~~ It shall perform those duties prescribed by law, ~~regulations,~~ assigned by the Commissioners Court of Harris County, policies, contractual agreements, the strategic plan, or as provided in these Bylaws. These duties include, but are not limited to, the following:

1. To ensure the ability of Harris Health to accomplish its mission and plan for achievement of Harris Health's ~~Strategic Plan,~~ vision.
2. To determine the need for and to establish policies for the ~~governance-operation~~ of Harris Health ~~and to review and approve system level policies that involve substantive changes to the organization's objectives and goals, mission and vision, and compliance with laws and regulations. in accordance towith the standards outlined in Harris Health olicy Policies and Procedures.~~
  - a. The Board may seek advice from whatever sources it deems advisable in formulating policies.



- b. Subject to the limitations prescribed by the Board, the CEO shall direct, supervise, and administer the affairs of Harris Health, ~~in accordance with the policies, including the preparation and establishment of Procedures.~~
3. To oversee the financial well-being of Harris Health.
- a. The Board shall approve an annual budget and any budget revisions and submit the budget and any such revisions to the Commissioners Court for final approval. Prior to ~~taking action to approve the budget, the Board shall make the budget available to the public in accordance with the requirements of the Texas Open Meetings Act and Texas Public Information Act and allow for public comment on the budget. the submission of the budget to Commissioners Court, the Board shall make the budget available to the public via the Harris Health webpage, and not less than ten (10) working days thereafter, the Board shall hold one (1) or more hearings to accept public comments on the budget.~~
  - b. The Board shall approve an annual capital expenditure plan and from time to time may consider and approve long term capital expenditure plans.
  - c. The Board shall engage an ~~outside external~~ independent auditor to perform an annual financial audit of Harris Health for presentation to the Board and to be made available to the Commissioners Court and the public.
  - d. The Board shall select the depository or depositories for Harris Health’s funds.
  - e. The Board shall exercise custody of all of Harris Health’s property.
  - f. The Board shall consider for approval all contracts for which such approval authority is required and that is consistent with adopted purchasing policies.
  - g. The Board shall approve the use of all bond funds for Harris Health.
4. To employ and annually evaluate the CEO and set the CEO’s annual salary as described in his/her employment agreement, ~~if any.~~
5. To ensure that there is an appropriate structure in place that strives for to the render ring of to ensure that high quality and safe patient care and ensure is rendered including a -Chief Medical Executive Officer (“CMEO”) for all of Harris Health’s hospitals, clinics, and other medical facilities, who oversees all clinical activities, to include quality and patient safety, and who reports to ~~the Board and the CEO~~ and provides regular reporting to the Board or his/her designee on all matters relating to such oversight responsibilities.
6. To approve and oversee the process of credentialing, privileging, and evaluating the Medical Staff, and APPs to assure the appropriate provision of health care throughout Harris Health.

**Commented [TLS2]:** This time limit is not applicable to hospital districts under state law.

**Commented [TLS3]:** Reflects actual reporting structure

7. To review, approve, and monitor Harris Health’s Quality Manual, Harris Health’s Correctional Health Quality Manual and Patient Safety Plan annually to further Harris Health’s mission of providing high quality patient ~~care~~.

**Commented [TLS4]:** Board office will include Quality Manuals and Patient Safety Plan on Diligent

8. To review the Board’s performance annually.

9. To review ~~bi-annually~~ information about ~~administrative organization and e~~Executive Administration organization structure and compensation positions and salaries provided to the Board by the CEO as stated in Article XI, Section 1.c of these Bylaws.

**Commented [TLS5]:** Clarified that this was related to the board’s review of Executive Administration Org structure and compensation review outlined in Article X.

10. To consult directly by meeting regularly with the ~~CME~~ and the Chair of the MEB for the purpose of discussing matters related to the quality of medical care provided to patients. Such consultation shall include responding to any urgent requests from the ~~CME~~ and/or the Chair of the MEB to meet regarding quality of medical care issues.

11. To annually appoint members whose terms have expired and to fill vacancies, as prescribed by the respective bylaws ~~of all affiliated entities including: of each of the following entities:~~ to the Board of Directors of Community Health Choice, Inc. and Community Health Choice, Texas Inc.; to the governing body of the Ambulatory Surgical Center at LBJ; to the governing body of the Riverside Dialysis Center; and to the Board of Trustees of the Harris County Hospital District Foundation ~~and of other boards as applicable~~.

12. To perform other responsibilities, including, without limitation:

a. To engage, as deemed necessary, ~~external~~outside financial, accounting, and other professionals.

b. To direct the establishment and implementation of an effective corporate compliance program to assure Harris Health’s compliance with all applicable federal and state laws, rules and regulations, and to ensure that there is a Corporate Compliance Officer (“CCO”) for Harris Health who has the authority to report matters of concern directly to the Board without permission of the CEO, but such CCO shall be hired by, work for, and report directly to the CEO.

c. To delegate responsibilities to Standing and Special Committees, where authorized and approved by the Board.

### **ARTICLE III**

#### **MEMBERSHIP OF THE BOARD**

##### **1. Appointment and Reappointment**

Members of the Board are appointed by the Harris County Commissioners Court for a term of two (2) years. The terms of four (4) members expire on November 1<sup>st</sup> of odd years and the terms of five (5) members expire on November 1<sup>st</sup> of even years. Members continue to serve until their successors are appointed and qualified. Members are eligible for reappointment pursuant to the policies and procedures for appointments to County boards

~~and commissioners approved by the~~ ~~at the discretion of the~~ Harris County Commissioners Court. All Board members serve without compensation.

2. Ethical Standards

a. All Board members shall comply with state and federal laws, rules, and regulations governing the ethical conduct of public officials, including the disclosure of conflicts of interest.

b. ~~Each board member shall, upon appointment and on a continuing basis, and in consultation with the Harris County Attorney's Office, provide a financial affidavit and conflict of interest disclosure statement with the Board Office, in accordance with Harris Health Policy 3.43, Board of Trustees Member Conflict of Interest and Nepotism Policy, which shall be maintained by the Board Office;~~

3. Orientation Program; Continuing Education

Upon appointment to the Board, each newly appointed member shall become familiar with the member's statutory duties, including compliance with the Act, these Bylaws, the Texas Open Meetings Act (Tex. Gov't Code ch. 551) and the Texas Public Information Act (Tex. Gov't Code ch. 552) and all aspects of the operation of Harris Health. Each Board member may attend any conferences, meetings or seminars in the interest of continuing education, the reasonable costs of which shall be borne by Harris Health.

**ARTICLE IV**

**LEGAL REPRESENTATION OF MEMBERS OF THE BOARD; INDEMNIFICATION**

1. The Board may engage private legal counsel to represent a Board member in any legal matter arising out of the good faith performance of his/her public duties. To the extent permitted by law, each Board member shall be indemnified by Harris Health against any other costs, expenses, and liabilities which are imposed upon or reasonably incurred by him/her by reason of his/her being or having been such member subject to Board approval of a not to exceed amount, reasonable legal fees and customary expenses shall be advanced to the Board member upon his/her execution of an undertaking letter to Harris Health agreeing that upon a finding of the Board or a final court determination that the indemnified member was not acting in good faith that he/she shall reimburse Harris Health for advanced legal fees and expenses.
2. The Board may engage legal counsel to represent the Board if the Harris County Attorney's Office is deemed by the Board to have ~~—~~a conflict of interest in its representation of the Board.

**ARTICLE VI**

**OFFICERS**

1. Election

Annually, at the Board meeting immediately prior to the beginning of Harris Health's new ~~calendar fiscal~~ year, the Board shall elect a Chair, Vice Chair, and Secretary, and to the extent and at such time as needed, an Assistant Secretary, ~~except such elected officers' terms for the stub fiscal year of 2022 shall be extended through the end of calendar fiscal year of 2023. Such extension shall constitute a one-year term for purposes provided herein.~~

**Commented [T156]:** Officers elected in 2022 will extend through calendar year 2023

Officers shall be limited to three (3) consecutive one-year terms in one office. The Board may elect such an officer who has served three (3) consecutive one (1) year terms in one office to serve in another office.

Officers shall participate as members of the CEO Evaluation Advisory workgroup and make recommendations to the Board on CEO Evaluation and compensation.

2. Duties of the Chair

The Chair shall preside at all Board meetings. In the event of the resignation, disability, death, or removal of the Vice Chair, Secretary, or Assistant Secretary, the Chair shall conduct an interim election at the next regular Board meeting, or ~~Special Board meeting called for such purpose, to replace such officer. With the approval of the Board, the Chair shall appoint from among the Board members (except as otherwise provided herein), all members to standing committees as described in Article VII of these Bylaws. With the approval of or at the direction of the Board, the Chair may appoint special committees.~~ Unless otherwise instructed by the Board, the Chair may refer matters coming before the Board to a Board committee for consideration and recommendation.

**Commented [T157]:** Limit's chair's unilateral authority to appoint Board members to committees by requiring Board approval for committee appointments.

3. Duties of the Vice Chair

The Vice Chair shall perform the duties of the Chair in his/her absence or in the event of his/her resignation, conflict of interest, death, disability, or removal pending election of a successor Chair.

4. Duties of the Secretary

The Secretary shall see that suitable records are maintained of each meeting of the Board and committees of the Board, and shall submit them at the next meeting of the Board or committee, as applicable. After approval, such records shall be read and signed by the Chair or the member presiding, and attested by the Secretary of the meeting, if applicable. The Board shall have a seal on which shall be engraved the name of Harris Health System~~County Hospital District~~, and said seal shall be kept in the Board Office and used in authentication of all acts of the Board, to the extent required.

The Secretary or his or her designee shall cause all members of the Board to be notified of all Board meetings in the following fashion:

- a. For all regular meetings, the members shall be notified in writing not less than ~~seventy-two (72) hours~~ ~~three (3) days~~ in advance of the scheduled meeting.
- b. For special or emergency meetings, dependent upon the time available and the urgency of the occasion, members may be notified by ~~mail~~, telephone ~~or~~ e-mail, ~~hand-delivery or facsimile transmittal~~, in all cases with confirmed receipt, setting out the date, time, and specific purpose of the special or emergency meeting.

Notice of each meeting shall be posted as required by the Texas Open Meetings Act.

~~5. Duties of the Assistant Secretary~~

~~In the absence of the Secretary, the Assistant Secretary shall perform the duties of the Secretary.~~

**ARTICLE VI**

**BOARD COMMITTEES**

1. Board Committees and Appointment of Members

The Board shall specify standing committees and special committees, if any, at the Board meeting immediately ~~preceding or after~~ ~~prior to the beginning of~~ Harris Health's ~~new fiscal~~ ~~new calendar~~ year ~~by approval of the Board calendar~~, or at such other times as may be necessary or appropriate. ~~Unless otherwise provided herein, a~~All committees, standing or special, shall have advisory functions only and shall carry out those duties as specified in these Bylaws, in ~~its respective the~~ committee charter, or by the Board. The Chair shall be an ex-officio, ~~non-~~voting member of each committee. The Board action establishing a committee shall specify the number of members, and whether non-Board members may be named to such committee, and if so, whether the non-Board members shall be voting or non-voting members of such committee.

With the approval of the Board, the Chair shall appoint from among the Board members a chairperson for each committee ~~and committee members~~. Each committee member shall serve for one (1) year and shall be subject to reappointment. A vacancy on the committee shall be filled in the manner described for initial appointment of a committee member. At the direction of the Board, each committee shall develop a charter of its duties, which shall be approved by the Board.

2. Committee Meetings; Quorum; Notice

Committee meetings shall be held as determined by the Board and each committee. ~~Two~~~~A~~ ~~majority~~ of the voting members of the committee shall constitute a quorum, provided that ~~other Board members in attendance at the meeting shall be deemed to serve on the committee for that meeting and such designated member or members shall be included in the calculation of the quorum and shall have voting power.~~ Notice of each committee meeting shall be posted as required by the Texas Open Meetings Act, and notice shall be provided to each committee member, and any other Board member requesting notice, at

**Commented [TL58]:** Please note flexibility for establishing quorum for committee with Board Chair or other non-committee board members.

least seventy-two (72) hours prior to the time of the meeting in the manner stated in Section V4.4.a and V4.4.b of these Bylaws. Attendance at a meeting shall constitute waiver of notice of the meeting.

## **ARTICLE VIII**

### **BOARD MEETINGS**

#### 1. Regular Meetings

There shall be a minimum of five (5) meetings of the Board during each calendar year. For purposes of Health Care for the Homeless Program business, there shall be a minimum of twelve (12) monthly meetings of the Board during each calendar year.

#### 2. Special or Emergency Meetings

Special or emergency meetings of the Board shall be called (a) by the Chair of the Board or (b) by the Secretary upon the request of two or more other Board members.

#### 3. Recessed Meetings

Any meeting may be recessed from time-to-time until the business thereof is accomplished.

#### 4. Quorum

The presence of the majority of the Board in person at the posted meeting location shall constitute a quorum for the transaction of business, even if other Board members participate by videoconference in accordance with the Texas Open Meetings Act. A lesser number of Board members may recess a meeting until a later specified date when a quorum shall be present. Except as otherwise provided by these Bylaws or as may be required by applicable law, all matters before the Board shall be decided by an affirmative vote of the majority of the Board members present and voting at a meeting where a quorum exists.

**Commented [TLS9]:** Physical presence of majority of Board members at meeting location required for business under Texas Open Meetings law and Harris Health's videoconferencing policy.

#### 5. Attendance

Each Board member is expected to attend at least seventy percent (70%) of the regularly scheduled meetings, including appropriate committee meetings, if any, during any twelve (12) month period.

#### 6. Public Meetings

All meetings of the Board shall be open to the public, except that the Board may hold Executive Sessions in accordance with the Texas Open Meetings Act.

#### 7. Public Comment/Hear From Citizens

**Commented [Sara T10]:** The law only requires Public Comment for posted agenda items but Harris Health allows for broader public comment on matters concerning the business of Harris Health.

- a. Any individual citizen who wishes to discuss or comment on matters pertinent to a posted agenda item or the business of Harris Health must submit a public comment registration form to the Board of Trustees Administrative Office via email or as otherwise provided on the Harris Health website to the Board of Trustees Office, currently located at 2525 Holly Hall, Suite 110 Houston, Texas 77054, by 4 p.m. on the day before the scheduled meeting.
- b. A speaker who has registered to speak ~~whose subject matter as submitted relates to an identifiable item of business on the agenda will be requested by the Chair to come to the podium and~~ where she/he will be limited to three (3) minutes.
- ~~c. A speaker whose subject matter as submitted does not relate to an identifiable item of business on the agenda will be requested by the Chair to come to the podium where she/he will be limited to three (3) minutes.~~
- cd. A speaker who requires a translator will be granted twice the amount of time as a speaker who does not require the assistance of a translator.

#### 8. Executive Session

The Board may enter into executive session after establishing a quorum and announcing that an executive session will be held in accordance with the policies and procedures of the Board and in compliance with the requirements set forth in the Texas Open Meetings Act.

### ARTICLE VIII

#### **PROCEDURE FOR MEETINGS**

##### 1. Regular Meetings

Board Agendas should be prepared in advance of each Board meeting and include items determined by the needs of Harris Health and the Board of Trustees. A Regular Board meeting may include, without limitation, the following items:

- a. Disposition of minutes of previous Board meetings.
- b. ~~Public Comment~~ Hear From Citizens.
- c. Consent Items, if any.
- d. Reports and recommendations from the MEB regarding credentialing and quality of care issues for the Board's consideration.
- e. Strategic Items.
- f. Consideration of approval of purchasing recommendations.

~~gfe.~~ Items relating to fiscal affairs, including regular statistical and financial reports, together with cumulative reports for the fiscal year-to-date.

~~hgf.~~ Reports and items from committees, if any.

~~ih.~~ Miscellaneous items, if any.

j. \_\_\_ CEO's Report.

~~kj.~~ Executive session items, if any.

## 2. Special or Emergency Meetings

A special meeting or emergency meeting shall be for the purpose of considering the item or items on the agenda for such meeting.

## 3. Rules of Order

a. Robert's Rules of Order Newly Revised (1~~2~~<sup>4</sup>~~th~~<sup>th</sup> edition, or such later edition, as may be appropriate) shall govern the proceedings of the meetings of the Board in all matters not inconsistent with these Bylaws or the Constitution and laws of the State of Texas. Notwithstanding anything contained in such Rules to the contrary, the Chair of the Board may vote on any matter before the Board.

b. If any member or members in the minority on any question wishes to present a written minority opinion to the Board Secretary, such opinion shall be provided and kept with the permanent records of Harris Health.

## **ARTICLE IX**

### **MEDICAL STAFF**

#### 1. Organization

The Board of Trustees shall appoint a Medical Staff, Contract Practitioners, and a staff of APPs, and shall assure they are appropriately organized, and adopt such bylaws, rules and regulations for governance of their practice at Harris Health as the Board deems to be of the greatest benefit to the care of the patients.

#### 2. Medical Staff Bylaws

The Medical Staff, Contract Practitioners, and APPs shall be governed by the Medical Staff Bylaws, which are subject to approval by the Board of Trustees. The Medical Staff Bylaws shall include a procedure for making recommendations to the Board of Trustees concerning Medical Staff, Contract Practitioners, and APP appointments and timely reappointment, and granting of privileges for Medical Staff members and a provision for the termination of physicians, dentists, and other defined medical professionals in medical-administrative



positions. The Medical Staff Bylaws also shall include a provision for the review of decisions, including the right of a Medical Staff member to be heard at each step of the process when requested by the practitioner.

The Medical Staff shall be responsible for the development, adoption and periodic review (no less than every three [3] years) of the Medical Staff Bylaws and Rules and Regulations to ensure they are consistent with Harris Health policy as established by the Board of Trustees and any applicable legal or other requirements. Changes in such Bylaws or Rules and Regulations thereafter shall not take effect until approved by the Board of Trustees. In addition, changes to the Medical Staff Bylaws may also be proposed directly to the Board of Trustees by the Medical Staff upon a majority vote of the members of the Active Medical Staff voting on the proposed amendment.

3. The MEB

The MEB fulfills the Medical Staff's accountability to the Board of Trustees for medical care rendered to patients and shall be selected as described in the Medical Staff Bylaws. The MEB will make its recommendations to the Board of Trustees after conducting the due diligence required by, and in accordance with the procedures set forth in the Medical Staff Bylaws. All decisions resulting from investigations by the MEB shall be reviewed by the Board of Trustees to the extent provided in the Medical Staff Bylaws. The Board of Trustees shall establish a hearing or other process in accordance with the Medical Staff Bylaws, regarding the denial, revocation, or suspension of clinical privileges for Medical Staff members, Contract Practitioners and APPs.

4. Board Meeting Attendance

The Chair of the MEB ~~and the appropriate representative of Affiliated Medical Services (“AMS”)~~ will attend the regular meetings of the Board of Trustees as appropriate, to present reports from the MEB and the Medical Staff and participate in discussions affecting the clinical operations of Harris Health. In collaboration with Harris Health, the participants, including members of the Medical Staff, may bring to the Board of Trustees' attention matters of a clinical and/or administrative nature and make such recommendations related to such matters as they may deem in the best interest of Harris Health. ~~as well as bring any matters involving conflicts between a policy adopted by the MEB under Section 281.0283 of the Texas Health & Safety Code and a policy adopted by Harris Health.~~

**ARTICLE XI**

**ADMINISTRATIVE STAFF**

1. The Board shall appoint a CEO to serve as the Administrator of Harris Health. Appointment to the position is made by the Board for a term not to exceed four (4) years, subject to removal at any time by the Board. The Board may renew the term of the CEO. Before assuming his/her duties, the CEO shall execute a bond payable to Harris Health in the amount of not less than \$10,000.00, conditioned on the faithful performance of his/her duties and any other requirements determined by the Board. To the extent permitted by the

Commissioners Court and applicable law, the Board shall delegate to the CEO, and hold the CEO accountable for the management of Harris Health in compliance with all laws, rules, and regulations, as well as the ~~P~~olicies and ~~P~~rocedures and other requirements of the Board. Without limiting the statutory duties of the CEO, the CEO shall:

- a. Establish such ~~P~~rocedures, programs, services and long-range planning as are necessary for the operation of Harris Health within the policies of the Board and the mission and vision of Harris Health.
- b. Prepare, present, and recommend a comprehensive annual budget to the Board and the Commissioners Court, and supervise Harris Health's business affairs to assure that revenues and other funds are collected and expended within the law and to the best advantage of Harris Health to conserve Harris Health's financial assets.
- c. ~~Bi-annually~~ Annually develop and submit to the Board a report Harris Health's ~~Executive administrative Administration staff~~ organization structure and compensation salary structure, including changes from the prior year, and including, at the request of the Board, a report of comparable compensation salaries prepared by an ~~external outside~~ independent consultant.
- d. Employ and direct the work of all employees of Harris Health, and develop and maintain personnel policies and practices to assure the recruiting and retention of qualified staff.
- e. Cooperate with Medical Staff and with all those rendering professional services, and develop and implement quality assurance and patient safety plans and programs, to assure that high quality care is rendered to Harris Health's patients ~~and through contracted services provided at the Harris County jail~~.
- f. Provide for Harris Health's information and support systems and establish and maintain internal controls, and maintain Harris Health's physical properties in a good state of repair and operating condition, and purchase supplies, services and equipment in accordance with the policies and procedures.
- g. Attend all Board meetings, and all committee meetings as requested by the Chair of the committee, and present reports requested by the Board.
- h. As soon as practical after the end of the fiscal year, prepare and provide to the Board an Annual Report (defined as the Administrator's Report in the Act) covering all operations of Harris Health, which, when adopted by the Board, shall be distributed as required by law and as may be directed by the Board.
- i. Serve as the liaison officer (except as otherwise provided in these Bylaws) for official communications concerning actions and/or recommendations between the Board or any of its committees and the Medical Staff.
- j. Perform all other duties that may be necessary to carry out the best interests of Harris Health.

**Commented [TLS11]:** Clarified that this is a review of Executive Administration Org chart along with Executive Compensation every two years. An external independent consultant shall be utilized for this review.

2. If the CEO is incapacitated, absent, or unable to perform his/her duties, except as determined otherwise by the Board, Policy 3.06 - Delegation of the Duties of the President and Chief Executive Officer, shall apply. -In any circumstance, the Board may designate an Assistant Administrator (as defined in the Act) to perform any of the CEO's powers or duties, subject to limitations prescribed by the Board resolution appointing such person. The Assistant Administrator shall execute a bond as required by the Act and by the Board.

#### ARTICLE XII

##### **HEALTH CARE FOR THE HOMELESS**

In the fulfillment of Harris Health's purposes, the Board shall perform the duties and responsibilities prescribed in the Health Care for the Homeless Program Bylaws as set forth in Exhibit A, attached hereto and incorporated herein by reference.

#### ARTICLE XIII

##### **FISCAL CONTROLS**

The financial records of Harris Health shall be prepared in accordance with generally accepted accounting principles and audited annually by an independent external~~outside~~ certified public accountant.

#### ARTICLE XIII

##### **REQUESTS FOR INFORMATION**

Any request to Harris Health for written information shall be processed~~handled~~ in accordance with the laws of the State of Texas including, but not limited to, the Texas Public Information Act ("TPIA"). Harris Health's Public Information Act Officer~~Corporate Compliance~~ Harris Health's Chief Legal Officer shall be notified if any member of the Board receives a request for written information or direct TPIA request.

- ~~1. No records of Harris Health shall be kept in accordance with state law and shall not be destroyed or removed from their ordinary places of safekeeping, except as necessary for responding to a TPIA request, pursuant to subpoena or other judicial or similar process.~~

#### ARTICLE XIV

##### **BOARD POLICY STATEMENTS**

~~Because each Board member is but one ninth of the Board, no member will be authorized to speak independently for the Board except by the Chair or his or her designee. Policies, philosophies, or and statements of official positions of the Board or Harris Health will be made after concurrence as indicated by a majority vote of the Board. All such statements will be issued through the Chair or his/her designee per the Standard Operating Procedures approved by the Board of Trustees.~~

**ARTICLE XVI**

**GIFTS AND BEQUESTS**

The Board is authorized on behalf of Harris Health to accept donations, gifts, and endowments for Harris Health, to be held in trust and administered by the Board for such purposes and under such directions, limitations, and provisions as may be prescribed in writing by the donor, not inconsistent with proper management and objectives of Harris Health. Such gifts and bequests shall be accounted for in the same manner as all other funds of Harris Health.

**ARTICLE XVII**

**AMENDMENTS**

1. Waiver of Bylaws

The waiver of a Bylaw provision shall require a majority vote of the Board present at an official meeting and shall comply with applicable laws.

2. Amendments

Amendments and alterations to the Bylaws shall require a majority vote of the entire Board and shall comply with applicable laws. Such amendments and alterations can be effected at any regular meeting, or at any special meeting called for such purpose, provided these proposed changes in the Bylaws have been furnished in writing to each member of the Board at least thirty (30) days prior to the date set for action thereon. This latter provision may be waived by a unanimous vote of the entire Board.

3. Review of Bylaws

The Chair of the Board shall appoint a committee consisting of three (3) members of the Board, or assign to an existing committee, a review of the Bylaws of the Board ~~every three to (3) years~~ as required by law or earlier if deemed necessary by a majority of the Board members. This review and all recommendations of the review committee shall be reported to the Board at a subsequent meeting of the Board.

4. Conflict

Any policies or resolutions of Harris Health in conflict with the Bylaws are hereby ~~declared unenforceable, rescinded~~ declared

**ARTICLE XVIII**

**ADOPTION**

These Bylaws are accepted and adopted on ~~March~~ ~~February~~, 2023 at a meeting of the Harris Health Board of Trustees and supersedes all previous Bylaws adopted by the Board of Trustees ~~Houston, Harris County, Texas.~~

\_\_\_\_\_  
Chair, Board of Trustees  
Harris County Hospital District  
d/b/a Harris Health System

\_\_\_\_\_  
Secretary, Board of Trustees  
Harris County Hospital District  
d/b/a Harris Health System

Thursday, March 23, 2023

Administration's transmittal expressing concerns over the DEI Committee's recommendation for Harris Health Board of Trustees approval of (1) Settegast Health Center moving to Phase 1 as an Onsite Food Pharmacy and (2) for Administration to re-evaluate the timeline for the remaining 15 sites and consider accomplishing these by the end of calendar year 2024.

---

## Food Rx Expansion Assessment Summary

Our current Food Farmacy footprint exists at three locations – Strawberry and Acres Home Health Centers and LBJ Hospital campus. In 2022, those three sites served approximately 3,500 unique food insecure patients with either an emergency food distribution, ongoing food and nutrition education support for their chronic disease needs, and/or a warm referral to SNAP enrollment assistance. Our model thus far has focused on a co-located food pantry approach; however, we recognize that there is no one-size-fits-all approach that fully addresses our patients' and clinics' needs, and thus partner strategically with food insecurity experts to customize solutions to both clinics and communities.

The Population Health Team has been actively exploring opportunities to expand food prescriptions to other clinics and key populations, including the consideration of different modalities that may not require an on-site food pantry. There are demonstrated benefits associated with co-location, and we have seen impacts such as decreased A1c among our diabetes patients, but we recognize these impacts cannot be easily scaled and some clinics don't have adequate space. The significant capital expenditures for the funding, space, and staffing required for Food Farmacy operations are a limiting factor for further expansion. In April 2023, we will launch a novel community-based model at Baytown Health Center that exemplifies a nimble and adaptable approach to food prescriptions, including improved workforce efficiency. This model involves our Baytown patients redeeming their food prescriptions at a nearby Houston Food Bank *Food for Change* market, a specialized pantry that supports healthy food prescription programming with healthcare partners.

We are working closely with the Houston Food Bank, our key community partner and local expert on food distribution, in identifying alternative ways to directly connect our patients to food supports and education. As with many industries, their operations were severely impacted by the Covid-19 pandemic and many community-based resources that we hoped to leverage as part of our original expansion plans have been impacted. For example, the majority of their additional *Food for Change* markets closed during the pandemic, vastly reducing convenient and nearby collaboration opportunities such as the one we are launching in Baytown. That said, they remain steadfast in their commitment to partner with Harris Health and identify innovative solutions that could support our patients holistically.

As part of the expansion planning process, the team conducted a months-long assessment to prioritize Food Farmacy expansion sites and identify alternative models and distribution modalities given limited budget and resources. The assessment included consideration of: food insecurity rates at the community and clinic level; available clinic space; clinic patient volumes (including prevalence of chronic diseases); nearby community pantries or resources (within 1-2 miles); and community-level health promotion efforts. These efforts also included meeting with clinic leadership and social service staff to better understand the unique needs of each clinic's particular patient population and community. At the conclusion of the initial assessment, outside of Baytown, there were no immediate options available for sustainable alternative food distribution modalities. Internal operational budget dollars were earmarked to support expansion among clinics that had identified space for an on-site food pantry (MLK, Gulfgate, and El Franco Lee prioritized per assessment). However, due to budget shortfalls, internal budget was reallocated to support existing operations. Fortunately, the system was provided the opportunity to apply for county ARPA funds to cover the build-out of these co-located food pantries, and this request is currently under consideration. Our initial expansion proposal to Dr. Porsa expressed a commitment to re-evaluate the ranking at least annually to provide space for reprioritization or new considerations.

Based on our Food Farmacy experiences, we also strongly recommend and are pursuing clinic patient-level engagement in order to better adapt any model to meet our patients' expressed needs.

We met with Settegast Health Center leadership in August 2022 as part of this assessment. Both adequate space and availability of supportive community resources emerged as limiting factors for implementation. In the context of limited resources, our comprehensive assessment of patient volume, food insecurity, implementation readiness, and patient impact contributed to the recommendation to include El Franco Lee (the food pantry at El Franco Lee would also serve patients at Valbona Clinic), Gulfgate, and MLK clinics in the immediate next phase of Food Farmacy expansion, followed by consideration of expansion to Aldine, Casa de Amigos, Settegast, and other clinics in the Harris Health System.

To address the need for community resources, our team met with the *Actions for Health Equity in Settegast* initiative in August 2022 to learn more about their work and offer our collaboration once an action plan was developed through their community engagement efforts. We are excited to know that level of activation is emerging in the Settegast community upon which we could build efforts for future work to address social drivers of health (SDOH) including food insecurity.

We are cognizant of the burden of food insecurity within our communities as well the opportunity to improve it. We are also cognizant of the time, funding, logistics, and regulatory considerations of building new supports for food insecure patients across Harris County. Implementation of any new approach will also require administrative bandwidth, as well as the time, technology, and resources required to develop, test, and implement new workflows in collaboration with our community and clinic partners. We are actively pursuing differentiated approaches that promote workforce and resource efficiency, adaptability, and sustainable supports for patients, including:

- (1) expanding and streamlining warm referrals to SNAP benefit enrollment assistance for food insecure patients system-wide and
- (2) exploring funding mechanisms to support the Houston Food Bank with increased capacity for dedicated mobile food trailers that can travel to clinic sites (a model that currently exists, though there is no additional availability among current trailers).

The timeline for deploying innovative approaches such as the food trailer is dependent on resources. The team is also actively working on other SDOH-related initiatives including the launch of system-wide systematic screening, and closed-loop partnerships addressing other SDOH domains such as health-harming legal needs and housing and utility vulnerability.

Our patients have many health-related social needs, and also significant health care needs, all competing for limited resources. Developing partnerships and creating new linkages to dignified social supports is a critical, yet complex endeavor for our health system, and requires a thoughtful and rigorous approach in order to be sustainable. We welcome and invite the board's feedback in this essential work.

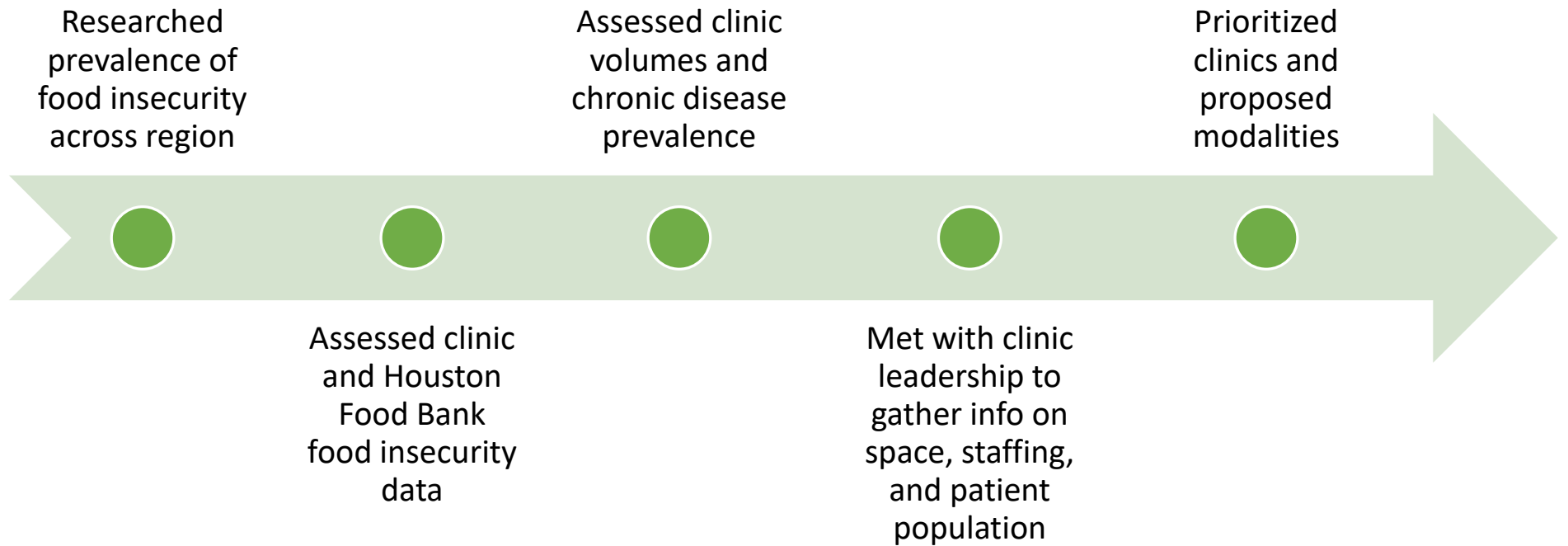




# **Harris Health Food Rx Expansion Assessment Summary**

*Population Health – September 2022  
Confidential – Not for Distribution or Unapproved Uses*

# Food Expansion - Assessment Summary



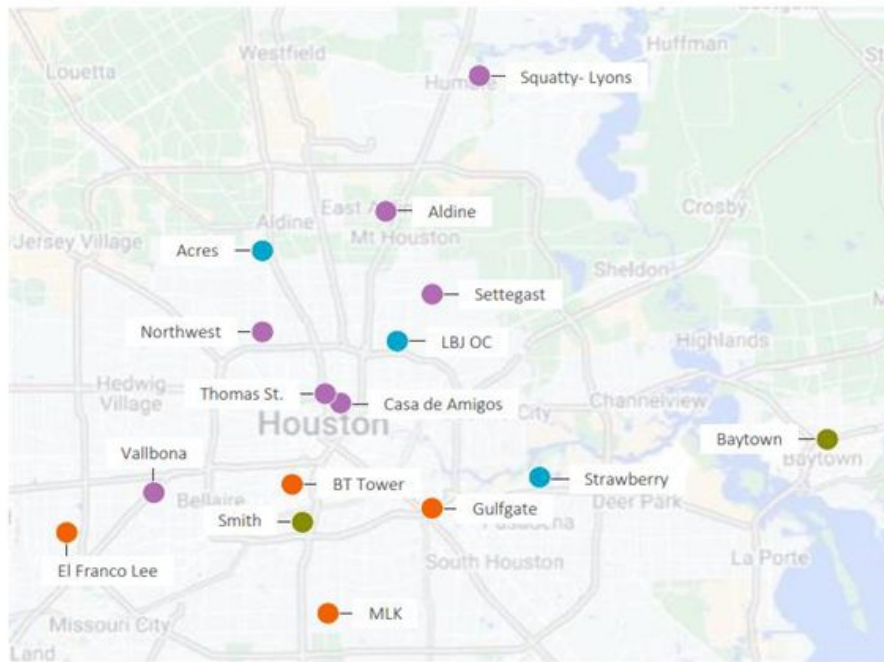
# Clinic Profiles and Modality Recommendations

Priority	Clinic	Expected Volume (Clinic Size & Chronic Disease)	Food Insecurity (Community & Clinic)	Nearby Resources	Modality Recommendation
1	El Franco Lee	High	High	- City of Houston: Complete Communities	Onsite Food Farmacy
2	Vallbona	High	High	-Baker Ripley; City of Houston Community Center	Shared with El Franco Lee onsite or HFB trailer
3	Gulfgate	High	High	3 HFB Mobile Markets (FFC)	Onsite Food Farmacy; Warm hand-off to HFB mobile market
4	Martin Luther King Jr.	High	Medium	-	Onsite Food Farmacy
5	Aldine	High	Medium	-	Shared HFB trailer w/ Squatty
6	Casa de Amigos	Medium	High	- Homeless Shelters; Soup Kitchens	Pre-bagged food distribution
7	Settegast	Medium	Medium	LBJ Food Farmacy, Resources from City	Warm hand-off to LBJ FF
8	Squatty-Lyons	Low	High	-	Shared HFB trailer w/ Aldine
9	Baytown	Low	Low	1 HFB FFC Market	Warm hand-off to FFC Market; onsite teaching kitchen
10	Thomas Street	Low	Medium*	CAP Navigator on site; 1 HFB FFC Market once @ QM	Warm hand-off to FFC Market
11	Northwest	High	Low	AC Food Farmacy	Warm hand-off to AC FF
12	Cypress	Low	Low	-	Warm hand-off to community pantry; Pre-bagged food distribution
13	Danny Jackson	Low	Low	-	Warm hand-off to community pantry; Pre-bagged food distribution

Population Health Strategy 2022  
Confidential – Not for Distribution or Unapproved Uses

# FoodRx Expansion Plan

*This plan achieves multiple essential goals in expanding access to food prescriptions: (1) leverages trusted community resources so new builds can be prioritized in true food deserts; (2) diversifies access modalities to include home delivery and mobile farmacias to address transportation barriers; (3) expands into new populations including patients with chronic kidney disease and those in high-risk pregnancies.*



Existing FoodRx Locations	Modality
Strawberry	Onsite Food Farmacy
Acres Home	Onsite Food Farmacy
LBJ Outpatient Center	Onsite Food Farmacy

FoodRx Expansion: Phase 1	Modality	Timeline
Smith Clinic (Chronic Kidney Disease)	Home Delivery	Q2 2023
Baytown	Community Redemption + Teaching Kitchen	Q3 2023

FoodRx Expansion: Phase 2	Modality	Timeline
Ben Taub Tower (High-Risk Obstetrics)	Home Delivery	Q3 2023
MLK	Onsite Food Farmacy	6-9 months from ARPA award
Gulfgate	Onsite Food Farmacy + Community Redemption	6-9 months from ARPA award
El Franco Lee	Onsite Food Farmacy	6-9 months from ARPA award

FoodRx Expansion: Future Phases	Modality	Timeline
Vallbona	Harris Health Mobile Food Farmacy	2024 – 2025
Aldine	Harris Health Mobile Food Farmacy	2024 – 2025
Squatty-Lyons	Harris Health Mobile Food Farmacy	2024 – 2025
Settegast	Redemption at LBJ Food Farmacy	2024 – 2025
Northwest	Redemption at Acres Food Farmacy	2024 – 2025
Casa de Amigos	Pre-Bagged Food Distribution	2024 – 2025
Thomas Street	Community Redemption	2024 – 2025

BOARD OF TRUSTEES

Meeting of the Board of Trustees

HARRISHEALTH  
SYSTEM

Thursday, March 23, 2023

Update Regarding Strategic Communication Plan

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Brand campaign 2023  
Prepared for Harris Health System

# HARRISHEALTH

# LANGRAND

Confidential. This presentation contains Langrand's proprietary and confidential information and may not be disclosed, reproduced, or distributed, in whole or in part without Langrand's prior consent.

How can we garner support for Harris Health by connecting residents of Harris County to the best of who we are?

# A campaign that centers on the value we deliver to our patients—and to our entire community

01

Exceptional care delivery

Create awareness of our essential ROLE

02

People who care

Create alignment by humanizing our work

03

Extraordinary impact

Create favorability with a tie to shared values with the community

**HARRISHEALTH**



# A comprehensive, cross-channel communications strategy

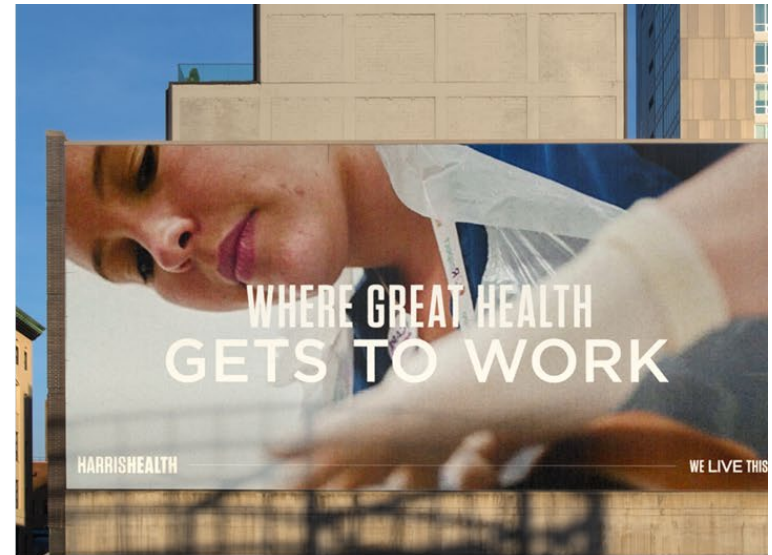


HARRISHEALTH



**HARRISHEALTH**

**WE LIVE THIS**





# BIG HEARTS



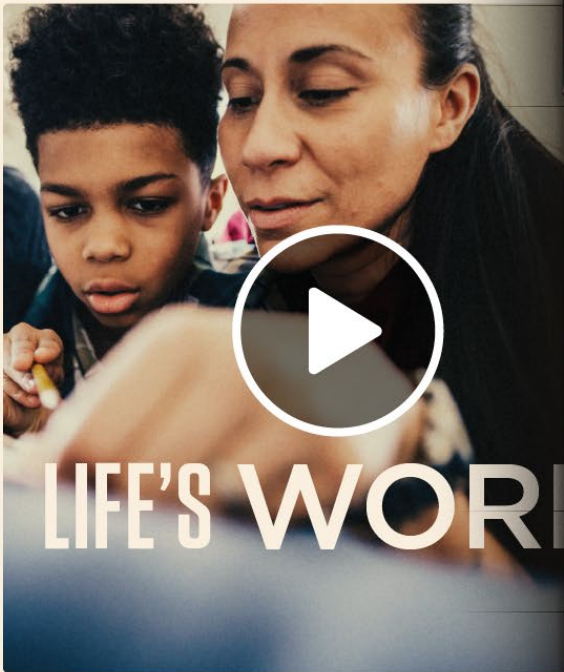
## FOR TINY PATIENTS

— Previous Story  
 Mobile Health Clinics:  
 Care Around the Corner

Lyndon B. Johnson Hospital carries the distinction of being a regional center for neonatal care for high-risk deliveries and very low birth-weight infants. This intensive care unit provides expert medical and nursing care and life-sustaining support for all infants

Expectant mothers who deliver at Ben Taub or LBJ can rest assured knowing both hospitals and staff are well-equipped to handle any complication or healthcare need that may arise. For healthy babies a minimum stay in the regular nursery (Level I) is all

A lifetime of healing, learned right here.



LIFE'S WOR

facebook



Harris Health  
Sponsored • 🌐

Từ những cơn bão đến dịch vụ chăm sóc tim.  
Chúng tôi sẵn lòng phục vụ.

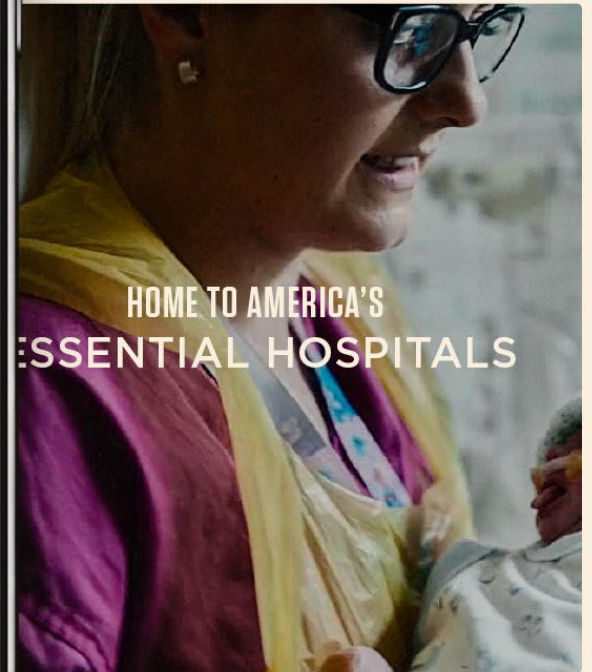


LUÔN SẴN SÀNG

HARRISHEALTH.ORG/WELIVETHIS  
Chúng tôi sống vì điều này.



Great health is for all.

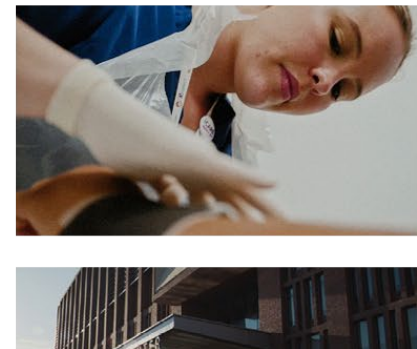
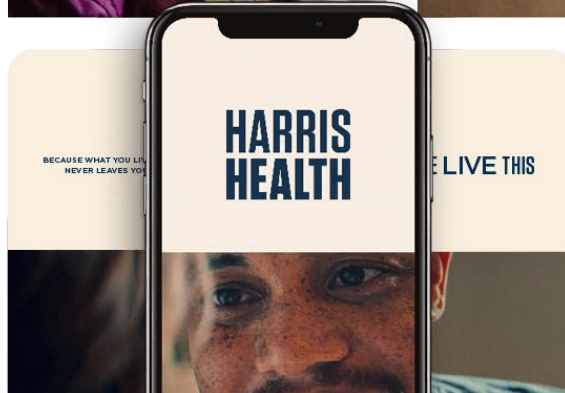
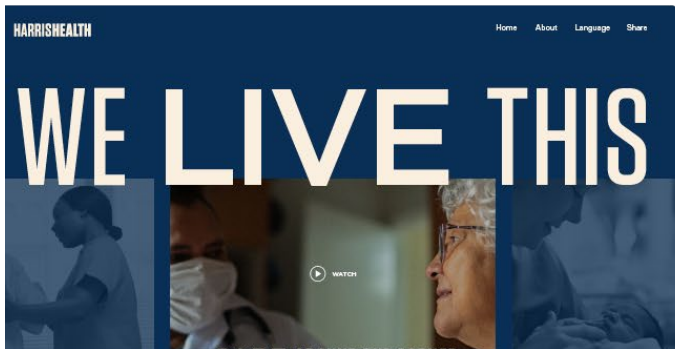
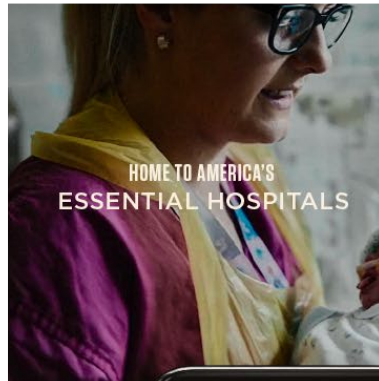
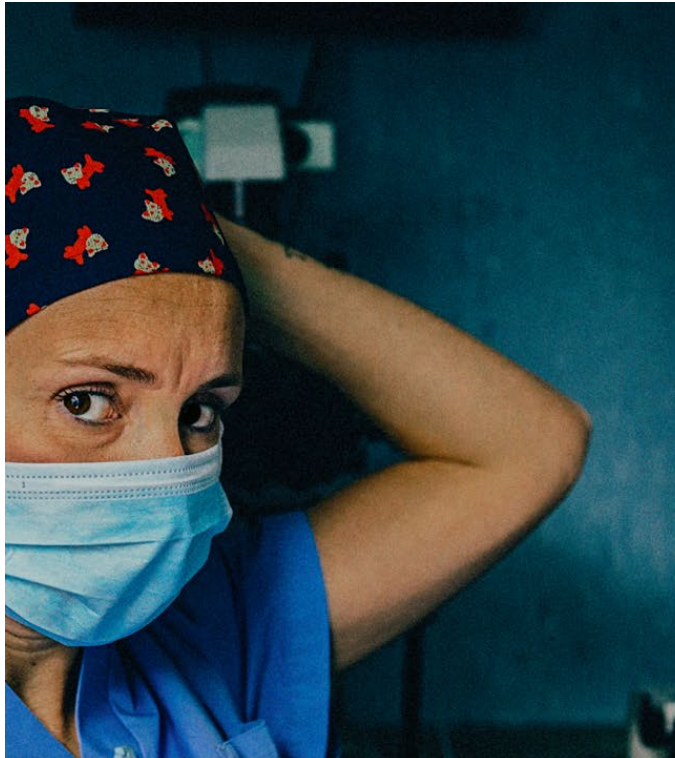


HOME TO AMERICA'S  
ESSENTIAL HOSPITALS

# تعرف علينا من خلال عملنا

**HARRISHEALTH**

نحن نهتم بالتفاصيل



BOARD OF TRUSTEES

Meeting of the Board of Trustees

HARRISHEALTH  
SYSTEM

Thursday, March 23, 2023

Update Regarding LBJ Hospital Expansion Project

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# LBJ Hospital Expansion Project

Board of Trustees Presentation

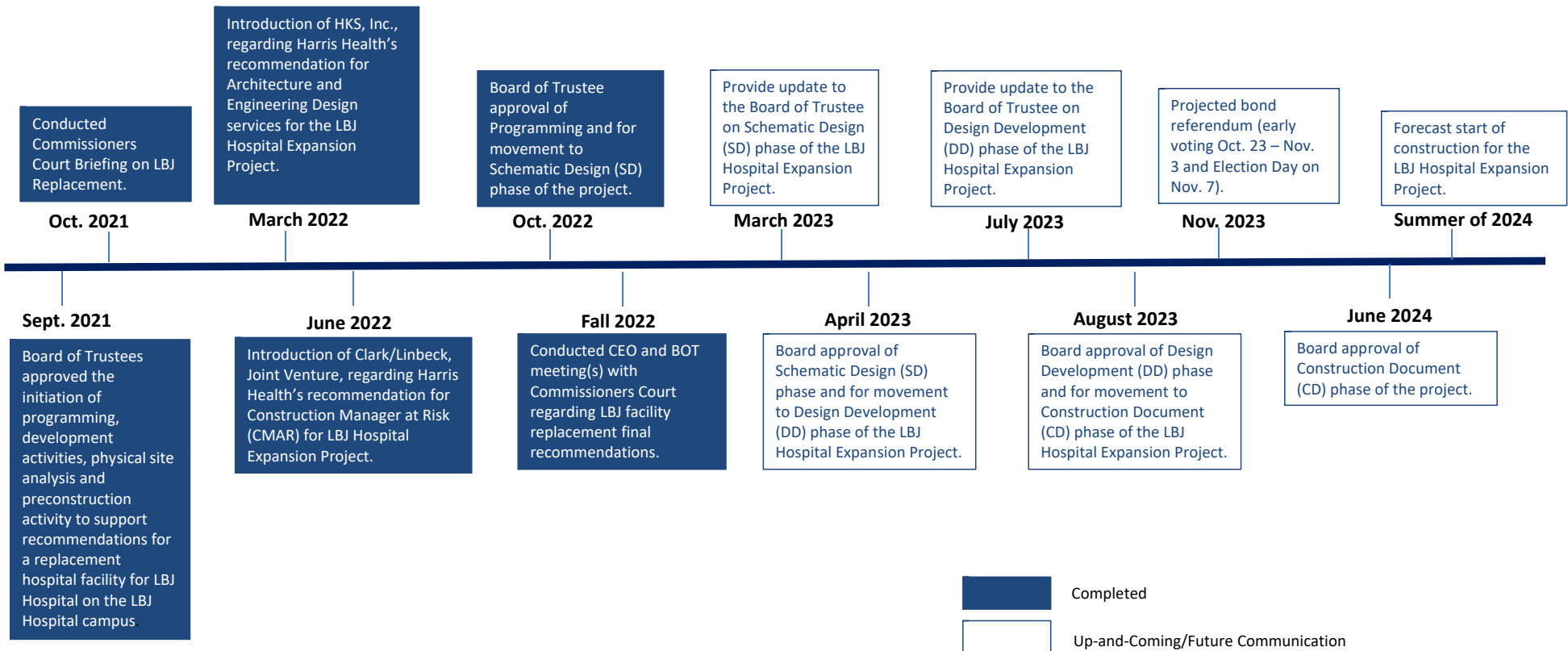
March 2023

# Agenda

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- Project Communication Timeline
- Space Programming Summary
- Budget Forecast
- Campus Master Site Plan
- Preliminary Architecture
- April Board Action Item/Next Steps

# Project Communication Timeline (as of March 1, 2023)



# Space Programming Summary

LBJ Hospital Bed Capacity			
Licensed Beds	Current	New Hospital "Day One"	Future Outlook
Acute Care Beds	142	270 Universal Beds*	300 Universal Beds*
ICU	24	60	90
Post Partum / Ante Partum	27	30	30
NICU	22	30	30
<b>Total Capacity</b>	<b>215</b>	<b>390</b>	<b>450</b>

Observaton Beds **	0	48	48
Shelled (Patient Room)	0	60	0

Treatment & Diagnostic			
	Current	New Hospital "Day One"	Future Outlook
Emergency Center (EC)	46	92+20 Fast-Track	92+20 Fast-Track
OB EC	0	12	12
Operative Room (OR)	8	16 (+4 Shell)	20
Cath/IR/Neuro Labs	0	7 (+1 Shell)	8
GI-Endo/Bronch Labs	3	6	7

Modalities***	Imaging Department Existing		New Hospital	
	Inpatient	Emergency Center	Inpatient	Emergency Center
X-Ray	3	2	3	3
Fluoro	3	0	3	0
CT	2	1	2+1 shell	2
MRI	2	0	2	0
Ultrasound (Incl Vascular Ultrasound)	7	1	6+1 vas	2
Nuc Camera	3	0	3	0
Spect CT	1	0	1	0
<b>Total</b>	<b>21</b>	<b>4</b>	<b>21+1 shell</b>	<b>7</b>

- All Patient rooms will be private and 390 will be programmed as Universal\*
- In Emergency conditions universal rooms can be used as double occupancy
- 450 Bed Capacity / Day One accounting for 390 Beds and 60 Shelled
- Facility designed with expansion zone for future capacity needs

\* Universal Beds: provide flexibility (Med/Surg bed and ICU are interchangeable based on our need)

\*\* Observation Beds: New capacity to manage observation patients vs managing in inpatient beds.

\*\*\* Outpatient Imaging in existing LBJ Hospital

\*\*\*\* Fast-Track: Low acuity emergency care

# Budget Forecast

## Reference only:

### LBJ (original Scope)

#### Priority 1: Initiate Design/Build of new facility

- Up to 1.2MM sq. ft. 300- 400 bed hospital, with Shell patient rooms and other space, central plant, garage
- Total Budget: \$1.040B \*
- Timeline: 6 years
- Excludes; Bridges, New site areas not currently purchased and Demo of existing.

#### Priority 2: Identify key projects to support ongoing operations 5-7 years

- Cost of Projects to Maintain Operations Until New Hospital is Built:
- Total Budget: \$26M \*
- Timeline: 5 years

#### Total Budget for New Hospital & Capital Projects:

- \$1.066B \*

#### \* Includes Soft Costs :

- A/E Fees
- Other Professional Service fees (PM/Move; IT )
- Technology and Medical Equipment costs (priority 1)
- Total estimated value = 48-50% of construction costs

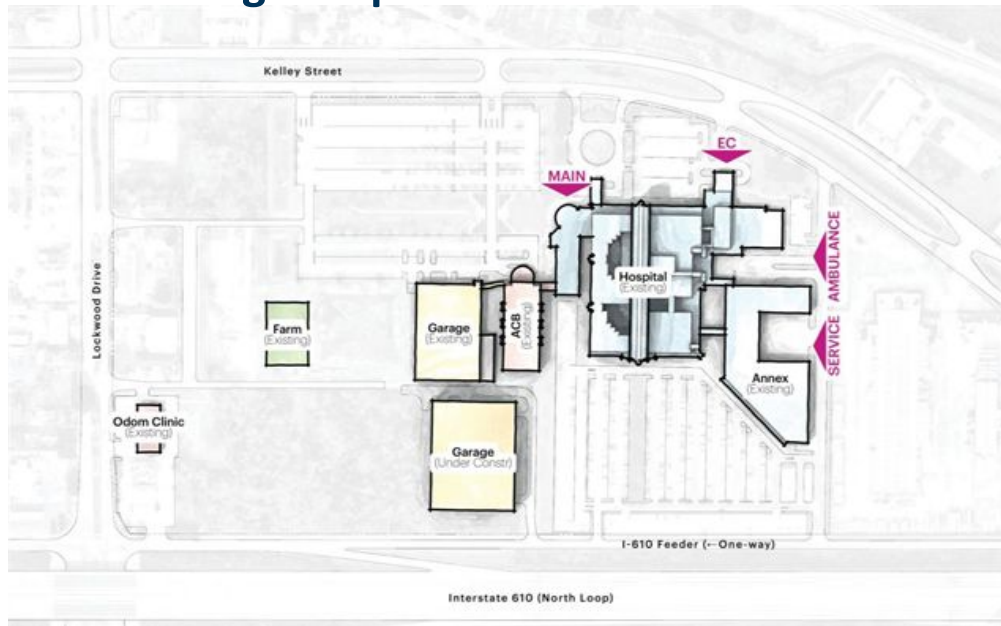
## As of March 2023 :

### Estimated Project Budget to Date:

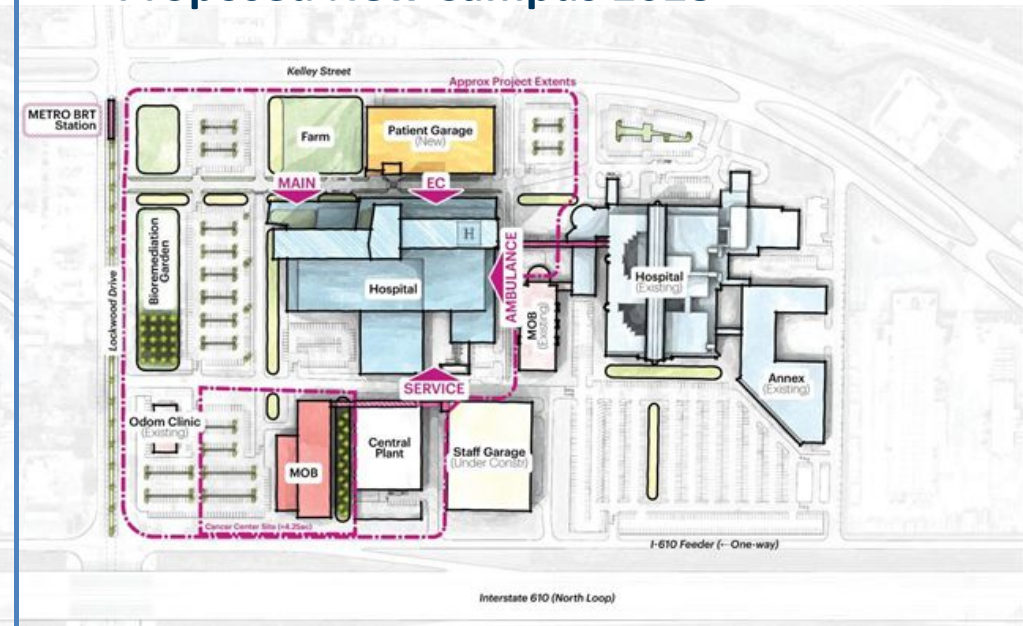
SQFT: 1.2 MM  
Budget: \$1.6 B

# Campus Master Site Plan

## Existing Campus



## Proposed New Campus 2028



- 1.2 Million SF Including new central plant
- 1 New Parking structure on the North of New Hospital
- 2 Bridge Connectors: From New Hospital to existing Hospital and from Garage (Under Construction) to Medical Office Building (MOB).
- Metro Accessibility on Lockwood Drive

# Campus Master Site Plan



# Preliminary Architecture





## **Board of Trustees Action Item:**

Approve Schematic Design (SD) for LBJ Hospital Expansion and initiation of Design Development (DD) activities.

## **Administration's Next Steps:**

- Continue physical site programming and design activities to refine detailed recommendations for Board of Trustee update.
- Continue to develop post occupancy opportunities for the existing hospital structure for Board of Trustees approval.

Thank You!

BOARD OF TRUSTEES

Meeting of the Board of Trustees

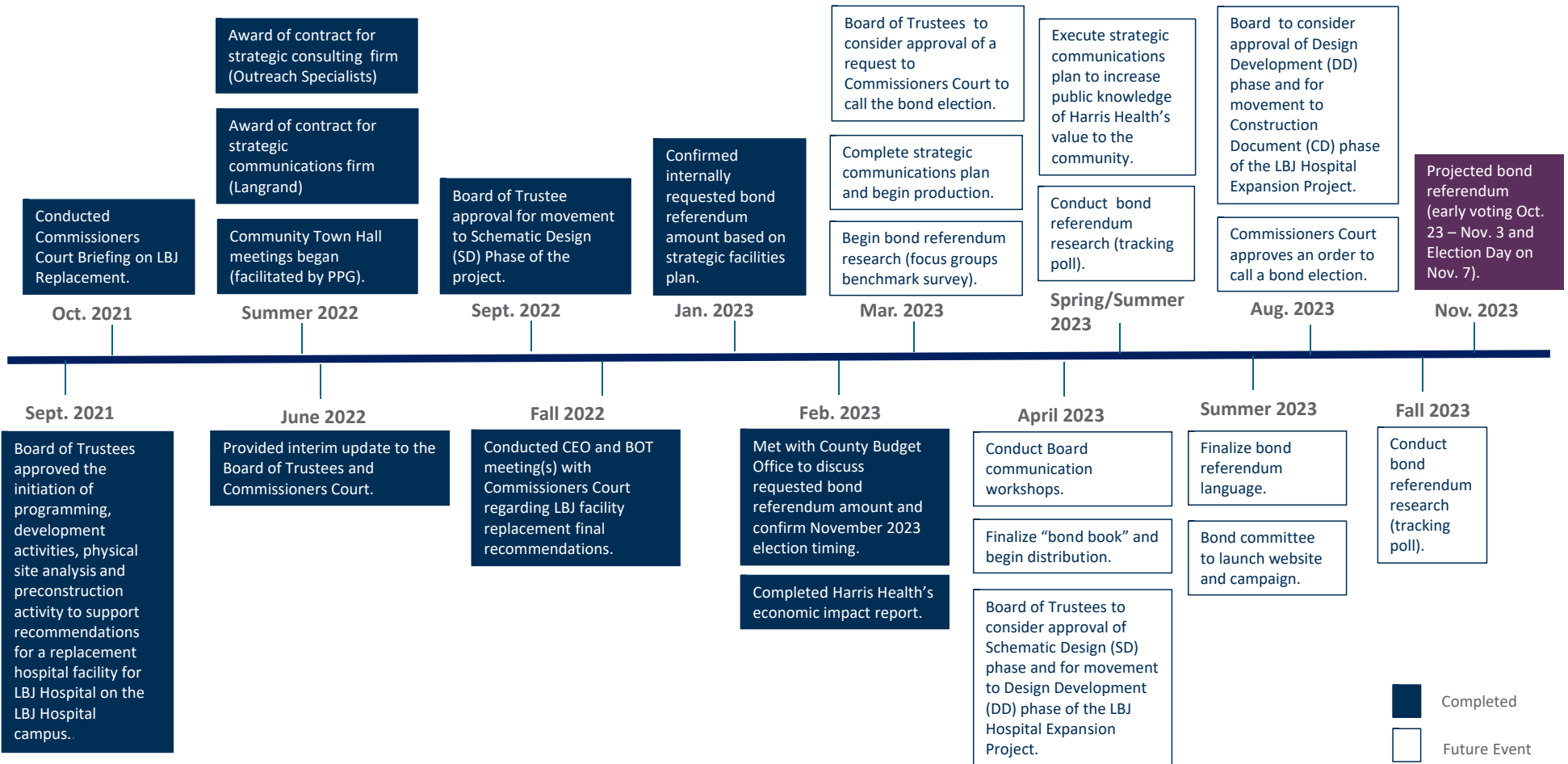
HARRISHEALTH  
SYSTEM

Thursday, March 23, 2023

Discussion Regarding Harris Health Strategic Facilities Plan and Financing

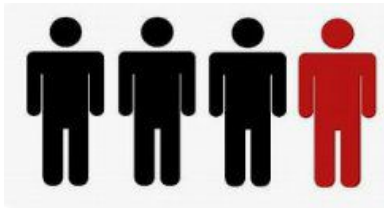
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## LBJ Facility Expansion Communication and Bond Referendum Planning Timeline as of February 1, 2023



**Harris Health Strategic Capital Requirements 2024-2035: Current State of Hospital Facilities**

Today, **one in four** Harris County residents are uninsured.



This equates to **1,175,000 Harris County residents** who rely on Harris Health.

In 2050 the projected population of uninsured residents in Harris County will be **1,537,500**.

**Ambulatory Care**

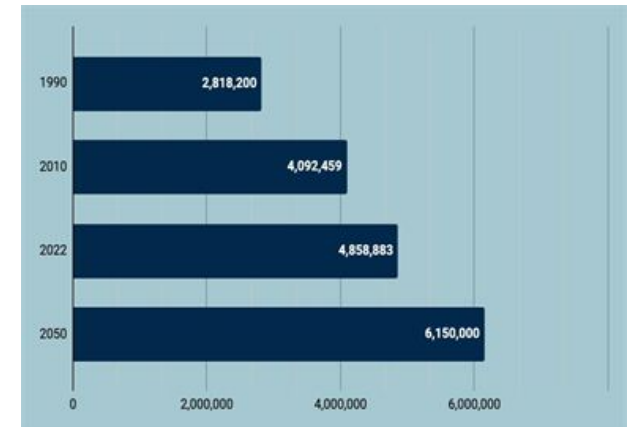
Harris Health Ambulatory Clinics need improved alignment to address population shifts and critical infrastructure needs.

**Today both hospitals are at capacity.**

Both hospitals are currently operating at over 90-100% daily occupancy, exceeding the healthcare capacity for efficient flow, which is recommended to be below 85%. To both serve current needs and meet future demands, Harris Health's infrastructure requires renovation to deliver necessary health services.

**Our Service Sites**

Our service sites - Lyndon B. Johnson Hospital, Ben Taub and several ACS Clinics - **opened their doors many years ago**. Since then, Harris County's population has nearly doubled and continues to grow.



## Current orientation of LBJ Hospital Campus:

1. Clinical areas **consistently exceeding daily capacity**.
2. **Limited expansion capability** due to existing design limitations.
3. **Lack of essential clinical services** on-site (e.g., stroke and heart attack care) **requiring transportation** to other facilities.
4. **Infrastructure**, including mechanical, electrical, and plumbing systems, **has exceeded its useful life** and is costly to maintain.
5. **Inability to meet current and future growth demands** of the surrounding community and service demand for Harris County.

## Future orientation of LBJ:

1. **Construct New LBJ (\$1.6b):**
  - **Expanded capacity** to meet current and future projected demand with thoughtful design.
  - **Additional trauma care services** will enhance the County's capacity to provide trauma care.
  - **Proactive planning for flood mitigation.**
  - Clinical **areas designed with flexibility** to meet patient needs and future expansion requirements.
  - **Add new services**, including interventional neuro & cardiology and stroke care.
2. **Renovate Existing Facility (\$433m):**
  - **Address service gaps** and bring the facility up to standard to meet current area needs.
  - **Provide for outpatient access** as part of campus master planning.

## Current orientation of Ben Taub Hospital Campus:

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1. Clinical areas are **consistently exceeding capacity daily**, necessitating renovation to accommodate growing demand.
2. Patient care areas are **not meeting community standards** in size, private rooms and efficient patient flow.
3. **Infrastructure** has **exceeded its useful life** and requires ongoing maintenance and replacement.
4. **Unable to meet current and future growth** of Harris County.
5. Requires **substantial investment to extend life of critical services** beyond 10-15 years.

## Future orientation of Ben Taub:

1. **Extend Facility Lifespan by 15 years.**
  - **Expand capacity** to assist in meeting current and future projected demand
  - **Improve flexibility of design** for clinical areas to meet needs
2. **Build New Inpatient Tower.**
  - **Add approximately 120 incremental patient rooms**
  - **Address capacity management** through renovation of existing space
3. **Proactive planning for flood mitigation** issues.
4. **Desire to provide further necessary trauma care** access through addition of helistop.

## Current orientation of ACS:

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1. **Several sites lack needed support services**, i.e. radiology, lab & pharmacy.
2. Current experience of **low volume clinics** due to population shifts and proximity to other clinics.
3. **Several regions have limited access to Harris Health Clinics and FQHCs.**
4. **Opportunity to improve efficiencies** in the clinics for patient volume and flow.

## Future orientation of ACS:

1. **Optimize services.**
  - Transition from small/low volume sites to larger, more comprehensive sites to **improve efficiencies and service access.**
2. **Create new sites including:**
  - 2 new to geography (Northwest & Southwest) to **increase population served.**
  - 1 to consolidate and **expand services** (Northshore/Cloverleaf area).
3. **Prioritize community partnerships** for cross flow of patients in specified areas.

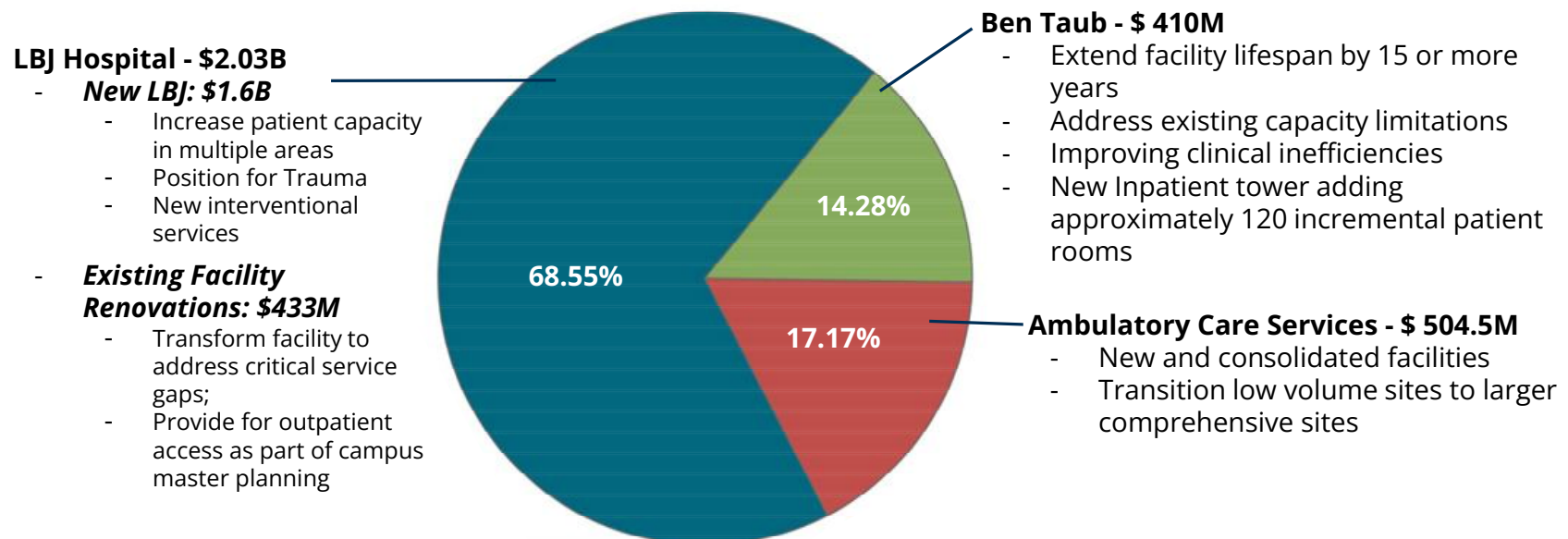


Harris Health Strategic Capital Requirements 2024-2035

	Estimated Base Total Project Cost	Estimated Timeframe for Project Area
LBJ Hospital Campus	\$ 2,033,636,054	2024-2035
Ben Taub Hospital Campus	\$ 410,462,117	2024-2030
ACS/Population Health	\$ 504,542,882	2025-2033
Transition & Post-Acute Care	\$ 4,237,910	2025
IT and InfoSec	\$ 120,401,075	2024-2030
Pharmacy	\$ 44,631,520	2025-2029
Laboratory	\$ 8,397,724	2024-2030
	<b>\$3,126,309,281</b>	

Harris Health Strategic Capital Requirements 2024-2035

	Estimated Base Total Project Cost	Estimated Timeframe for Project Area
LBJ Hospital Campus	\$ 2,033,636,054	2024-2035
Ben Taub Hospital Campus	\$ 410,462,117	2024-2030
ACS/Population Health	\$ 504,542,882	2025-2033
	<b>\$2,948,641,053</b>	



**Estimated Strategic Capital Requirements for Acute Care:**

<b>LBJ Hospital Campus</b>		
<b>Estimated Scope</b>	<b>Schedule</b>	<b>Estimated ROM Total Project Cost</b>
LBJ Hospital Expansion Project	2024	\$ 1,600,000,000
LBL Occupational Health	2028	\$ 2,816,856
LBL Pam Staff	2028	\$ 622,928
LBJ Security	2028	\$ 327,131
LBJ OP Radiology	2028	\$ 33,316,695
LBJ Mammo Expansion	2028	\$ 1,528,989
LBJ Day Care	2028	\$ 3,774,587
LBJ Gym	2029	\$ 398,678
Pre-Anesthesia Clinic	2029	\$ 2,929,530
LBJ Physical Therapy	2029	\$ 3,923,710
LBJ Urgent Care	2029	\$ 10,061,959
LBJ ACS Clinic Expansion	2029	\$ 71,871,133
LBL Lab Support	2029	\$ 8,611,060
LBJ Dialysis	2029	\$ 8,265,180
LBJ Behavioral Health	2030	\$ 203,398,430
LBJ Pathways to Staff Development	2030	\$ 12,324,177
LBJ New Outpatient MOB	2032	\$ 69,465,012
		\$ 2,033,636,054
<b>Ben Taub Hospital Campus</b>		
<b>Estimated Scope</b>	<b>Schedule</b>	<b>Estimated ROM Total Project Cost</b>
BT Expand Telemetry Capability for all Beds	2024	\$ 2,000,000
BT Strategic Master Plan (multiple items)	2024-2027	\$ 29,000,000
BT ICU (Trauma ICU and Surgical ICU)	2025	\$ 22,797,269
BT Sanitary Sewer Pipe	2025-2027	\$ 25,757,222
BT Bed Tower	2029-2030	\$ 330,907,625
		\$ 410,462,117

The LBJ projects are based on construction of a new complete inpatient hospital and the rebuilding/repurposing of the existing inpatient facility. It is important to note that outpatient services on the campus are largely being designed to locate in the existing facility and the focus of the new hospital construction is inpatient care thus impacting the Schedule.

The Ben Taub projects are based on lengthening the life of the existing facility/location, address existing capacity limitations and continuing to support clinical inefficiencies.

Estimated Strategic Capital Requirements for Ambulatory Care:

<b>ACS / ASC - Ambulatory Clinic Access</b>		
Estimated Scope	Schedule	Estimated ROM Total Project Cost
Vallebona Main Renovation	2025	\$ 14,010,856
Vallebona Campus (Site) Renovation	2025	\$ 4,778,823
Sunset Height SD Clinic (New Build on Casa Property)	2025	\$ 4,791,320
Radiology/Radiation Therapy Modality refresh (Smith Clinic)	2025	\$ 49,490,734
QM Garage	2026	\$ 43,790,140
Vallebona Annex	2026	\$ 9,271,455
Robindell Same Day Clinic	2026	\$ 2,888,006
Urgent Care Clinic on BT Campus (New)	2026	\$ 4,982,973
Health Center close to Sheldon School Based Clinic and AC Taylor (New)	2027	\$ 29,763,781
Age Facility Replacement - Acres Home	2028	\$ 55,750,268
Health Center and ASC (Greenspoint Area) (New)	2028	\$ 79,829,689
Age Facility Replacement - Gulfgate	2029	\$ 60,299,490
An ASC and Urgent Care in the Southwest Region (New)	2029	\$ 67,040,533
LBJ Existing Hospital (Add ASC to 2nd Floor) (New)	2030	\$ 26,409,907
ASC/Urgent Care Southeast Region (New)	2030	\$ 26,409,907
Mobile Mammo Van (Refresh in 7-8 years)	2030	\$ 1,100,000
Roofing/HVAC Refresh through all the ACS Facilities (Over 10 years)	2024-2033	\$ 30,000,000
		\$ 604,642,882

ACS: Defined as Ambulatory Care Services  
 ASC: Defined as Ambulatory Surgical Center

The ACS projects are based on the ACS strategic plan completed in CY2021 which identified the opportunities to more effectively align with the communities served by Harris Health with the ambulatory clinic locations and services provided.

## Harris Health Strategic Facilities Plan Proposed Financing

- The total Strategic Facilities Plan will cost an estimated \$2.9 billion and will be completed in phases over the next 10+ years.
- These phases will be financed with debt, operating cash, and philanthropic contributions.

\$2.5B – Proposed Bond Debt Proceeds  
\$300M – Harris Health Operating Cash  
\$100M – Philanthropy  
\$2.9B – Total Estimated

The Strategic Facilities plan is scalable in the event the operating cash or philanthropic funds are unavailable.

# Questions?



**De Wight Dopslauf, C.P.M., CPPO  
Harris County Purchasing Agent**

March 6, 2023

Board of Trustees Office  
Harris Health System

**RE: Board of Trustees Meeting – March 23, 2023  
Budget and Finance Agenda Items**

The Office of the Harris County Purchasing Agent recommends approval of the attached procurement actions. All recommendations are within the guidelines established by Harris County and Harris Health System.

Sincerely,

*DeWight Dopslauf*

DeWight Dopslauf  
Purchasing Agent

JA/ea  
Attachments



Budget and Finance Agenda Items for the Harris County Hospital District dba Harris Health System - Board of Trustees Report

Expenditure Summary: March 23, 2023 (Approvals)

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A1	<b>CHS Care TX, LLC, dba YesCare (HCHD-972)</b>  <small>MWBE Goal: 1%</small>	<b>Medical Evaluation Services for Harris Health System</b> - To provide medical staff to the Harris County Sheriff's Office correctional facilities.  <b>Public Health or Safety Exemption</b>	Ratify Purchase Public Health or Safety Exemption  One (1) year initial term with one (1) one-year renewal options	Kiki Teal		\$ 17,500,000
A2	<b>Epic Systems Corporation (GA- 04577)</b>  <small>MWBE Goal: N/A Sole Source</small>	<b>Annual software maintenance renewal for the full suite of Epic products for Harris Health System.</b> - The increased amount is due to the addition of the following software modules having been added to the maintenance schedule: Transfer Center, EpicCare Rehab, Secure Chat, Behavioral Health, Wisdom General Dentistry, EpicCare Dialysis, Coordinated Care Management, Cupid and Health Planet.  <b>Sole Source Exemption, Board Motion 22.03-40</b>	Renewal Sole Source Exemption  April 01, 2023 through March 31, 2024	Ronald Fuschillo	\$ 6,445,212	\$ 6,699,182
A3	<b>AMN Healthcare, Inc. (HCHD-658)</b>  <small>MWBE Goal: N/A Procured Prior to MWBE Program</small>	<b>Temporary Nursing Personnel for Harris Health System</b> - To provide temporary nursing personnel at Harris Health hospitals.  <b>Professional Services Exemption</b>	Ratify Purchase Professional Services Exemption  One (1) year initial term with four (4) one-year renewal options	Pamela Russell		\$ 6,140,000
A4	<b>SafeGuard Health Plans, Inc. a part of Metropolitan Life Insurance Company (GA-06400)</b>  <small>MWBE Goal: N/A Procured Prior to MWBE Program</small>	<b>Dental Health Maintenance Organization (DHMO) and Dental Preferred Provider Organization (PPO) Insurance for Harris Health System</b> - To coincide the plan year with Harris Health System's fiscal year.  <b>Job No. 150099, Board Motion 22.02-20</b>	Ratify Additional Funds Extension  March 01, 2022 through February 28, 2023	Amanda Jones-Duncan	\$ 6,483,770	\$ 4,223,594
A5	<b>General Datatech, L.P.</b>  <small>MWBE Goal: 0% Non-Divisible</small>	<b>Cisco SmartNet Maintenance for Harris Health System</b> - To provide maintenance, support, and technical services for the hardware, and software of the organization's data communications network.  <b>State of Texas Department of Information Resources (DIR) Cooperative Contract</b>	Purchase Low quote	Ronald Fuschillo		\$ 3,319,262
A6	<b>General Datatech, L.P.</b>  <small>MWBE Goal: N/A Specialized or Technical</small>	<b>Wireless Network Technology Refresh for Harris Health System</b> - To provide for the wireless access network infrastructure at Ben Taub Hospital that has reached its end of life, and needs to be replaced. The current hardware will be out of support within the upcoming year.  <b>State of Texas Department of Information Resources (DIR) Cooperative Contract</b>	Purchase Low quote	Ronald Fuschillo		\$ 2,095,677
A7	<b>Boston Scientific Corporation (PP- CA-451)</b> <b>Medtronic USA, Inc. (PP-CA-453)</b>  <small>MWBE Goal: N/A Exempt GPO/ Co-op Sourced</small>	<b>Cardiac Rhythm Management Devices</b> - To continue providing Harris Health System with pacemakers, implantable cardioverter defibrillators (ICD), cardiac resynchronization therapy pacemakers (CRT-Ps), cardiac resynchronization therapy defibrillators (CRT-Ds), leads and accessories.  <b>Premier Healthcare Alliance, L.P. Contract, Board Motion 22.01-06</b>	Funding Yr. 4  April 01, 2023 through March 31, 2024	Douglas Creamer	\$ 1,791,164	\$ 1,791,164



No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A8	<b>Sysmex America, Inc.</b>  <small>MWBE Goal: N/A Exempt GPO/ Co-op Sourced</small>	<b>Urinalysis Analyzers, Reagents, Consumables and Service</b> - To provide urinalysis analyzers, reagents, consumables and analyzer services to Harris Health System.  <b>Premier Healthcare Alliance, L.P. Contract</b>	Award Best Contract(s)  Seven (7) year initial term	Michael Nnadi		\$ 1,765,901
A9	<b>Johnson &amp; Johnson Health Care Systems, Inc. (PP-OR-1486)</b>  <b>Applied Medical Resources Corporation (PP-OR-1490)</b>  <b>Bard Inc. (PP-OR-1492)</b>	<b>Endomechanical Products</b> - To continue providing Harris Health System with products used in open and closed laparoscopic surgical procedures for tissue dissection, stapling and wound closure.  <b>Premier Healthcare Alliance, L.P. Contract, Board Motion 22.05-67</b>  <small>MWBE Goal: N/A Exempt GPO/ Co-op Sourced</small>	Funding Yr. 2  April 01, 2023 through March 31, 2024	Douglas Creamer	\$ 1,505,846	\$ 1,505,846
A10	<b>Diamond Drugs, Inc. d/b/a Diamond Pharmacy Services</b>  <small>MWBE Goal: N/A Exempt GPO/ Co-op Sourced</small>	<b>Pharmaceutical Dispensing for Institutionalized Persons of Harris County</b> - To allow Harris Health System to utilize this contract to continue support to Harris County Community Supervision & Corrections Department (CSCD), in accordance with the Interlocal Agreement between Harris Health System and CSCD for provision of health care services and pharmaceuticals to misdemeanor and felony offenders.  <b>Job No. 220232</b>	Ratify Utilization  October 01, 2022 through September 30, 2023 with four (4) one-year renewal options	Jennifer Small		\$ 1,400,000
A11	<b>Marsh USA, Inc. (GA-07436)</b>  <small>MWBE Goal: N/A Procured Prior to MWBE Program</small>	<b>All Risk Property Insurance and Boiler and Machinery Coverage for Harris Health System</b> - Additional funds are required due to Harris Health System's property growth and an anticipated increase in premiums for continued real estate, personal property, boiler and machinery, and cyberliability insurance coverage.  <b>Job No. 180048, Board Motion 23.02-24</b>	Additional Funds  May 01, 2023 through April 30, 2024	Jay Camp	\$ 4,500,000	\$ 1,300,000
A12	<b>Philips Healthcare</b>  <small>MWBE Goal: N/A Exempt GPO/ Co-op Sourced</small>	<b>Physiological Monitoring Equipment</b> - To provide physiological monitoring equipment for Ben Taub and Lyndon B. Johnson hospitals.  <b>Premier Healthcare Alliance, L.P. Contract</b>	Award Best Offer(s) Meeting Requirements	Teong Chai		\$ 1,187,039
A13	<b>VISTA Staffing Solutions, Inc. dba Whitaker Medical, LLC (HCHD-653)</b>  <small>MWBE Goal: N/A Procured Prior to MWBE Program</small>	<b>Temporary Healthcare Personnel provided for Harris Health System</b> - To continue providing healthcare personnel who will provide critical healthcare services to detainees at the Harris County Sheriff's Office Detention Facilities.  <b>Public Health or Safety Exemption, Board Motion 22.02-20</b>	Ratify Renewal Public Health or Safety Exemption  March 01, 2023 through February 29, 2024	Kiki Teal	\$ 863,955	\$ 995,446
A14	<b>Philips Healthcare</b>  <small>MWBE Goal: N/A Exempt GPO/ Co-op Sourced</small>	<b>Physiological Monitoring Equipment</b> - To provide physiological monitoring equipment to meet the demands of the new central telemetry room for Ben Taub Hospital.  <b>Premier Healthcare Alliance, L.P. Contract</b>	Award Best Offer(s) Meeting Requirements	Teong Chai		\$ 823,867
A15	<b>Best Care EMS, LTD (HCHD-715)</b>  <small>MWBE Goal: 100%</small>	<b>Ambulance Services for the Harris Health System</b> - To continue providing ambulance services for patients to and from various Harris Health System facilities and clinics as well as other locations,  <b>Public Health or Safety Exemption, Board Motion 22.03-40</b>	Renewal Public Health or Safety Exemption  April 01, 2023 through March 31, 2024	Ruth Russel	\$ 800,000	\$ 800,000

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A16	<b>Becton, Dickinson and Company, through its BD Life Sciences – Integrated Diagnostic Solutions Business Unit (GA-06041)</b>  MWBE Goal: N/A Procured Prior to MWBE Program	<b>Integrated Platform for Microbiology Automation, Blood Culture, Identification and Susceptibility including Analyzer(s), Reagents, Consumables and Services for Harris Health System</b> - To provide for continued microbiology automation for blood culture, identification and susceptibility testing for Harris Health System.  <b>Job No. 130120, Board Motion 22.03-40</b>	Ratify Renewal  March 05, 2023 through March 04, 2024	Michael Nnadi	\$ 644,188	\$ 758,607
A17	<b>Johnson &amp; Johnson Health Care Systems, Inc. (PP-OR-1484)</b>  MWBE Goal: N/A Exempt GPO/Co-op Sourced	<b>Suture Products</b> - To continue providing Harris Health System with suture products used to join the edges of a wound, incision or tie blood vessels.  <b>Premier Healthcare Alliance, L.P. Contract, Board Motion 22.01-06</b>	Funding Yr. 2  April 01, 2023 through March 31, 2024	Douglas Creamer	\$ 725,349	\$ 732,601
A18	<b>Engage2Excel, Inc. (HCHD-169)</b>  MWBE Goal: N/A Procured Prior to MWBE Program	<b>Employee Service Recognition and Rewards Program for Harris Health System</b> - To continue to provide a central reward system to increase employee engagement and morale, create a more positive work environment, increase retention rates and reinforce desired behaviors that support a culture of transformation productivity  <b>Job No. 190321, Board Motion 22.04-56</b>	Renewal  April 15, 2023 through April 14, 2024	Gary March	\$ 667,454	\$ 660,000
A19	<b>Quality Dialysis Two L.P. (HCHD-570)</b>  MWBE Goal: 100%	<b>Hemodialysis Services for the Harris Health System</b> - To continue to provide Hemodialysis Services for certain inmates for Harris County Jail.  <b>Public Health or Safety Exemption, Board Motion 22.02-20</b>	Ratify Renewal Public Health or Safety Exemption  March 01, 2023 through February 29, 2024	Kiki Teal	\$ 600,000	\$ 600,000
A20	<b>Dell Marketing LLC (DIR-TSO-3763)</b>  MWBE Goal: N/A Sole Source	<b>VMware Software Maintenance for Harris Health System.</b> - To provide maintenance for the VM Ware software, which provides the ability to virtualize servers and reduce the need for physical servers installed in the Harris Health System Datacenters.  <b>State of Texas Department of Information Resources (DIR) Cooperative Contract, Board Motion 22.01-06</b>	Ratify Renewal  January 31, 2023 through January 30, 2024	Ronald Fuschillo	\$ 580,980	\$ 580,980
A21	<b>Set Solutions, Inc.</b>  MWBE Goal: 0% Non-Divisible	<b>ProofPoint, Email Defense, Threat Response, Targeted Attack Protection (TAP) Suite with Domain Discovery Subscription for Harris Health System</b> - To provide for ProofPoint Suite with Domain Discovery (DD) Subscription, which offers critical protection against cyber-attacks to all of the organization's workforce email users by allowing fraudulent domains identification.  <b>Choice Partners, a division of Harris County Department of Education Cooperative Program</b>	Purchase Low quote  May 13, 2023 through May 12, 2024	Jeffrey Vinson		\$ 568,176
A22	<b>Forvis, LLP (HCHD-971)</b>  MWBE Goal: 7%	<b>External Audit Services for Harris Health System</b> - To complete external audit services on financial statements, report on Federal and State Awards, and Harris Health Pension and 401(k) Plans.  <b>Job No. 220397</b>	Award Highest overall evaluation  One (1) year initial term with seven (7) one-year renewal options	Kari McMichael		*

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A23	<b>Unifirst Corporation (HCHD-382)</b>  MWBE Goal: N/A Exempt GPO/Co-op Sourced	<b>Mat and mop rental services</b> - To provide continued mat and mop rental services for Harris Health System.  <b>Premier Healthcare Alliance, L.P. Contract, Board Motion 22.02-20</b>	Ratify Renewal  March 04, 2023 through March 03, 2024	Benjamin Etuk	\$ 459,531	\$ 459,531
A24	<b>Accudata Systems, LLC.</b>  MWBE Goal: 0% Drop Shipped	<b>Citrix Server Technology Refresh for Harris Health System</b> - To replace six (6) Citrix servers located at the Datacenters in Houston TX and Bryan TX. These servers are five (5) years old and have reached their end of life. Citrix provides virtual application services across Harris Health System and to remote users.  <b>State of Texas Department of Information Resources (DIR) Cooperative Contract</b>	Purchase Only quote	Ronald Fuschillo		\$ 425,424
A25	<b>Smith &amp; Dean, Inc. dba Dean's Professional Services (HCHD-641)</b>  MWBE Goal: 100%	<b>Temporary Healthcare Personnel for Harris Health System</b> - To continue providing healthcare personnel who will provide critical healthcare services to detainees at the Harris County Sheriff's Office Detention Facilities.  <b>Public Health or Safety Exemption, Board Motion 22.02-20</b>	Ratify Renewal Public Health or Safety Exemption  March 01, 2023 through February 29, 2024	Kiki Teal	\$ 118,867	\$ 422,122
A26	<b>Erbe USA, Inc.</b>  MWBE Goal: N/A Exempt GPO/Co-op Sourced	<b>Gastrointestinal Endoscopy Products</b> - To provide electrosurgical, argon plasma coagulation system and cryosurgical units for the Quentin Mease Building renovation.  <b>Premier Healthcare Alliance, L.P. Contract</b>	Award Best Offer(s) Meeting Requirements	Teong Chai		\$ 396,443
A27	<b>Hill-Rom Company, Inc.</b>  MWBE Goal: N/A Exempt GPO/Co-op Sourced	<b>Patient Beds, Mattresses and Therapeutic Surfaces – Purchase</b> - To provide medical surgical beds for Ben Taub and Lyndon B. Johnson Hospitals.  <b>Premier Healthcare Alliance, L.P. Contract</b>	Award Best Offer(s) Meeting Requirements	Teong Chai		\$ 359,604
A28	<b>Windsor EMS, Inc. (HCHD-812)</b>  MWBE Goal: 0% Non-Divisible	<b>Ambulance Services for Harris Health System</b> - To continue providing ambulance services for patients to and from various Harris Health facilities and clinics as well as other locations.  <b>Public Health or Safety Exemption, Board Motion 22.03-40</b>	Renewal Public Health or Safety Exemption  April 01, 2023 through March 31, 2024	Ruth Russel	\$ 350,000	\$ 350,000
A29	<b>Texas Medical Center</b>  MWBE Goal: N/A Sole Source	<b>Security and Maintenance for Common Areas within the Texas Medical Center (TMC) for 2023 for Harris Health System</b> - TMC provides security and maintenance of common areas of the institutions within the TMC and provides annual assessments to each institution. Harris Health System received the following assessments from TMC on January 23, 2023; annual security is \$235,758 and annual maintenance is \$95,885.  <b>Sole Source Exemption, Board Motion 21.03-31</b>	Purchase Sole Source Exemption  January 01, 2023 through December 31, 2023	Jon Hallaway	\$ 266,416	\$ 331,643
A30	<b>Integra LifeSciences</b>  MWBE Goal: N/A Exempt GPO/Co-op Sourced	<b>Ultrasonic Aspirator Device</b> - To provide a CUSA Clarity ultrasonic aspirator device to replace the current unit that is no longer working or supported by the manufacturer. Replacement device is required to prevent cases from being canceled for the Operating Room at Ben Taub Hospital.  <b>Premier Healthcare Alliance, L.P. Contract</b>	Ratify Award Purchase Best Offer(s) Meeting Requirements	Louis Smith		\$ 289,198

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A31	<b>Beckman Coulter, Inc. (GA-05451)</b>  <small>MWBE Goal: N/A Procured Prior to MWBE Program</small>	<b>Urinalysis Analyzer(s), Reagents, Consumables and Service for Harris Health System</b> - The term is being extended to allow for execution of a new Agreement and implementation/integration/validation of new equipment. Additional funds are required to cover the extended term.  <b>Premier Healthcare Alliance, L.P. Contract, Board Motion 22.03-40</b>	Additional Funds Extension  March 27, 2022 through March 26, 2023	Michael Nnadi	\$ 239,185	\$ 260,000
A32	<b>Applied Medical Resources Corporation</b>  <small>MWBE Goal: N/A Exempt GPO/Co-op Sourced</small>	<b>Trocar Products</b> - To continue providing Harris Health System with trocar products used during laparoscopic surgery.  <b>Premier Healthcare Alliance, L.P. Contract, Board Motion 22.03-40</b>	Best ASCEND Contract  April 01, 2023 through March 31, 2024	Douglas Creamer	\$ 339,981	\$ 238,678
A33	<b>Set Solutions, Inc.</b>  <small>MWBE Goal: 0% Non-Divisible</small>	<b>Maintenance and Support for Gigamon Intrusion Detection and Prevention System for Hardware and Software for Harris Health System</b> - To provide for continued maintenance and support for the Gigamon Intrusion Prevention System (IPS) that works in conjunction with the Cisco IPS. This system provides visibility to network traffic and provides resiliency for the organization's security solutions.  <b>Choice Partners, a division of Harris County Department of Education Cooperative Program</b>	Purchase Low quote  May 11, 2023 through May 10, 2024	Jeffrey Vinson		\$ 237,315
A34	<b>Nalco Water (GA-07541)</b>  <small>MWBE Goal: N/A Procured Prior to MWBE Program</small>	<b>Water Safety Management Program for Harris Health System.</b> - To continue providing consulting, risk analysis, site specific plans, and remediation monitoring services for water management for various Harris Health System facilities.  <b>Job No. 180290, Board Motion 22.04.56</b>	Renewal  April 16, 2023 through April 15, 2024	Terry Elliott	\$ 233,561	\$ 233,561
A35	<b>Davol Inc.</b>  <small>MWBE Goal: N/A Exempt GPO/Co-op Sourced</small>	<b>Surgical Mesh Products</b> - To provide Harris Health System with surgical mesh products used for hernia repair and abdominal wall reconstruction.  <b>Premier Healthcare Alliance, L.P. Contract, Board Motion 21.06-65</b>	Best Contract(s)  October 01, 2022 through September 30, 2023	Douglas Creamer	\$ 200,187	\$ 207,298
A36	<b>Draeger Incorporated (GA-07532)</b>  <small>MWBE Goal: N/A Sole Source</small>	<b>Preventative maintenance and repair services for Draeger Anesthesia equipment</b> - To provide continued preventative maintenance and repair services for Draeger Anesthesia equipment at Ben Taub and Lyndon Baines Johnson Hospitals.  <b>Sole Source Exemption, Board Motion 22.03-40</b>	Renewal Sole Source Exemption  April 01, 2023 through March 31, 2024	James Young	\$ 194,728	\$ 194,728
A37	<b>Oracle America, Inc. (DIR-TSO-4158)</b>  <small>MWBE Goal: N/A Sole Source</small>	<b>Oracle Exadata Software Maintenance for Harris Health System</b> - To continue to provide maintenance and support for Exadata Software which is a fully integrated database-computing platform.  <b>State of Texas Department of Information Resources (DIR) Cooperative Contract Sole Source Exemption, Board Motion 22.02-20</b>	Purchase Sole Source Exemption  April 01, 2023 through March 31, 2024	Ronald Fuschillo	\$ 175,235	\$ 191,518
A38	<b>Abbvie US LLC (GA-07172)</b>  <small>MWBE Goal: N/A Procured Prior to MWBE Program</small>	<b>Vaporizers for Harris Health System</b> - To continue providing AbbVie-owned vaporizers for use with Ultane® (Sevoflurane) for Ben Taub and Lyndon B. Johnson Hospitals.  <b>Premier Healthcare Alliance, L.P. Contract, Board Motion 22.03-40</b>	Renewal  April 01, 2023 through December 31, 2023	Sunny Ogbonnaya	\$ 175,951	\$ 176,951

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A39	<b>Philips Healthcare</b>  MWBE Goal: N/A Exempt GPO/Co-op Sourced	<b>Vital Signs Monitors</b> - To provide vital signs monitors for Correctional Health.  <b>Premier Healthcare Alliance, L.P. Contract</b>	Award Best Contract(s)	Louis Smith		\$ 175,801
A40	<b>Becton, Dickinson and Company, through its BD Diagnostics – Integrated Diagnostic Solutions Business Unit (HCHD-457)</b>  MWBE Goal: N/A Sole Source	<b>BD Service Agreement for Harris Health System</b> - To provide for continued service to the Kiestra equipment.  <b>Sole Source Exemption, Board Motion 22.02-20</b>	Ratify Renewal Sole Source Exemption  March 01, 2023 through February 29, 2024	Michael Nnadi	\$ 132,500	\$ 155,000
A41	<b>General Datatech, L.P.</b>  MWBE Goal: 0% Non-Divisible	<b>Netscout Maintenance for Harris Health System</b> - To provide for Netscout Maintenance needed for the appliances that monitor and capture network traffic of cloud-based applications to assist the Network team to troubleshoot performance issues.  <b>State of Texas Department of Information Resources (DIR) Cooperative Contract</b>	Purchase Low quote  June 07, 2023 through June 06, 2024	Ronald Fuschillo		\$ 154,728
A42	<b>CBRE, Inc. (GA-07485)</b>  MWBE Goal: 25%	<b>Realtor Services for Harris Health System</b> - To continue providing realtor services at various Harris Health System facilities  <b>Job No. 180142, Board Motion 22.01-06</b>	Ratify Renewal  February 07, 2023 through February 06, 2024	Brian Pitre	\$ 150,000	\$ 150,000
A43	<b>King Benford Law Firm PLLC</b>  MWBE Goal: 100%	<b>General Litigation and Real Property Matters Legal Services for Harris Health System</b> - To provide special counsel for legal advice on general litigation and real property matters for Harris Health.  <b>Professional Services Exemption</b>	Ratify Award Professional Services Exemption  February 01, 2023 through January 31, 2024 with one (1) one-year renewal options	Marta Bolinska		\$ 150,000
A44	<b>Carestream Health Inc.</b>  MWBE Goal: N/A Exempt GPO/Co-op Sourced	<b>Mobile X-Ray System</b> - To provide a new mobile x-ray system as part of the Ben Taub Hospital Emergency Center modernization project.  <b>Premier Healthcare Alliance, L.P. Contract</b>	Award Best Offer(s) Meeting Requirements	Teong Chai		\$ 149,265
A45	<b>Epic Systems Corporation (GA-04577)</b>  MWBE Goal: N/A Sole Source	<b>Epic Software Training for the Employees of Harris Health System.</b> - To provide training for primarily IT personnel on Epic software applications in order for them to perform their job duties.  <b>Sole Source Exemption</b>	Purchase Sole Source Exemption  April 01, 2023 through March 31, 2024	Ronald Fuschillo		\$ 133,000
A46	<b>LabCorp Employer Services, Inc.</b>  MWBE Goal: 10%	<b>Occupational Health Employee Testing Services for Harris Health System</b> - To provide testing services for new hires such as drug, alcohol and tuberculosis testing.  <b>Professional Services Exemption</b>	Ratify Purchase Professional Services Exemption  January 01, 2023 through December 31, 2023	Donna McKee		\$ 132,000

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A47	Intelligent Medical Objects (GA-02162)  MWBE Goal: N/A Sole Source	<b>Maintenance Renewal for the Intelligent Medical Objects (IMO) Problem and Procedure Software Application for Harris Health.</b> - To continue to provide IMO Problem and Procedure to the hospital system. IMO Problem is a clinical diagnosis and problem list vocabulary containing specialized terms for clinicians, coders and patients. IMO Procedure is a clinician and workflow medical terminology solution that selects the best billing or reference code for procedure terminology.  <b>Sole Source Exemption, Board Motion 22.03-40</b>	Renewal Sole Source Exemption  April 10, 2023 through April 09, 2024	Ronald Fuschillo	\$ 121,038	\$ 127,772
A48	Epic Systems Corporation (GA-04577)  MWBE Goal: N/A Sole Source	<b>Epic MyChart subscription fees for Harris Health</b> - Additional funds are needed due to an increase in patients accessing their medical records online.  <b>Sole Source Exemption, Board Motion 22.09-126</b>	Additional Funds Sole Source Exemption  September 28, 2022 through September 27, 2023	Ronald Frschillo	\$ 187,000	\$ 125,000
A49	Sysco Foods (Sourcewell #040522-SYC)  MWBE Goal: 0% Drop Shipped	<b>Purchase Food and Nutrition Edible and Non-edible Products</b> - Purchase food and nutritional edible and non-edible products. Vendor will be utilized as a secondary supplier.  <b>Sourcewell Cooperative Purchasing Program</b>	Award Only quote  April 01, 2023 through March 31, 2024	Shweta Misra		\$ 120,000
A50	Onsolve, LLC. (GA-07600)  MWBE Goal: N/A Procured Prior to MWBE Program	<b>On-Demand and Response Service Subscription for Harris Health System</b> - Additional funds are required to cover the extended term. The term is being extended to continue to provide for an on-demand alerting and response service for both emergency and routine communication.  <b>Public Health or Safety Exemption, Board Motion 22.05-67</b>	Additional Funds Extension Public Health or Safety Exemption  June 01, 2022 through May 31, 2023	Ronald Fuschillo	\$ 111,168	\$ 116,726
A51	FujiFilm Medical Systems USA, Incorporated (GA-06379)  MWBE Goal: N/A Sole Source	<b>Service and maintenance for Carbon XL Radiography equipment</b> - To provide scheduled and unscheduled service and maintenance for the FujiFilm Carbon XL Computed Radiography equipment for Harris Health System.  <b>Sole Source Exemption, Board Motion 22.02-20</b>	Ratify Renewal Sole Source Exemption  March 01, 2023 through February 29, 2024	James Young	\$ 126,000	\$ 115,500
A52	FujiFilm Medical Systems USA, Incorporated (GA-05536)  MWBE Goal: N/A Sole Source	<b>To implement the existing Fuji Picture Archiving and Communication System or "PACS" application at the Harris County Sherriff's Office Correctional Health Facility</b> - To implement the Fuji Picture Archiving and Communication System or "PACS" application at the Harris County Sherriff's Office Correctional Health facility, which will allow the clinicians to utilize the radiology imaging system.  <b>Sole Source Exemption, Board Motion 22.09-126</b>	Ratify Additional Funds Sole Source Exemption  November 01, 2022 through October 31, 2023	Antony Kilty	\$ 730,900	\$ 115,000
A53	Coker Group Holdings, LLC (GA-06662)  MWBE Goal: N/A Procured Prior to MWBE Program	<b>Healthcare Contract Negotiation Service for Affiliated Medical Services for Harris Health System</b> - Additional funds cover the review revenue cycle management (RCM), develop key performance indicators (KPIs), develop patient panel targets for peritoneal dialysis (PD) utilization and consultative assistance related to ongoing Harris Health System work with Affiliated Medical Services.  <b>Job No. 160289</b>	Ratify Additional Funds  July 01, 2022 through June 30, 2023	Julie Theresa Rabat-Torki	\$ 50,000	\$ 115,000

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A54	<b>Whitmire &amp; Munoz LLC (HCHD-763)</b>  MWBE Goal: 100%	<b>Consulting Services for Community Engagement Efforts for Harris Health System</b> - To let the vendor continue assist Harris Health System with developing a comprehensive strategy and engagement efforts to help raise public awareness of Harris Health, and its value to all residents of Harris County.  <b>Personal Services Exemption</b>	Ratify Renewal Personal Services Exemption  January 15, 2023 through October 14, 2023	Amanda Calloway	\$ 57,000	\$ 114,000
A55	<b>FujiFilm Medical Systems USA, Incorporated (GA-05737)</b>  MWBE Goal: N/A Sole Source	<b>Service and maintenance for Computed Radiography equipment</b> - To provide scheduled and unscheduled service and maintenance for the Fujifilm Computed Radiography equipment throughout Harris Health System.  <b>Sole Source Exemption, Board Motion 22.02-20</b>	Ratify Renewal Sole Source Exemption  March 01, 2023 through February 29, 2024	James Young	\$ 113,652	\$ 113,652
A56	<b>Cigna Health &amp; Life Insurance Company (GA-06734)</b>  MWBE Goal: N/A Procured Prior to MWBE Program	<b>Group Medical and Stop Loss Coverage for Harris Health System</b> - Additional funds cover higher than anticipated volume.  <b>Job No. 160065, Board Motion 22.02-20</b>	Ratify Additional Funds  March 01, 2022 through February 28, 2023	Amanda Jones- Duncan	\$ 5,402,552	\$ 106,000
A57	<b>CDW Government LLC</b>  MWBE Goal: N/A Exempt GPO/Co-op Sourced	<b>Zebra Barcode Scanners for Harris Health System</b> - To provide Zebra barcode scanners to the hospital system.  <b>Premier Healthcare Alliance, L.P. Contract</b>	Award Lowest Offer	Ronald Fuschillo		\$ 105,000
A58	<b>Alcon Laboratories (GA-07356)</b>  MWBE Goal: N/A Procured Prior to MWBE Program	<b>Phacoemulsification</b> - To provide a phacoemulsification unit for Ben Taub Hospital OR.  <b>Job No. 180102</b>	Renewal  September 28, 2022 through September 27, 2023	Teong Chai	\$ 0	\$ 104,325
A59	<b>Metropolitan Life Insurance Company (HCHD-927)</b>  MWBE Goal: N/A Procured Prior to MWBE Program	<b>Basic and Voluntary Life and Accidental Death &amp; Dismemberment (AD&amp;D) Insurance for Harris Health System</b> - In January 2023, the Board of Trustees approved an award to Metropolitan Life Insurance Company. The term is being corrected to coincide with the number of renewal options stated in the Request for Proposal (RFP).  <b>220341</b>	Ratify  March 01, 2023 through September 30, 2024	Amy Salinas		\$ 0
A60	<b>Canteen Refreshment Services</b>  MWBE Goal: N/A Procured Prior to MWBE Program	<b>Vending Machine Services for Harris Health System</b> - Canteen Refreshment Services acquired Fresh Brew Group USA, L.P. Vendor has agreed to extend under the same terms and conditions set forth in the Agreement, with no increase in pricing. The County Attorney's Office is preparing an Amendment to assign, reinstate and extend the agreement.  <b>Job No. 14/0005</b>	Assignment, extension, additional revenue	Shweta Misra	\$ 98,311	\$ (150,000)
					Total Expenditures	\$ 63,271,229
					Total Revenue	\$ (150,000)

Budget and Finance Agenda Items for the Harris County Hospital District dba Harris Health System - Board of Trustees Report

Expenditure Summary: March 23, 2023 (Transmittals)

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
B1	Sebia, Inc.  MWBE Goal: N/A Procured Prior to MWBE Program	<b>Hemoglobin A1c Testing Analyzers, including Reagents, Consumables and Service for Harris Health System</b> - In August 2022, the Board of Trustees approved an award to Sebia to provide A1c testing analyzers, including reagents, consumables and service to certain Harris Health System facilities. Since that time, it has been determined that the award amount did not include the price for service. The amount has been revised to include maintenance services for newly purchased equipment.  <b>Job No. 220076</b>	Revise Term and Amount	Michael Nnadi	\$ 461,454	\$ 521,354  Revised Amount Difference = \$59,900
B2	Davol Inc. (PP-OR-2100)  MWBE Goal: N/A Exempt GPO/Co-op Sourced	<b>Synthetic Bioabsorbable Mesh Products</b> - To provide the consignment of synthetic bioabsorbable mesh products used for the initial repair strength of synthetic mesh while being absorbed over a period of time.  <b>Premier Healthcare Alliance, L.P. Contract</b>	Award Best Contract(s)  One (1) year initial term with two (2) one-year renewal options	Douglas Creamer		\$ 98,716
B3	Lightbeam Health Solutions, Inc. dba CareSignal (HCHD-571)  MWBE Goal: N/A Procured Prior to MWBE Program	<b>Remote Patient Monitoring Platform for Harris Health System</b> - Additional funds are required to provide for the expansion to a Premier Tier of support services for the remote patient monitoring platform.  <b>Public Health or Safety Exemption, Board Motion 22.12-166</b>	Additional Funds Public Health or Safety Exemption  January 01, 2023 through December 31, 2023	Deborah Boswell	\$ 147,000	\$ 93,000
B4	General Datatech, L.P.  MWBE Goal: N/A Procured Prior to MWBE Program	<b>Gigamon Software and Hardware Maintenance for Harris Health System</b> - To provide for the Gigamon software and hardware maintenance which allows Harris Health IT Engineers to have network visibility to support the organization's hospitals and clinics.  <b>State of Texas Department of Information Resources (DIR) Cooperative Contract</b>	Purchase Low quote	Ronald Fuschillo		\$ 92,537
B5	Applied Statistics and Management, Inc.  MWBE Goal: N/A Specialized or Technical	<b>Peer Review System for Harris Health System</b> - To provide for a Peer Review System to centrally track compliance and requirements information that integrates with Harris Health's Electronic Incident Reporting System.  <b>Job No. 220403</b>	Award Best proposal meeting requirements  One (1) year initial term with four (4) one-year renewal options	Ronald Fuschillo Steven Brass		*
B6	Corporate Incentives, Inc. (EPIC6 12.21 and 11.21)  MWBE Goal: 100%	<b>Purchase of Custom Clothing, Trophies, and Awards for Harris Health System</b> - To provide custom clothing, awards, and trophies for Harris Health System  <b>EPIC6</b>	Award Only quote	Douglas Creamer		\$ 84,170
B7	SensoScientific, Inc.  MWBE Goal: N/A Exempt GPO/Co-op Sourced	<b>Wireless Temperature Monitoring</b> - Annual maintenance for Cloud support app, calibration and new probe to monitor temperature of medication in storage and transport condition.  <b>Premier Healthcare Alliance, L.P. Contract</b>	Award Purchase Only Offer Received	Michael Beckman		\$ 79,248



No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
B8	Set Solutions, Inc.  <small>MWBE Goal: 0% Non-Divisible</small>	<b>Security Analytics Platform License for Harris Health System</b> - To provide for RedSeal Security Analytics Platform licenses that help monitor the organization's network devices to ensure compliance with cyber security standards and to manage incident response.  <b>Choice Partners, a division of Harris County Department of Education Cooperative Program</b>	Purchase Low quote  May 25, 2023 through May 24, 2024	Jeffrey Vinson		\$ 75,300
B9	Alpha Eyecare Associates, PLLC (HCHD-695)  <small>MWBE Goal: N/A Procured Prior to MWBE Program</small>	<b>Optometry and Ophthalmology Services for Harris Health System</b> - To continue providing optometrists and ophthalmologists to conduct eye examinations for detainees at the Harris County Sheriff's Office Detention Facilities.  <b>Professional Services Exemption</b>	Renewal Professional Services Exemption  March 01, 2023 through February 29, 2024	Teal, Kiki	\$ 48,149	\$ 75,000
B10	Baylor College of Medicine (HCHD-890)  <small>MWBE Goal: N/A Procured Prior to MWBE Program</small>	<b>HIV Perinatal Transmission Prevention Activities Program for Harris Health System</b> - To continue HIV screening, education, training, quality assurance, and consultation services.  <b>Professional Services Exemption, Board Motion 22.12-166</b>	Additional Funds Extension Professional Services Exemption  September 01, 2022 through August 31, 2023	Dawn Jenkins	\$ 221,262	\$ 74,192
B11	CareFusion Solutions, LLC (HCHD-294)  <small>MWBE Goal: N/A Exempt GPO/Co-op Sourced</small>	<b>Pharmacy Automated Medication Dispensing System for Harris Health System</b> - The additional funds are to provide maintenance and support of purchased automated supply cabinets and related software and technology equipment for Harris Health System. The additional services will ensure that this organization has ongoing support to assist in equipment inventory, charge, capture, and requisitioning.  <b>Premier Healthcare Alliance, L.P. Contract, Board Motion 22.08-111</b>	Additional Funds  October 01, 2022 through September 30, 2023	Douglas Creamer	\$ 875,000	\$ 70,537
B12	Cotton Commercial USA, Inc  <small>MWBE Goal: N/A Emergency</small>	<b>Water damage repairs at Strawberry Clinic</b> - To restore the Clinic to usable condition after water main break.  <b>OMNIA Partners, Public Sector Cooperative Purchasing Program</b>	Purchase Only quote	Roger Singleton		\$ 68,483
B13	Getinge USA Sales, LLC  <small>MWBE Goal: N/A Exempt GPO/Co-op Sourced</small>	<b>Intra-Aortic Balloon Pump</b> - To replace the Intra-Aortic Balloon Pump that is past its expected useful life and no longer supported by the manufacturer at Ben Taub Hospital.  <b>Premier Healthcare Alliance, L.P. Contract</b>	Award Lowest Offer	Teong Chai		\$ 59,563
B14	Himagine Solutions Inc.  <small>MWBE Goal: N/A Procured Prior to MWBE Program</small>	<b>Temporary Certified Coding Specialists for Harris Health System</b> - To continue staffing temporary coding specialists until the competitive proposal process is complete and a new contract is in place.  <b>Job No. 170273, Board Motion 21.12-113</b>	Extension  January 25, 2022 through January 24, 2023	Michael Kaitschuck	\$ 809,000	\$ 51,000

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
B15	<b>Hologic Sales and Service, LLC (GA-05834)</b>  <small>MWBE Goal: N/A Procured Prior to MWBE Program</small>	<b>Cytology Liquid-Based System including Analyzers, Reagents, Consumables, Supplies, and Service for Harris Health System</b> - The term is being extended to continue providing analyzers, reagents, consumables and service to Harris Health System until a new Agreement is executed. Additional funds are required to cover the extended term.  <b>Job No. 120116, Board Motion 21.12-113</b>	Additional Funds Extension  January 12, 2022 through February 28, 2023	Michael Nnadi	\$ 1,708,232	\$ 50,000
					Total Expenditures	\$ 1,656,568
					Total Revenue	\$ (0)

Thursday, March 23, 2023

**Consideration of Approval to Delegate Signature Authority to the Purchasing Agent for Agreements with Local Cooperative Organizations and, Pursuant to Loc. Gov't Code § 271.102, to Designate the Purchasing Agent as the Person to act on Harris Health's behalf in all Matters Pertaining to Cooperative Purchasing Programs**

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The Purchasing Agent requests the Board adopt the resolution that is set forth on the next page. This resolution empowers the Purchasing Agent to join local cooperative organizations on Harris Health's behalf. Local cooperative organizations are entities established by one or more local governments to provide other local governments with access to contracts for the purchase of materials, supplies, services, or equipment. Examples of local cooperative organizations include the Educational Purchasing Interlocal Cooperative formed by Educational Service District Region 6 and the Texas Interlocal Purchasing System (TIPs).

Adoption of this resolution is consistent with orders frequently issued by the Harris County Commissioners Court that approve participation in cooperative purchasing programs and will enable Harris Health to more efficiently purchase needed items for the system. Importantly, pursuant to Local Government Code Section 271.102, a local government that purchases goods or services from a local cooperative organization satisfies any state law requiring the local government to seek competitive bids for the purchase of the goods or services. If the Board so desires, the Purchasing Agent can report the number of local cooperative organization agreements that s/he executes on Harris Health's behalf each year.

# BOARD OF TRUSTEES

## Meeting of the Board of Trustees



STATE OF TEXAS  
COUNTY OF HARRIS

MOTION NO. \_\_\_\_\_

On March 23, 2023, the Harris County Hospital District d/b/a Harris Health System (Harris Health) Board of Trustees convened in regular session at its regular meeting place. The following members of the Board were present:

		Present	Absent
Arthur W. Bracey, MD	Chair	<input type="checkbox"/>	<input type="checkbox"/>
Ewan D. Johnson, MD	Vice Chair	<input type="checkbox"/>	<input type="checkbox"/>
Andrea Caracostis, MD	Secretary	<input type="checkbox"/>	<input type="checkbox"/>
Lawrence D. Finder	Board Member	<input type="checkbox"/>	<input type="checkbox"/>
Marcia Johnson	Board Member	<input type="checkbox"/>	<input type="checkbox"/>
Carol Paret	Board Member	<input type="checkbox"/>	<input type="checkbox"/>
Alicia Reyes	Board Member	<input type="checkbox"/>	<input type="checkbox"/>
Barbie L. Robinson	Board Member	<input type="checkbox"/>	<input type="checkbox"/>
Jennifer Tijerina	Board Member	<input type="checkbox"/>	<input type="checkbox"/>

The Board determined that a quorum was present. Among other business, a resolution on the following matter was considered:

*Consideration of Approval to Delegate Signature Authority to the Purchasing Agent for Agreements with Local Cooperative Organizations and, Pursuant to Loc. Gov't Code § 271.102, to Designate the Purchasing Agent as the Person to act on Harris Health's behalf in all Matters Pertaining to Cooperative Purchasing Programs*

\_\_\_\_\_ introduced the resolution and made a motion that it be adopted.  
\_\_\_\_\_ seconded the motion for adoption. The motion, carrying with it the adoption of the resolution, prevailed by the following vote:

	Yes	No	Abstain	Absent
Arthur W. Bracey, MD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ewan D. Johnson, MD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Andrea Caracostis, MD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lawrence D. Finder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marcia Johnson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carol Paret	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alicia Reyes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barbie L. Robinson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jennifer Tijerina	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The adopted resolution reads as follows:

Harris Health, by and through its Board of Trustees, delegates signature authority to the Harris County Purchasing Agent for Agreements with Local Cooperative Organizations and, pursuant to Loc. Gov't Code §271.102, to designate the Harris County Purchasing Agent as the person to act on Harris Health's behalf in all matters pertaining to Cooperative Purchasing Programs.

Thursday, March 23, 2023

Consent Grant Agreement Recommendations

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Consideration of Approval of Grant Recommendations (Items B1 through B2):

- B1. Harris County Hospital District Grant Agreement from the Roots & Wings Foundation  
– Mr. Jeffrey Baker
- B2. Harris County Public Health by Ryan White HIV/AIDS Treatment Extension Act of 2009 Part A  
– Dr. Jennifer Small

**Grant Agenda Items for the Harris County Hospital District dba Harris Health System, Board of Trustees Report**  
**Grant Agreement Summary: March 23, 2023**

No.	Grantor	Description/Justification	Action, Basis of Recommendation	Term	Project Owner	Award Amount
B1	Harris County Hospital District Foundation	Consideration of Approval of a Grant Agreement between Harris Health System and the Harris County Hospital District Foundation, through a Grant from the Roots & Wings Foundation, benefiting Harris Health's HealthyConnect for Remote Blood Pressure Monitoring to High-Risk Pregnant Patients Program.	<b>Grant Agreement</b>	April 1, 2023 through March 31, 2024	Mr. Jeffrey Baker	\$ 390,000.00
B2	Harris County Public Health by Ryan White HIV/AIDS Treatment Extension Act of 2009 Part A	<p>Consideration of Approval of an Interlocal Grant Agreement Renewal between the Harris County Hospital District d/b/a Harris Health System and Harris County Public Health Funded by Ryan White HIV/AIDS Treatment Extension Act of 2009 Part A To Provide Primary Medical Care, Psychiatric Services, Obstetric and Gynecological Care, Local Pharmacy Assistance Program and Ending the HIV Epidemic to HIV Positive Patients of Harris Health System</p> <ul style="list-style-type: none"> <li>• Harris Health can anticipate receiving an award no less than \$8,021,580 for the 2023-2024 Budget Year.</li> <li>• This Agreement in the amount of \$1,362,580 is the initial award.</li> </ul> <p><i>*The total award amount is contingent on funding from Harris County Public Health and is subject to change.</i></p>	<b>Renewal of Interlocal Grant Agreement</b>	March 1, 2023 through February 29, 2024	Dr. Jennifer Small	\$ 1,362,580.00
<b>TOTAL AMOUNT:</b>						<b>\$ 1,752,580.00</b>

Thursday, March 23, 2023

Consideration of Acceptance of the Harris Health System January 2023  
Financial Report Subject to Audit

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# Financial Statements

As of January 31, 2023



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# Financial Highlights Review

As of January 31, 2023

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Operating income for January was \$27.7 million compared to budgeted loss of \$3.4 million.

Total net revenue for January of \$212.7 million was \$24.9 million or 13.3% more than budget. The Foundation contributed \$11.5 million in capital gifts and endowments while improved investment returns provided \$4.2 million more than budget in investment income. Medicaid Supplemental programs were \$6.9 million higher than expected primarily due to timing.

In January, total expenses of \$184.9 million were \$6.2 million or 3.2% less than budget. Staff costs were \$3.7 million under budget as a result of a reduction in contract labor utilization. Purchased services for medical insurance subsidies decreased \$3.2 million due to the Marketplace plan pricing effective for calendar year 2023. The change in the Community Health Choice plan pricing, and a corresponding decrease in subsidy, was discussed with the Board of Trustees in November 2022.

Also in January, total patient days and average daily census increased 6.6% compared to budget. Inpatient case mix index, a measure of patient acuity, was at budget while length of stay was 6.4% higher than expected. Emergency room visits were 3.9% lower than planned for the month. Total clinic visits, including telehealth, were 18.4% higher compared to budget. Births were up 8.1%.

Total cash receipts for January were \$244.91 million. The System has \$1,210.1 million in unrestricted cash, cash equivalents and investments, representing 210.1 days cash on hand. Harris Health System has \$156.0 million in net accounts receivable, representing 78.9 days of outstanding patient accounts receivable at January 31, 2023. The January balance sheet reflects a combined net receivable position of \$275.4 million under the various Medicaid Supplemental programs.

# Income Statement

As of January 31, 2023 (In \$ Millions)

	MONTH-TO-MONTH			YEAR-TO-DATE				
	CURRENT YEAR	CURRENT BUDGET	PERCENT VARIANCE	CURRENT YEAR	CURRENT BUDGET	PERCENT VARIANCE	PRIOR YEAR	PERCENT VARIANCE
<b>REVENUE</b>								
Net Patient Revenue	\$ 58.7	\$ 57.8	1.6%	\$ 243.4	\$ 240.7	1.1%	\$ 260.5	-6.6%
Medicaid Supplemental Programs	58.0	51.0	13.6%	224.8	204.1	10.2%	136.2	65.1%
Other Operating Revenue	9.9	9.3	6.2%	39.0	36.9	5.7%	10.6	266.3%
<b>Total Operating Revenue</b>	<b>\$ 126.6</b>	<b>\$ 118.1</b>	<b>7.2%</b>	<b>\$ 507.2</b>	<b>\$ 481.7</b>	<b>5.3%</b>	<b>\$ 407.4</b>	<b>24.5%</b>
Net Ad Valorem Taxes	69.3	69.3	0.0%	277.1	277.0	0.0%	275.0	0.8%
Net Tobacco Settlement Revenue	-	-	0.0%	-	-	0.0%	-	0.0%
Capital Gifts & Grants	9.5	-	0.0%	9.5	-	0.0%	-	0.0%
Interest Income & Other	7.4	0.4	1664.7%	17.5	1.7	950.0%	20.3	-13.9%
<b>Total Nonoperating Revenue</b>	<b>\$ 86.1</b>	<b>\$ 69.7</b>	<b>23.6%</b>	<b>\$ 304.1</b>	<b>\$ 278.7</b>	<b>9.1%</b>	<b>\$ 295.3</b>	<b>3.0%</b>
<b>Total Net Revenue</b>	<b>\$ 212.7</b>	<b>\$ 187.8</b>	<b>13.3%</b>	<b>\$ 811.3</b>	<b>\$ 760.4</b>	<b>6.7%</b>	<b>\$ 702.7</b>	<b>15.5%</b>
<b>EXPENSE</b>								
Salaries and Wages	\$ 71.4	\$ 76.6	6.8%	\$ 287.2	\$ 297.4	3.4%	\$ 276.0	-4.1%
Employee Benefits	25.9	24.4	-6.2%	92.0	97.5	5.7%	93.7	1.8%
<b>Total Labor Cost</b>	<b>\$ 97.3</b>	<b>\$ 101.0</b>	<b>3.7%</b>	<b>\$ 379.3</b>	<b>\$ 395.0</b>	<b>4.0%</b>	<b>\$ 369.7</b>	<b>-2.6%</b>
Supply Expenses	26.7	23.0	-15.7%	99.6	93.0	-7.1%	93.4	-6.6%
Physician Services	36.0	36.0	-0.2%	136.6	143.9	5.0%	119.9	-13.9%
Purchased Services	17.6	23.6	25.5%	84.1	90.4	7.0%	91.3	7.9%
Depreciation & Interest	7.4	7.6	2.2%	29.0	30.6	5.2%	24.6	-17.6%
<b>Total Operating Expense</b>	<b>\$ 184.9</b>	<b>\$ 191.1</b>	<b>3.2%</b>	<b>\$ 728.5</b>	<b>\$ 752.8</b>	<b>3.2%</b>	<b>\$ 698.9</b>	<b>-4.2%</b>
<b>Operating Income (Loss)</b>	<b>\$ 27.7</b>	<b>\$ (3.4)</b>		<b>\$ 82.8</b>	<b>\$ 7.6</b>		<b>\$ 3.7</b>	
<b>Total Margin %</b>	<b>13.0%</b>	<b>-1.8%</b>		<b>10.2%</b>	<b>1.0%</b>		<b>0.5%</b>	

# Balance Sheet

**HARRISHEALTH**  
SYSTEM

January 31, 2023 (In \$ Millions)

	CURRENT YEAR	PRIOR YEAR
<b><u>CURRENT ASSETS</u></b>		
Cash, Cash Equivalents and Short Term Investments	\$ 1,210.1	\$ 1,144.6
Net Patient Accounts Receivable	156.0	101.2
Net Ad Valorem Taxes, Current Portion	-	278.8
Other Current Assets	378.0	176.7
<b>Total Current Assets</b>	<b>\$ 1,744.1</b>	<b>\$ 1,701.3</b>
<b><u>CAPITAL ASSETS</u></b>		
Plant, Property, & Equipment, Net of Accumulated Depreciation	\$ 417.5	\$ 436.4
Construction in Progress	182.9	106.3
Right of Use Assets	44.3	-
<b>Total Capital Assets</b>	<b>\$ 644.6</b>	<b>\$ 542.7</b>
<b><u>ASSETS LIMITED AS TO USE &amp; RESTRICTED ASSETS</u></b>		
Debt Service & Capital Asset Funds	\$ 40.1	\$ 50.4
LPPF Restricted Cash	145.6	87.8
Capital Gift Proceeds	46.0	-
Other - Restricted	0.9	1.3
<b>Total Assets Limited As to Use &amp; Restricted Assets</b>	<b>\$ 232.7</b>	<b>\$ 139.5</b>
Other Assets	41.5	14.0
Deferred Outflows of Resources	188.5	179.3
<b>Total Assets &amp; Deferred Outflows of Resources</b>	<b>\$ 2,851.5</b>	<b>\$ 2,576.8</b>
<b><u>CURRENT LIABILITIES</u></b>		
Accounts Payable and Accrued Liabilities	\$ 478.1	\$ 249.9
Employee Compensation & Related Liabilities	137.0	123.5
Estimated Third-Party Payor Settlements	17.3	13.5
Current Portion Long-Term Debt and Capital Leases	20.2	12.3
<b>Total Current Liabilities</b>	<b>\$ 652.7</b>	<b>\$ 399.2</b>
Long-Term Debt	330.8	307.7
Net Pension & Post Employment Benefits Liability	597.1	737.7
Other Long-Term Liabilities	7.9	24.1
Deferred Inflows of Resources	218.7	112.4
<b>Total Liabilities</b>	<b>\$ 1,807.3</b>	<b>\$ 1,581.2</b>
<b>Total Net Assets</b>	<b>\$ 1,044.2</b>	<b>\$ 995.6</b>
<b>Total Liabilities &amp; Net Assets</b>	<b>\$ 2,851.5</b>	<b>\$ 2,576.8</b>

# Cash Flow Summary

As of January 31, 2023 (In \$ Millions)

	MONTH-TO-MONTH		YEAR-TO-DATE	
	CURRENT YEAR	PRIOR YEAR	CURRENT YEAR	PRIOR YEAR
<b>CASH RECEIPTS</b>				
Collections on Patient Accounts	\$ 55.8	\$ 45.4	\$ 212.6	\$ 253.6
Medicaid Supplemental Programs	(58.3)	15.8	403.8	244.6
Net Ad Valorem Taxes	229.1	230.1	433.1	451.6
Tobacco Settlement	-	-	-	-
Other Revenue	18.3	8.1	85.1	47.8
<b>Total Cash Receipts</b>	<b>\$ 244.9</b>	<b>\$ 299.3</b>	<b>\$ 1,134.5</b>	<b>\$ 997.6</b>
<b>CASH DISBURSEMENTS</b>				
Salaries, Wages and Benefits	\$ 114.9	\$ 72.1	\$ 428.0	\$ 340.3
Supplies	22.2	22.7	96.1	92.2
Physician Services	31.9	31.0	128.3	121.7
Purchased Services	18.3	16.5	70.8	67.0
Capital Expenditures	11.8	3.6	44.3	29.4
Debt and Interest Payments	0.4	0.3	1.3	1.2
Other Uses	(13.0)	13.5	(21.5)	53.8
<b>Total Cash Disbursements</b>	<b>\$ 186.5</b>	<b>\$ 159.7</b>	<b>\$ 747.3</b>	<b>\$ 705.6</b>
<b>Net Change</b>	<b>\$ 58.4</b>	<b>\$ 139.6</b>	<b>\$ 387.3</b>	<b>\$ 292.0</b>
Unrestricted Cash, Cash Equivalents and Investments - September 30, 2022			\$ 822.8	
Net Change			387.3	
<b>Unrestricted Cash, Cash Equivalents and Investments - January 31, 2023</b>			<b>\$ 1,210.1</b>	

# Performance Ratios

As of January 31, 2023

	MONTH-TO-MONTH		YEAR-TO-DATE		
	CURRENT YEAR	CURRENT BUDGET	CURRENT YEAR	CURRENT BUDGET	PRIOR YEAR
<b><u>OPERATING HEALTH INDICATORS</u></b>					
Operating Margin %	13.0%	-1.8%	10.2%	1.0%	0.5%
Run Rate per Day (In\$ Millions)	\$ 5.8	\$ 6.0	\$ 5.7	\$ 5.9	\$ 5.5
Salary, Wages & Benefit per APD	\$ 2,290	\$ 2,694	\$ 2,271	\$ 2,599	\$ 2,523
Supply Cost per APD	\$ 627	\$ 614	\$ 596	\$ 612	\$ 637
Physician Services per APD	\$ 848	\$ 959	\$ 818	\$ 947	\$ 819
<b>Total Expense per APD</b>	<b>\$ 4,352</b>	<b>\$ 5,097</b>	<b>\$ 4,363</b>	<b>\$ 4,954</b>	<b>\$ 4,770</b>
Overtime as a % of Total Salaries	3.6%	1.6%	3.7%	1.6%	3.1%
Contract as a % of Total Salaries	4.8%	7.1%	5.5%	7.2%	7.0%
Full-time Equivalent Employees	9,761	10,255	9,840	10,190	9,229
<b><u>FINANCIAL HEALTH INDICATORS</u></b>					
Quick Ratio			2.6		4.2
Unrestricted Cash (In \$ Millions)			\$ 1,210.1	\$ 934.4	\$ 1,144.6
Days Cash on Hand			210.1	164.2	207.4
Days Revenue in Accounts Receivable			78.9	53.3	47.8
Days in Accounts Payable			78.7		41.2
Capital Expenditures/Depreciation & Amortization			177.2%		139.8%
Average Age of Plant(years)			11.1		12.5

# Harris Health System Key Indicators





# Statistical Highlights

As of January 31, 2023

	MONTH-TO-MONTH			YEAR-TO-DATE				
	CURRENT YEAR	CURRENT BUDGET	PERCENT CHANGE	CURRENT YEAR	CURRENT BUDGET	PERCENT CHANGE	PRIOR YEAR	PERCENT CHANGE
Adjusted Patient Days	42,492	37,501	13.3%	166,972	151,946	9.9%	146,522	14.0%
Outpatient % of Adjusted Volume	59.6%	60.6%	-1.8%	60.0%	61.7%	-2.9%	62.1%	-3.4%
Primary Care Clinic Visits	43,626	36,384	19.9%	175,100	157,358	11.3%	150,262	16.5%
Specialty Clinic Visits	19,589	17,762	10.3%	79,966	75,752	5.6%	74,923	6.7%
Telehealth Clinic Visits	10,785	11,645	-7.4%	43,251	46,690	-7.4%	61,578	-29.8%
<b>Total Clinic Visits</b>	<b>74,000</b>	<b>65,791</b>	<b>12.5%</b>	<b>298,317</b>	<b>279,800</b>	<b>6.6%</b>	<b>286,763</b>	<b>4.0%</b>
Emergency Room Visits - Outpatient	10,866	11,427	-4.9%	43,757	44,675	-2.1%	42,344	3.3%
Emergency Room Visits - Admitted	1,848	1,805	2.4%	7,258	6,482	12.0%	5,748	26.3%
<b>Total Emergency Room Visits</b>	<b>12,714</b>	<b>13,232</b>	<b>-3.9%</b>	<b>51,015</b>	<b>51,157</b>	<b>-0.3%</b>	<b>48,092</b>	<b>6.1%</b>
Surgery Cases - Outpatient	959	1,170	-18.0%	3,524	4,351	-19.0%	2,972	18.6%
Surgery Cases - Inpatient	846	990	-14.5%	3,221	3,670	-12.2%	2,898	11.1%
<b>Total Surgery Cases</b>	<b>1,805</b>	<b>2,160</b>	<b>-16.4%</b>	<b>6,745</b>	<b>8,021</b>	<b>-15.9%</b>	<b>5,870</b>	<b>14.9%</b>
<b>Total Outpatient Visits</b>	<b>120,763</b>	<b>116,469</b>	<b>3.7%</b>	<b>486,856</b>	<b>480,564</b>	<b>1.3%</b>	<b>514,808</b>	<b>-5.4%</b>
Inpatient Cases (Discharges)	2,661	2,432	9.4%	10,953	10,016	9.4%	8,930	22.7%
Outpatient Observation Cases	804	1,216	-33.9%	3,223	4,811	-33.0%	4,515	-28.6%
<b>Total Cases Occupying Patient Beds</b>	<b>3,465</b>	<b>3,648</b>	<b>-5.0%</b>	<b>14,176</b>	<b>14,827</b>	<b>-4.4%</b>	<b>13,445</b>	<b>5.4%</b>
Births	483	447	8.1%	1,990	1,691	17.7%	1,770	12.4%
Inpatient Days	17,180	14,760	16.4%	66,846	58,126	15.0%	55,602	20.2%
Outpatient Observation Days	2,499	3,700	-32.5%	10,186	14,605	-30.3%	14,161	-28.1%
<b>Total Patient Days</b>	<b>19,679</b>	<b>18,460</b>	<b>6.6%</b>	<b>77,032</b>	<b>72,731</b>	<b>5.9%</b>	<b>69,763</b>	<b>10.4%</b>
Average Daily Census	634.8	595.5	6.6%	626.3	591.3	5.9%	567.2	10.4%
Average Operating Beds	681	681	0.0%	681	681	0.0%	681	0.0%
Bed Occupancy %	93.2%	87.4%	6.6%	92.0%	86.8%	5.9%	83.3%	10.4%
Inpatient Average Length of Stay	6.46	6.07	6.4%	6.10	5.80	5.2%	6.23	-2.0%
Inpatient Case Mix Index (CMI)	1.716	1.706	0.6%	1.674	1.706	-1.9%	1.815	-7.8%
<b>Payor Mix (% of Charges)</b>								
Charity & Self Pay	42.4%	46.2%	-8.2%	45.5%	46.7%	-2.5%	46.4%	-1.9%
Medicaid & Medicaid Managed	25.0%	23.5%	6.3%	23.5%	22.7%	3.4%	21.0%	11.6%
Medicare & Medicare Managed	12.2%	11.6%	4.8%	11.2%	11.0%	1.5%	12.4%	-9.6%
Commercial & Other	20.5%	18.7%	9.4%	19.8%	19.5%	1.8%	20.2%	-1.9%
<b>Total Unduplicated Patients - Rolling 12</b>				<b>248,285</b>			<b>261,610</b>	<b>-5.1%</b>
<b>Total New Patient - Rolling 12</b>				<b>86,124</b>			<b>83,405</b>	<b>3.3%</b>

# Harris Health System

## Statistical Highlights

January FY 2023

### Cases Occupying Beds - CM

Actual	Budget	Prior Year
3,465	3,648	3,223

### Cases Occupying Beds - YTD

Actual	Budget	Prior Year
14,176	14,827	13,445

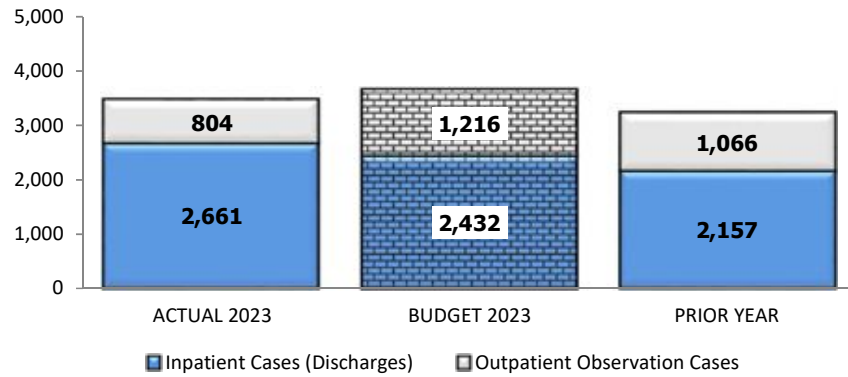
### Emergency Visits - CM

Actual	Budget	Prior Year
12,714	13,232	12,993

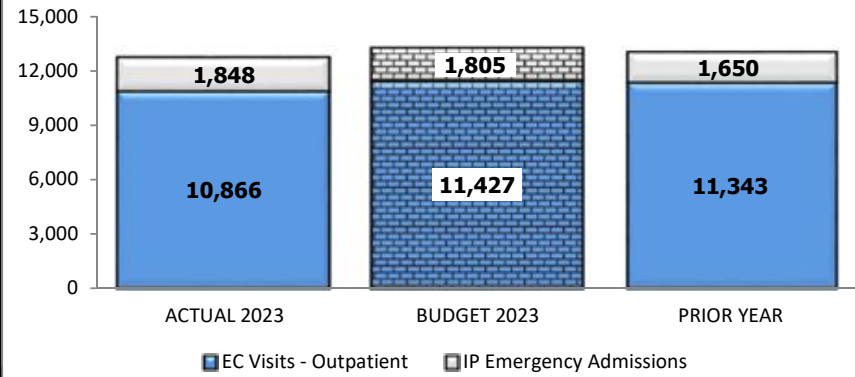
### Emergency Visits - YTD

Actual	Budget	Prior Year
51,015	51,157	48,092

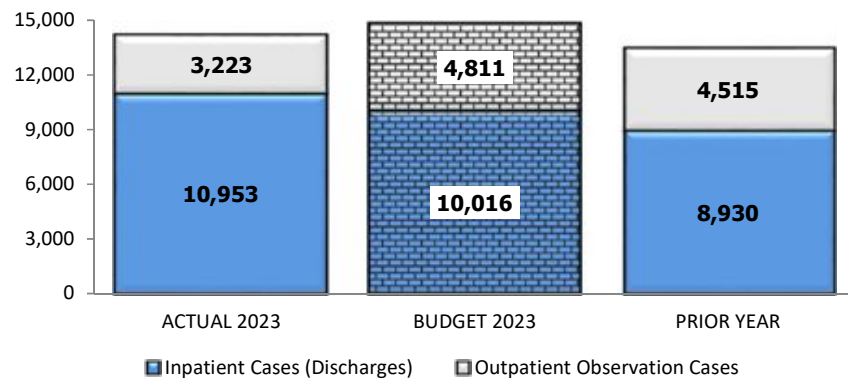
### Cases Occupying Beds - Current Month



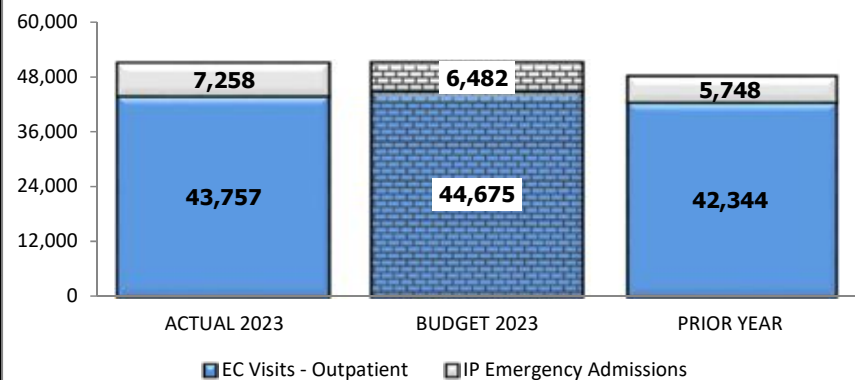
### Emergency Visits - Current Month



### Cases Occupying Beds - YTD



### Emergency Visits - YTD



# Harris Health System

## Statistical Highlights

January FY 2023

### Surgery Cases - CM

Actual	Budget	Prior Year
1,805	2,160	1,415

### Surgery Cases - YTD

Actual	Budget	Prior Year
6,745	8,021	5,870

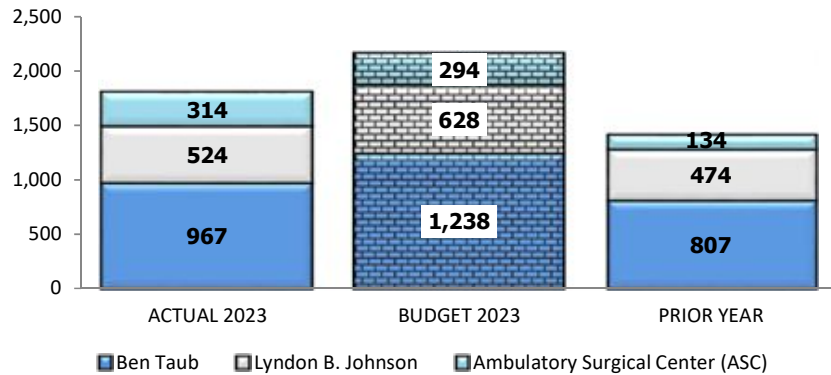
### Clinic Visits - CM

Actual	Budget	Prior Year
74,000	65,791	64,449

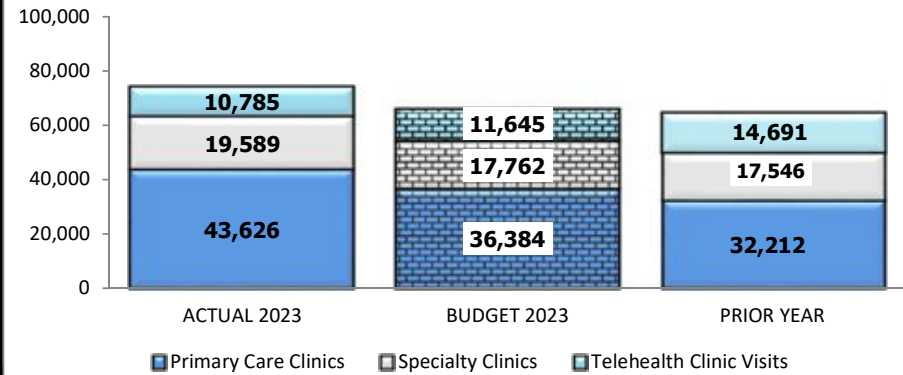
### Clinic Visits - YTD

Actual	Budget	Prior Year
298,317	279,800	286,763

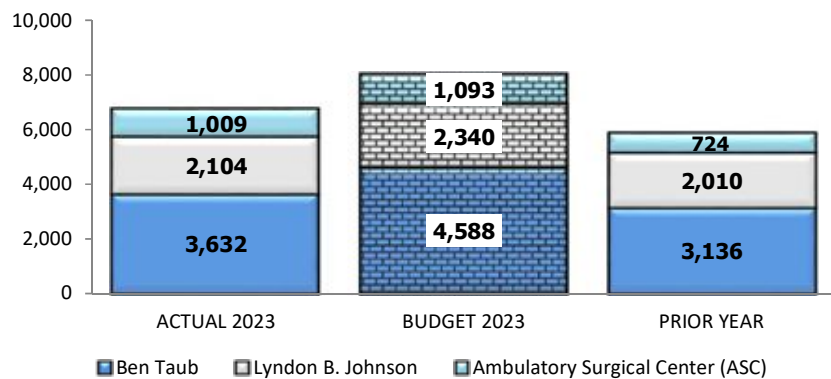
### Surgery Cases - Current Month



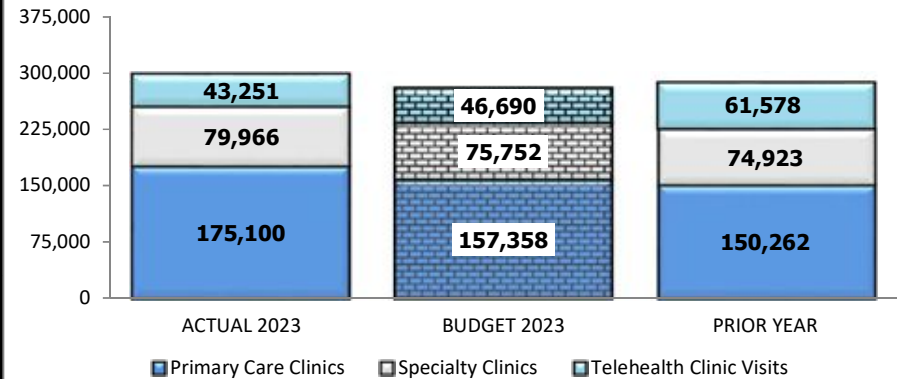
### Clinic Visits - Current Month



### Surgery Cases - YTD



### Clinic Visits - YTD



# Harris Health System

## Statistical Highlights

January FY 2023

### Adjusted Patient Days - CM

42,492

### Adjusted Patient Days - YTD

166,972

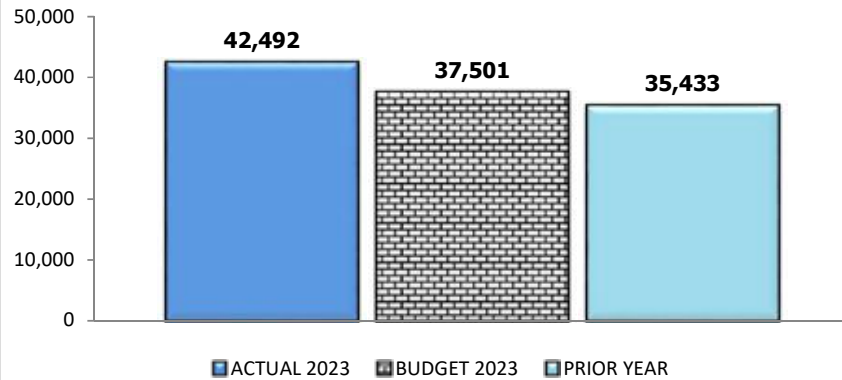
### Average Daily Census - CM

634.8

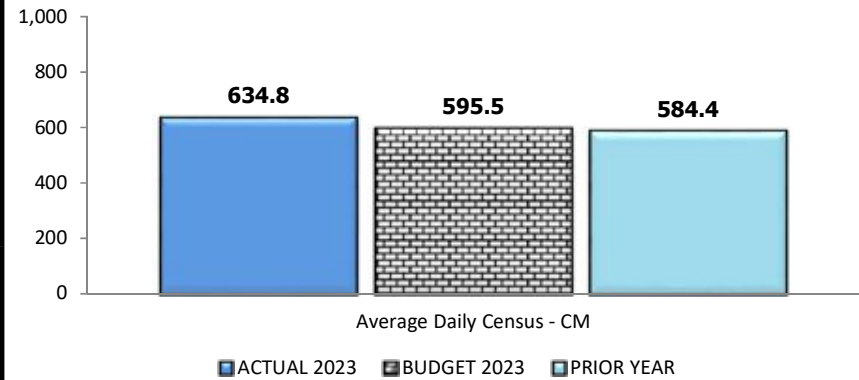
### Average Daily Census - YTD

626.3

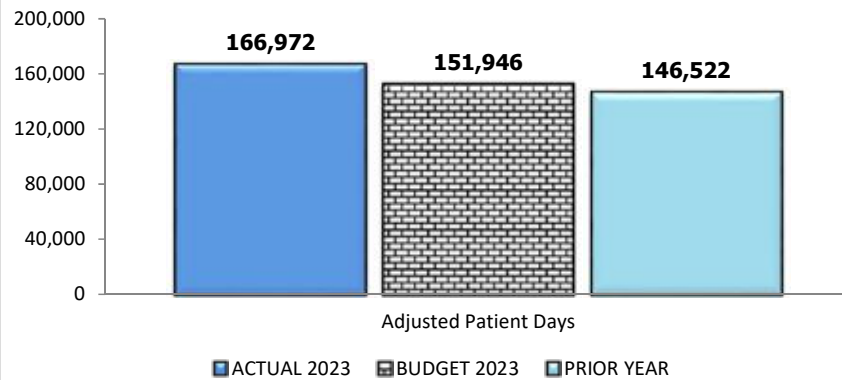
### Adjusted Patient Days - Current Month



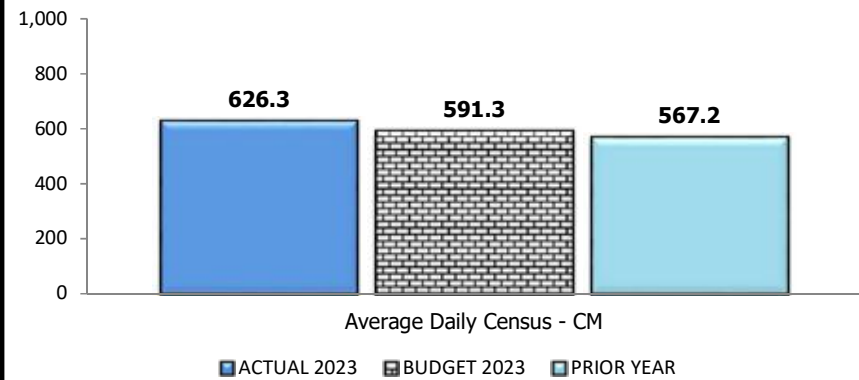
### Average Daily Census - Current Month



### Adjusted Patient Days - YTD



### Average Daily Census - YTD



# Harris Health System

## Statistical Highlights

January FY 2023

### Inpatient ALOS - CM

6.46

### Inpatient ALOS - YTD

6.10

### Case Mix Index (CMI) - CM

Overall

Excl. Obstetrics

1.716

1.901

### Case Mix Index (CMI) - YTD

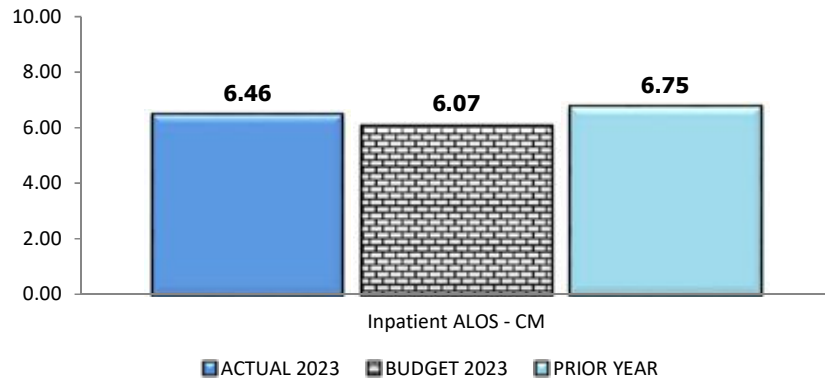
Overall

Excl. Obstetrics

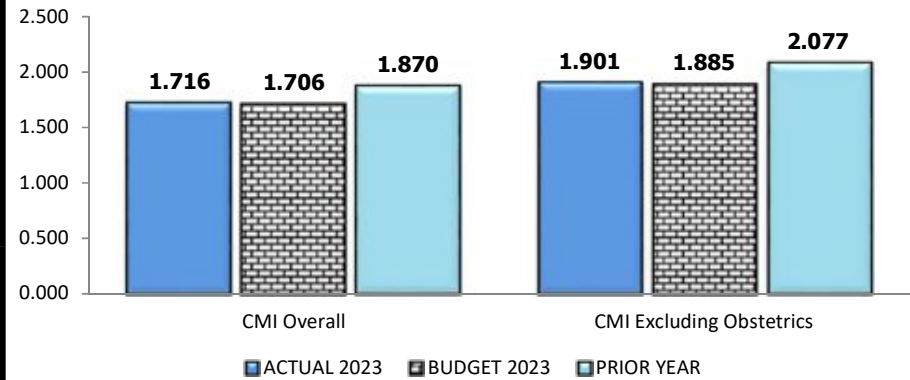
1.674

1.855

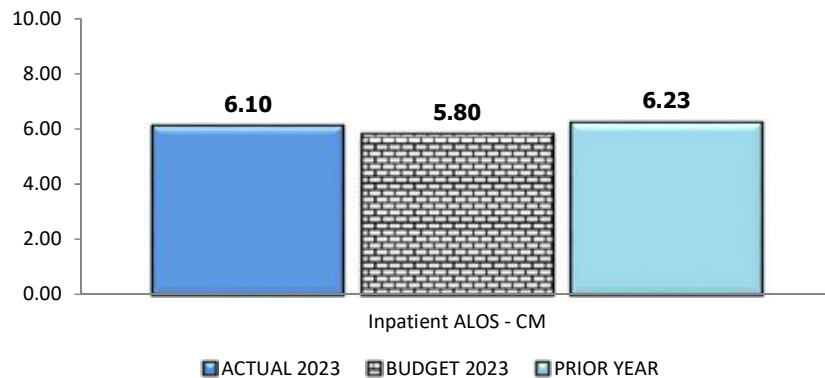
### Inpatient ALOS - Current Month



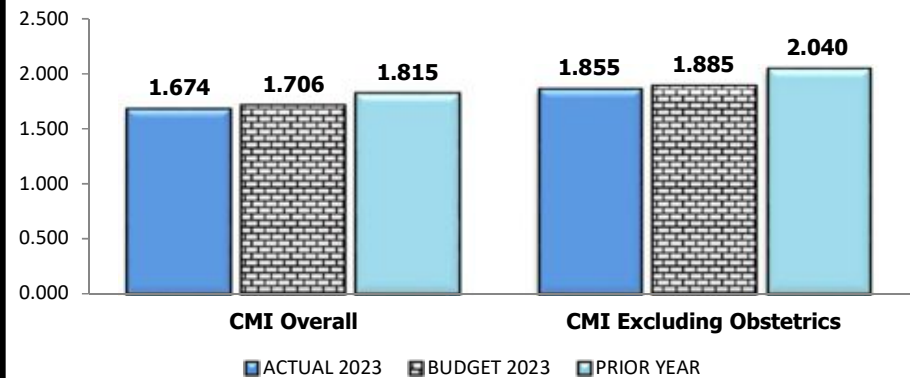
### Case Mix Index - Current Month



### Inpatient ALOS - YTD



### Case Mix Index - YTD



# Harris Health System

## Statistical Highlights - Cases Occupying Beds

January FY 2023

### BT Cases Occupying Beds - CM

Actual	Budget	Prior Year
2,036	2,117	1,859

### BT Cases Occupying Beds - YTD

Actual	Budget	Prior Year
8,360	8,572	8,077

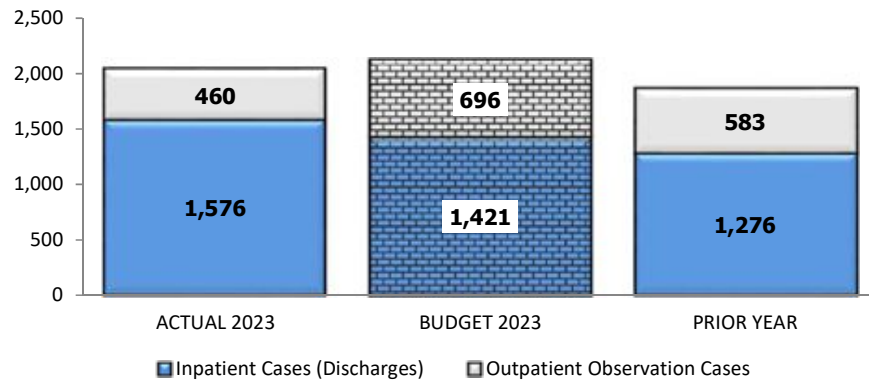
### LBJ Cases Occupying Beds - CM

Actual	Budget	Prior Year
1,429	1,531	1,364

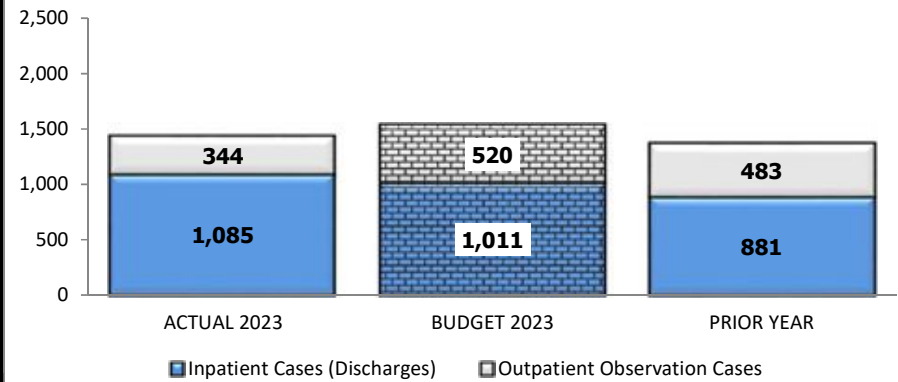
### LBJ Cases Occupying Beds - YTD

Actual	Budget	Prior Year
5,816	6,255	5,368

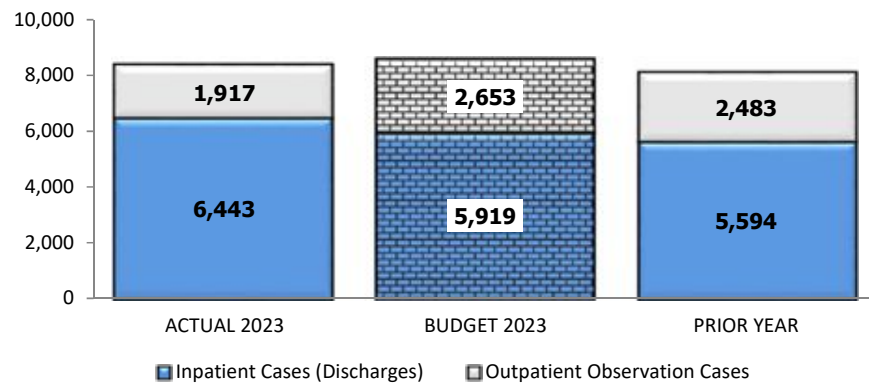
### Ben Taub Cases - Current Month



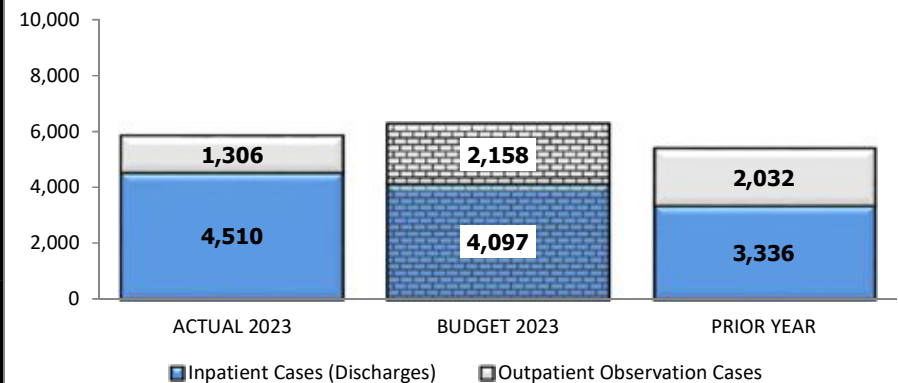
### Lyndon B. Johnson Cases - Current Month



### Ben Taub Cases - YTD



### Lyndon B. Johnson Cases - YTD



# Harris Health System

## Statistical Highlights - Surgery Cases

January FY 2023

**BT Surgery Cases - CM**

Actual	Budget	Prior Year
967	1,238	807

**BT Surgery Cases - YTD**

Actual	Budget	Prior Year
3,632	4,588	3,136

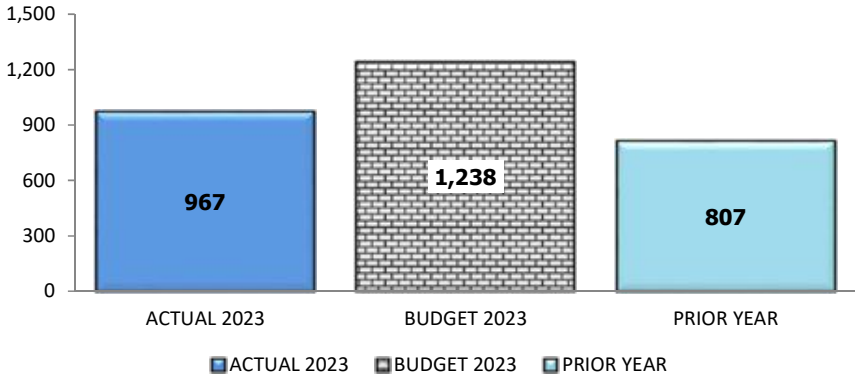
**LBJ Surgery Cases - CM**

Actual	Budget	Prior Year
838	922	608

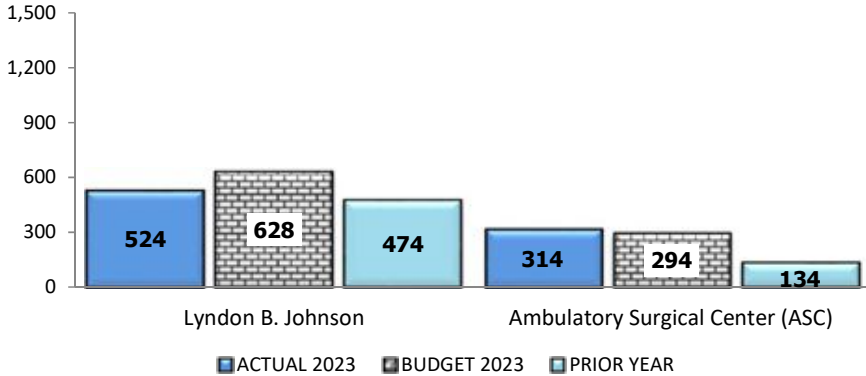
**LBJ Surgery Cases - YTD**

Actual	Budget	Prior Year
3,113	3,433	2,734

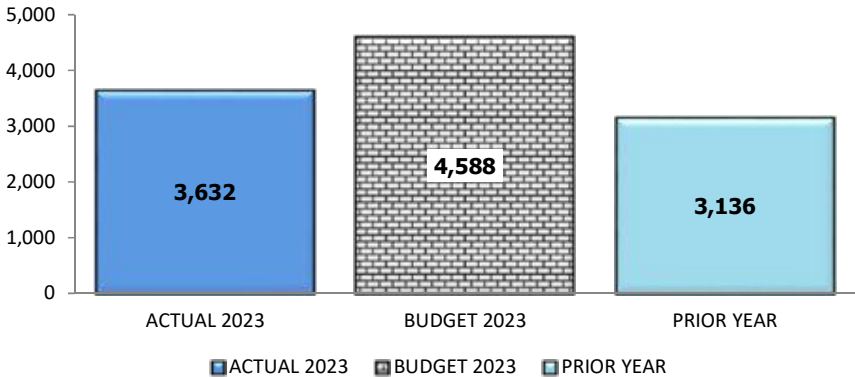
**Ben Taub OR Cases - Current Month**



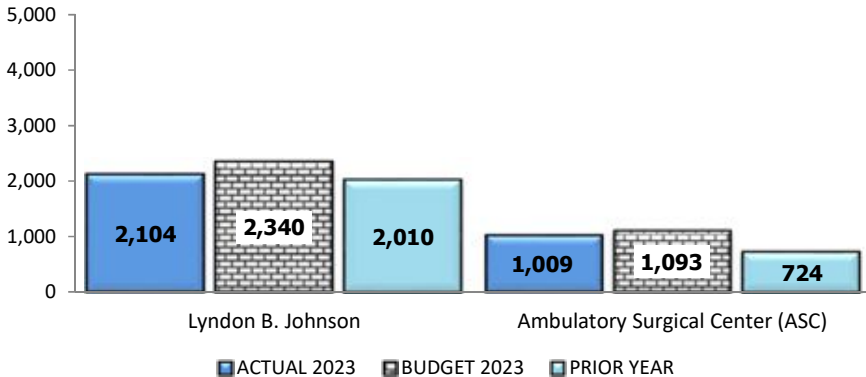
**Lyndon B. Johnson OR Cases - Current Month**



**Ben Taub OR Cases - YTD**



**Lyndon B. Johnson OR Cases - YTD**

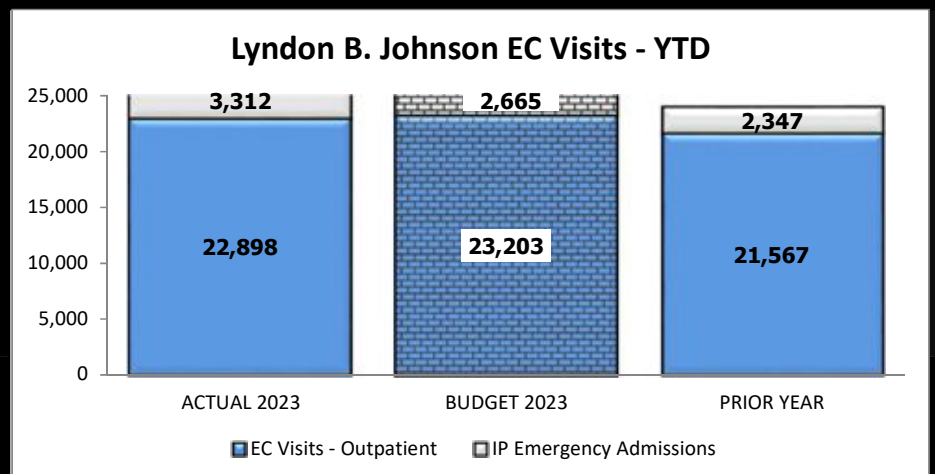
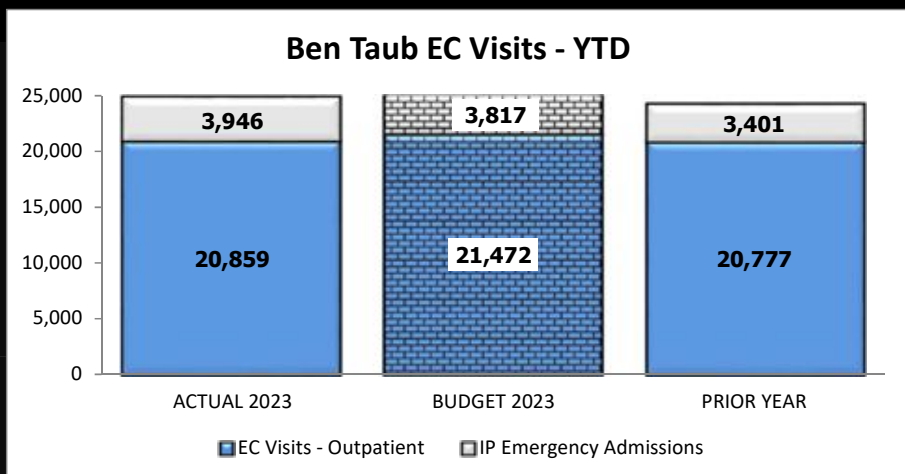
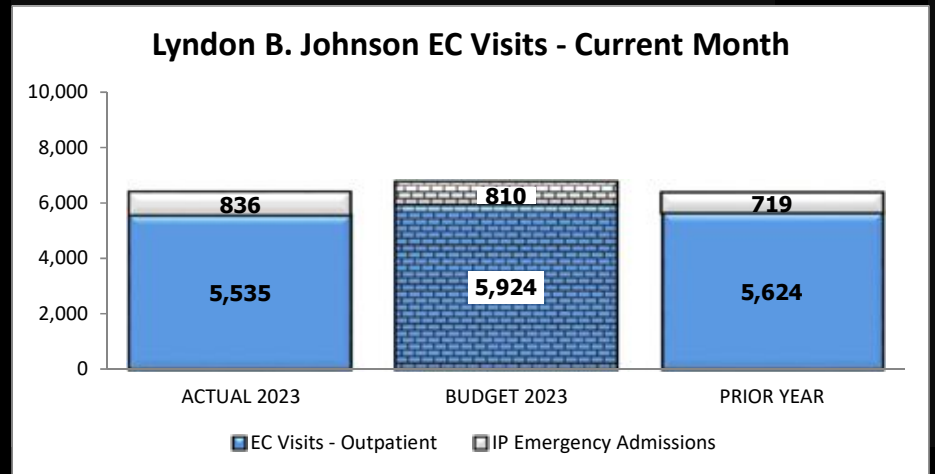
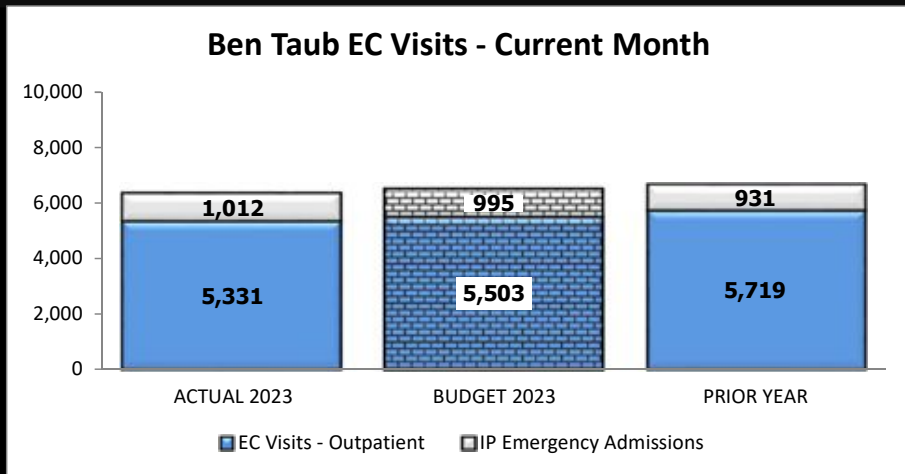


# Harris Health System

## Statistical Highlights - Emergency Room Visits

January FY 2023

<u>BT Emergency Visits - CM</u>			<u>BT Emergency Visits - YTD</u>			<u>LBJ Emergency Visits - CM</u>			<u>LBJ Emergency Visits - YTD</u>		
Actual	Budget	Prior Year	Actual	Budget	Prior Year	Actual	Budget	Prior Year	Actual	Budget	Prior Year
6,343	6,498	6,650	24,805	25,289	24,178	6,371	6,734	6,343	26,210	25,868	23,914



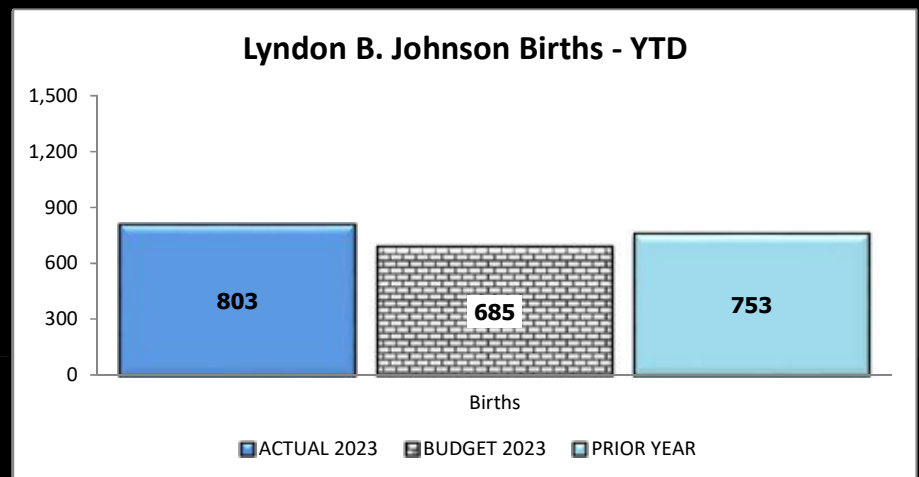
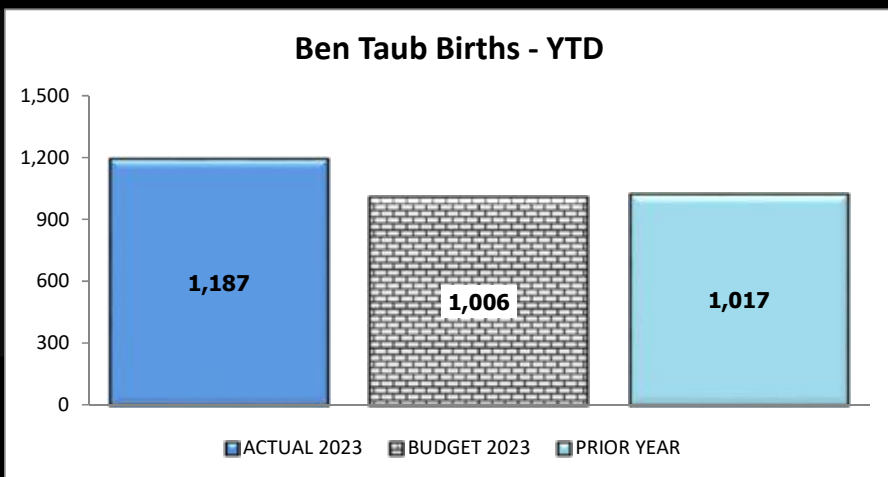
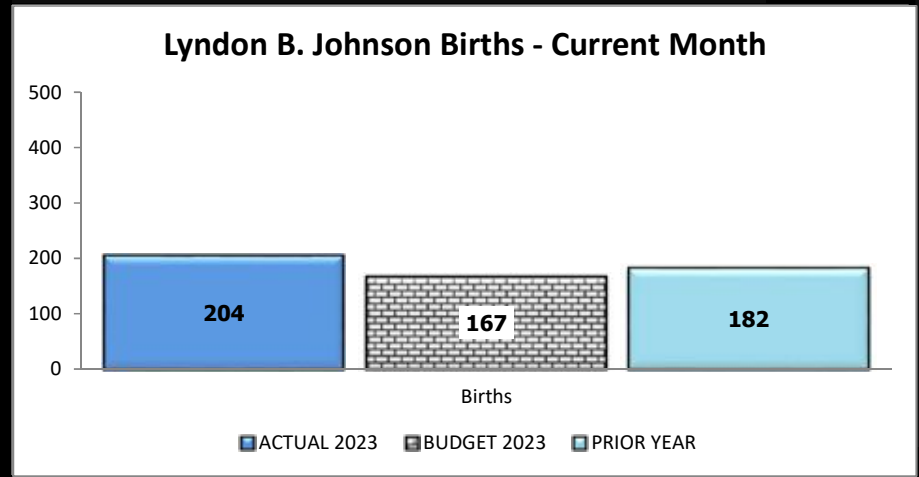
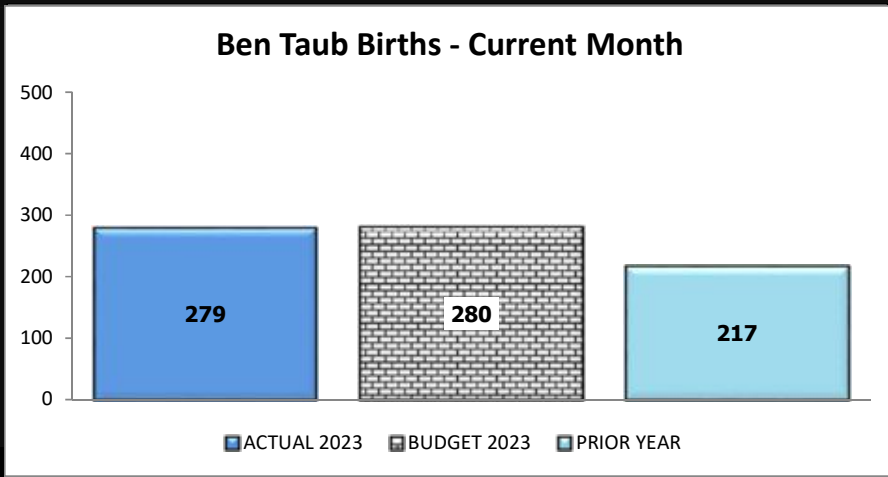


# Harris Health System

## Statistical Highlights - Births

January FY 2023

<u>BT Births - CM</u>			<u>BT Births - YTD</u>			<u>LBJ Births - CM</u>			<u>LBJ Births - YTD</u>		
Actual	Budget	Prior Year	Actual	Budget	Prior Year	Actual	Budget	Prior Year	Actual	Budget	Prior Year
279	280	217	1,187	1,006	1,017	204	167	182	803	685	753



# Harris Health System

## Statistical Highlights - Adjusted Patient Days

January FY 2023

**BT Adjusted Patient Days - CM**

21,111

**BT Adjusted Patient Days - YTD**

82,508

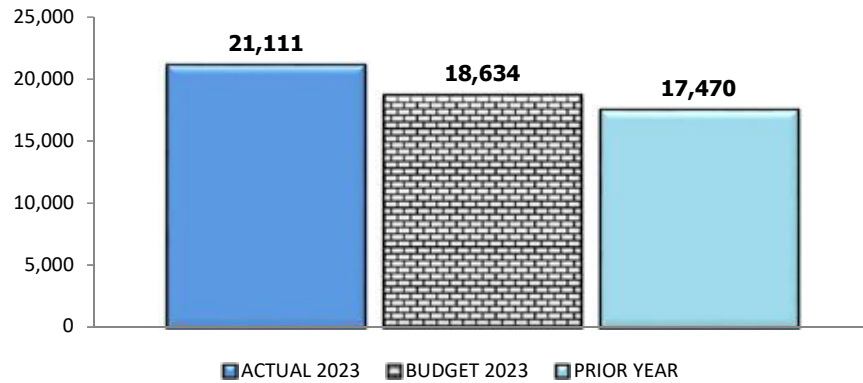
**LBJ Adjusted Patient Days - CM**

13,441

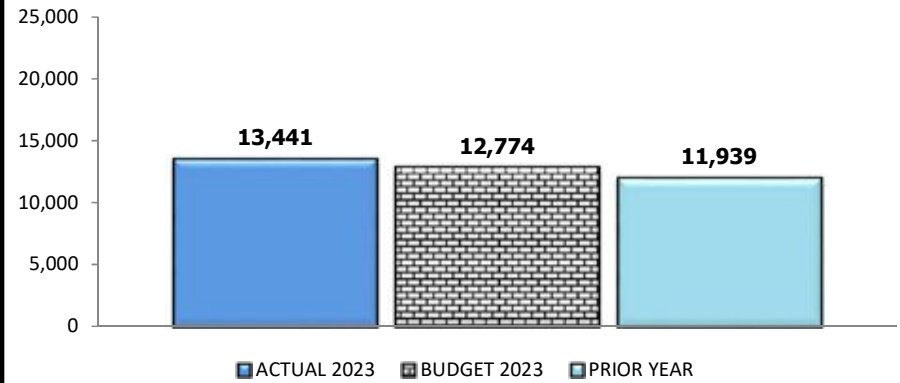
**LBJ Adjusted Patient Days - YTD**

52,662

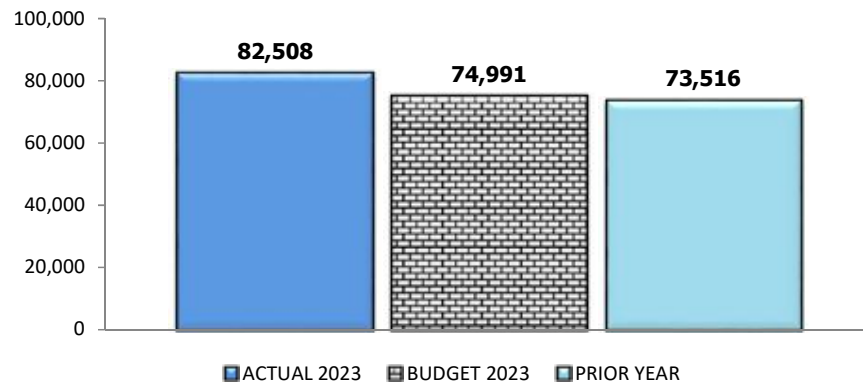
**Ben Taub APD - Current Month**



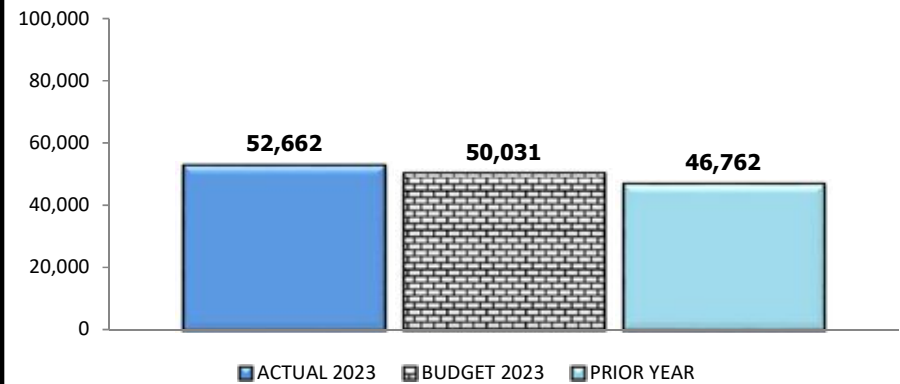
**Lyndon B. Johnson APD - Current Month**



**Ben Taub APD - YTD**



**Lyndon B. Johnson APD - YTD**



# Harris Health System

## Statistical Highlights - Average Daily Census (ADC)

January FY 2023

**BT Average Daily Census - CM**

406.2

**BT Average Daily Census - YTD**

403.1

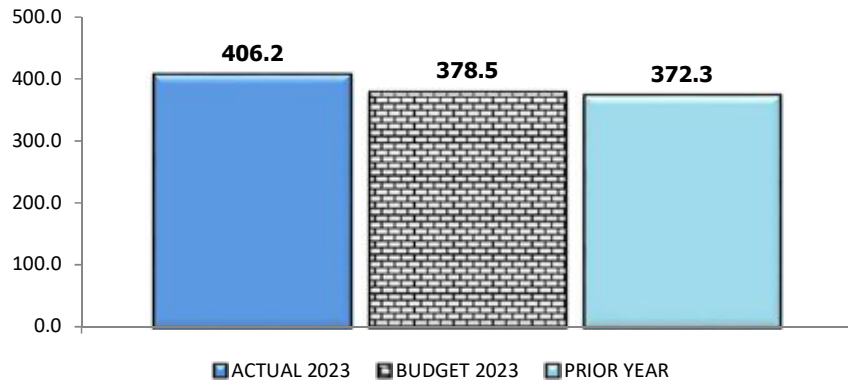
**LBJ Average Daily Census - CM**

228.6

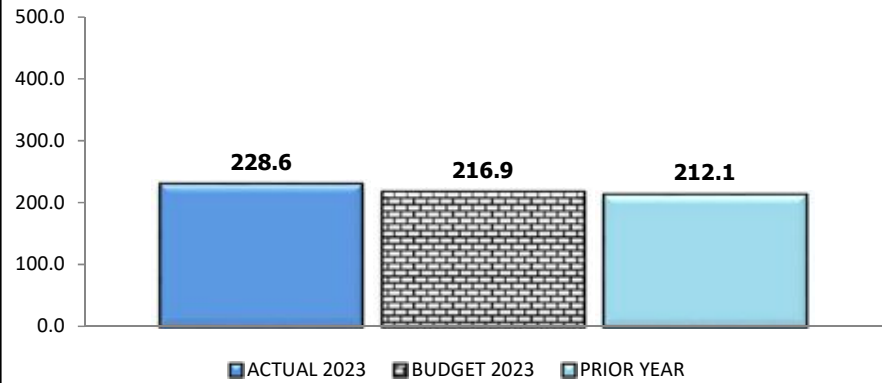
**LBJ Average Daily Census - YTD**

223.2

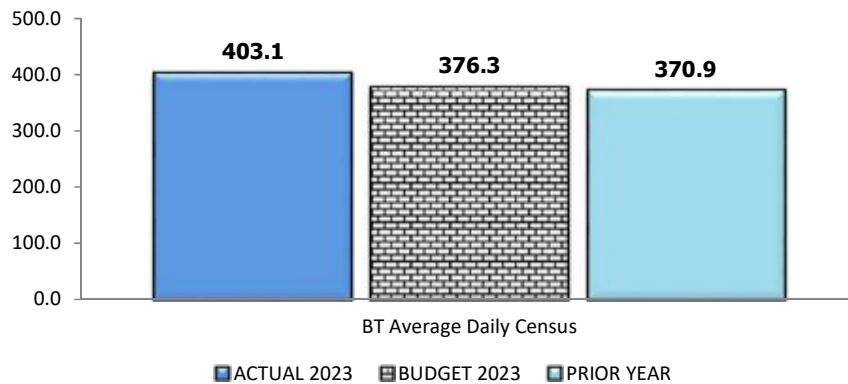
**Ben Taub ADC - Current Month**



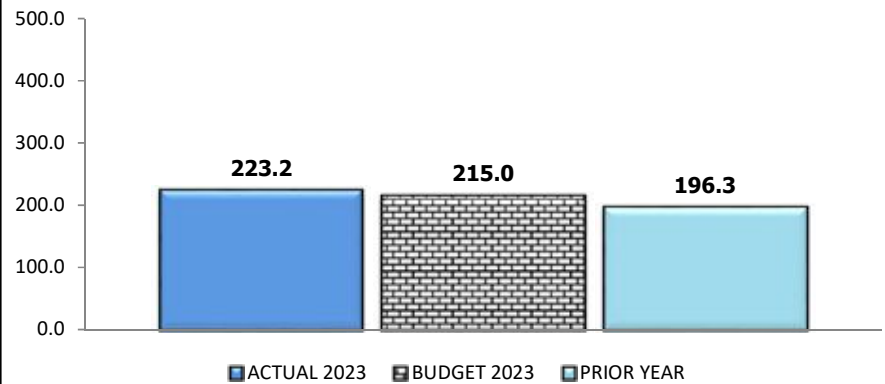
**Lyndon B. Johnson ADC - Current Month**



**Ben Taub ADC - YTD**



**Lyndon B. Johnson ADC - YTD**



# Harris Health System

## Statistical Highlights - Inpatient Average Length of Stay (ALOS)

January FY 2023

### BT Inpatient ALOS - CM

7.00

### BT Inpatient ALOS - YTD

6.68

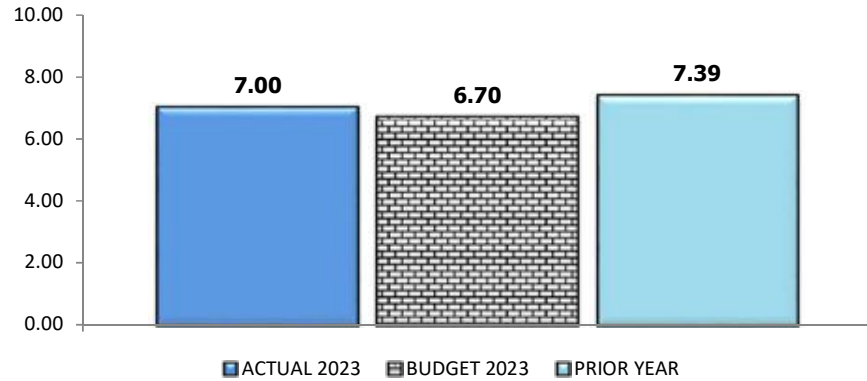
### LBJ Inpatient ALOS - CM

5.66

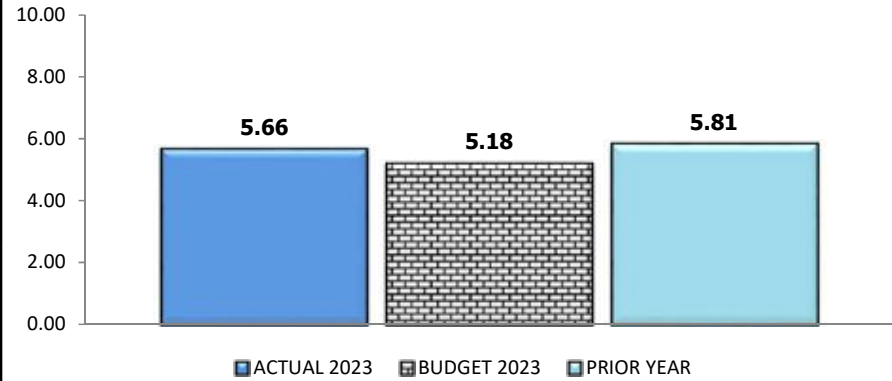
### LBJ Inpatient ALOS - YTD

5.28

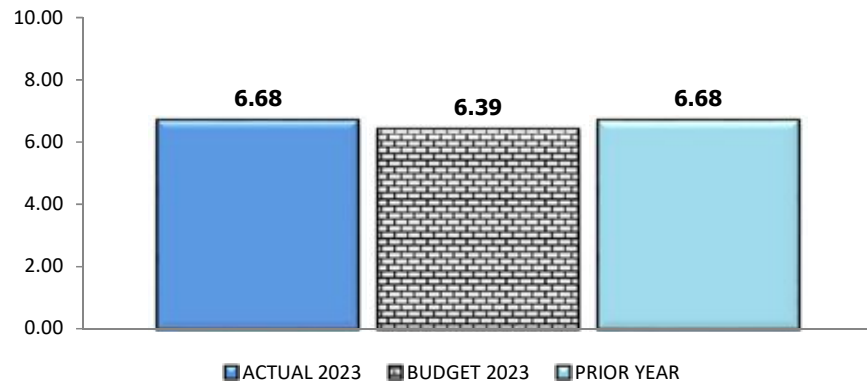
#### Ben Taub ALOS - Current Month



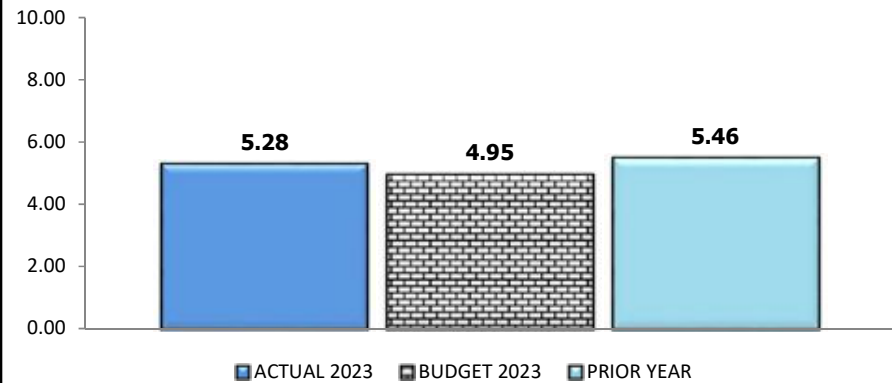
#### Lyndon B. Johnson ALOS - Current Month



#### Ben Taub ALOS - YTD



#### Lyndon B. Johnson ALOS - YTD



# Harris Health System

## Statistical Highlights - Case Mix Index (CMI)

January FY 2023

### BT Case Mix Index (CMI) - CM

Overall	Excl. Obstetrics
1.884	2.091

### BT Case Mix Index (CMI) - YTD

Overall	Excl. Obstetrics
1.788	1.993

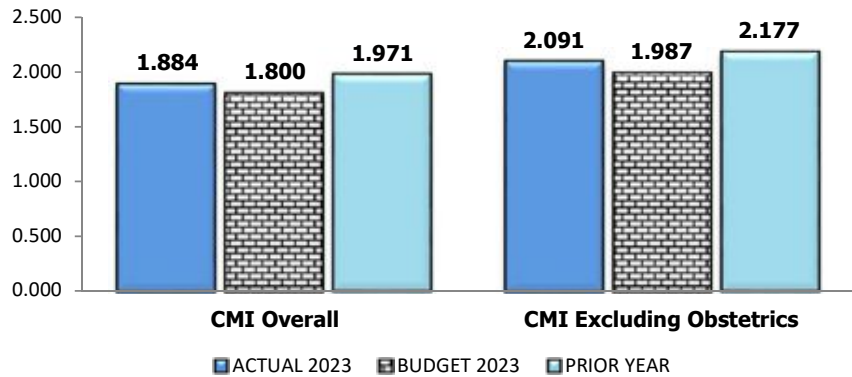
### LBJ Case Mix Index (CMI) - CM

Overall	Excl. Obstetrics
1.473	1.621

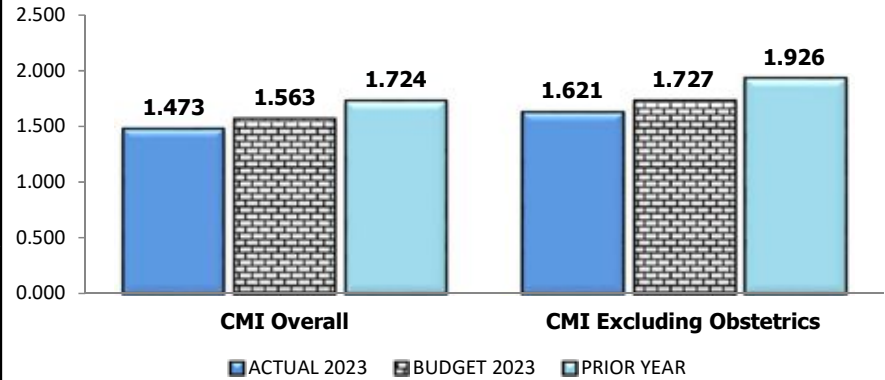
### LBJ Case Mix Index (CMI) - YTD

Overall	Excl. Obstetrics
1.511	1.660

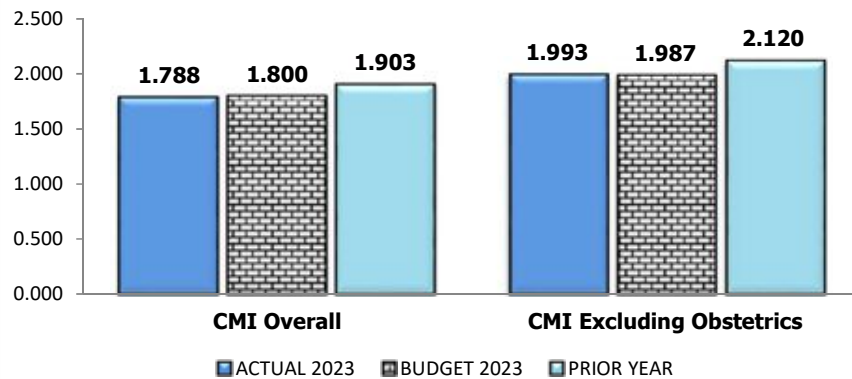
#### Ben Taub CMI - Current Month



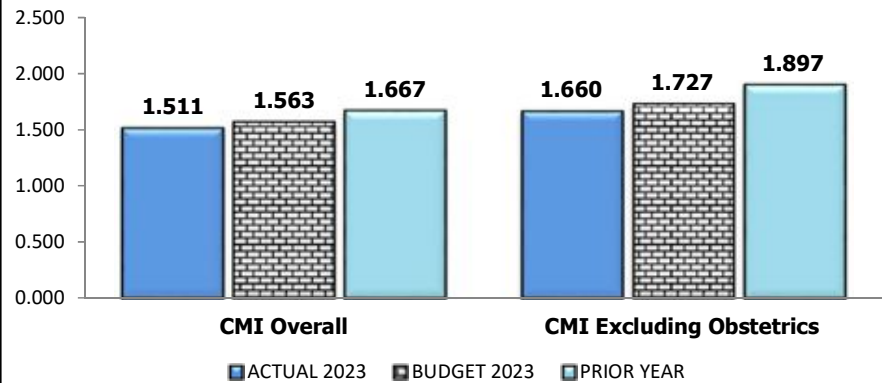
#### Lyndon B. Johnson CMI - Current Month



#### Ben Taub CMI - YTD



#### Lyndon B. Johnson CMI - YTD



Thursday, March 23, 2023

**Consideration of Approval to enter into a new lease agreement with  
Fibertown Houston, LLC for the Houston Data Center located at  
12031 North Freeway Houston, Texas 77060**

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Administration recommends Board of Trustees approval to convert our current Houston Data Center Services contract into a new 10-year lease agreement with Fibertown Houston, LLC. The Lease term will be from May 1, 2023 through April 30, 2033 at an annual rate of \$244,453.68 plus operating expenses. This lease will automatically renew for successive 10-year terms to maintain continuity of data center operations.

BOARD OF TRUSTEES  
 Houston Data Center  
 Fibertown Houston, LLC  
 March 23, 2023  
 Page 2

**Fact Sheet**

**Purpose of Lease:** Data Center

**Lessor:** Fibertown Houston, LLC

**Lessee:** Harris Health System

**Location of Lease Space:** 12031 North Freeway  
Houston, Texas 77060

**Lease Space:** 939 Sq. Ft.

**Lease Term:** 10 years with automatic 10-year renewal options

Lease Terms	Annual Base Rent	*Est. Annual Operating Expenses	Est. Annual Payment	Est. Annual Lease Rate/SF
May 1, 2023-April 30, 2033	\$244,453.68	\$686,796	\$931,631.12	\$992.15

\*Initial operating expenses for the first year subject to adjustment in subsequent years. Operating expenses include tenant’s share of electrical, cross connect and roof space expenses.

Termination: For any Lease Year following the first Lease Year, Tenant may cancel this Agreement on the last day of the Lease Year for non-appropriation of funds for the following Lease Year with at least 30 days prior written notice of any non-appropriation or reduction in funding.

Thursday, March 23, 2023

**Consideration of Approval to enter into a new lease agreement with  
Fibertown DC, LLC for the Bryan Data Center located at  
110 North Main St. and 120 North Main St. Bryan, Texas 77803**

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Administration recommends Board of Trustees approval to convert our current Bryan Data Center Services contract into a new 10-year lease agreement with Fibertown DC, LLC. The Lease term will be from May 1, 2023 through April 30, 2033 at an annual rate of \$255,363.12 plus operating expenses. This lease will automatically renew for successive 10-year terms to maintain continuity of data center operations.



BOARD OF TRUSTEES  
 Bryan Data Center  
 Fibertown DC, LLC  
 March 23, 2023  
 Page 2

**Fact Sheet**

**Purpose of Lease:** Data Center

**Lessor:** Fibertown DC, LLC

**Lessee:** Harris Health System

**Location of Lease Space:** 110 North Main St. and 120 North Main St.  
 Bryan, Texas 77803

**Lease Space:** 1,276 Sq. Ft.

**Lease Term:** 10 years with automatic 10-year renewal options

Lease Terms	Annual Base Rent	*Est. Annual Operating Expenses	Est. Annual Payment	Est. Annual Lease Rate/SF
May 1, 2023-April 30, 2033	\$255,363.12	\$679,788	\$935,151.12	\$732.88

\*Initial operating expenses for the first year subject to adjustment in subsequent years. Operating expenses include tenant’s share of electrical, cross connect and roof space expenses.

Termination: For any Lease Year following the first Lease Year, Tenant may cancel this Agreement on the last day of the Lease Year for non-appropriation of funds for the following Lease Year with at least 30 days prior written notice of any non-appropriation or reduction in funding.

Thursday, March 23, 2023

**Consideration of Approval to enter into a new lease agreement with  
Houston Community College System for the Pharmacy Central Fill located at  
9424 Fannin St. Houston, Texas 77045**

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Administration recommends Board of Trustees approval to enter into a new 10-year lease agreement with Houston Community College System for the Pharmacy Central Fill. The Lease term will be from July 1, 2024 through June 30, 2034 at an annual rate of \$317,207 plus operating expenses with options to renew for (2) additional 5-year terms.

BOARD OF TRUSTEES  
 Pharmacy Central Fill  
 Houston Community College System  
 March 23, 2023  
 Page 2

**Fact Sheet**

**Purpose of Lease:** Pharmacy Central Fill

**Lessor:** Houston Community College System

**Lessee:** Harris Health System

**Location of Lease Space:** 9424 Fannin St.  
Houston, Texas 77045

**Lease Space:** 57,674 Sq. Ft.

**Lease Term:** 10 years with (2) 5-year renewal options

Lease Terms	Annual Base Rent	*Est. Annual Operating Expenses	Est. Annual Payment	Est. Annual Lease Rate/SF
July 1, 2024-June 30, 2025	\$317,207.00	\$317,207.00	\$634,414	\$11.00
July 1, 2025-June 30, 2026	\$325,858.10	\$326,723.21	\$652,581	\$11.32
July 1, 2026-June 30, 2027	\$334,509.20	\$336,524.91	\$671,034	\$11.63
July 1, 2027-June 30, 2028	\$343,160.30	\$346,620.65	\$689,781	\$11.96
July 1, 2028-June 30, 2029	\$351,811.40	\$357,019.27	\$708,831	\$12.29
July 1, 2029-June 30, 2030	\$360,462.50	\$367,729.85	\$728,192	\$12.63
July 1, 2030-June 30, 2031	\$369,113.60	\$378,761.75	\$747,875	\$12.97
July 1, 2031-June 30, 2032	\$377,764.70	\$390,124.60	\$767,889	\$13.31
July 1, 2032-June 30, 2033	\$386,415.80	\$401,828.34	\$788,244	\$13.67
July 1, 2033-June 30, 2034	\$395,066.90	\$413,883.19	\$808,950	\$14.03

\*Operating expenses are estimated and subject to adjustment.

Termination: Lease contains provisions for annual termination due to non-appropriation of funds with written notice of such Non-Appropriation to the other Party at least 45 days prior to the end of the then current fiscal year or if Non-Appropriation has not occurred by such date, immediately upon Non-Appropriation.

Thursday, March 23, 2023

Updates Regarding Pending State and Federal Legislative and Policy Issues Impacting  
Harris Health System

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**March 23, 2023**  
**Board of Trustees Monthly Report**

**Federal Update**

**President Biden 2024 Budget Health Related Provisions:**

Makes permanent the Affordable Care Act (ACA) premium tax credits that the Inflation Reduction Act extended. It also provides Medicaid-like coverage to individuals in States that have not adopted Medicaid expansion under the ACA, paired with financial incentives to ensure States maintain their existing expansions.

The Budget builds upon the Inflation Reduction Act to continue lowering the cost of prescription drugs. For Medicare, this includes further strengthening the program’s negotiating power by extending it to more drugs and bringing drugs into the negotiation process sooner after they launch.

The Budget also limits Medicare Part D cost-sharing for high-value generic drugs used for certain chronic conditions like hypertension and high cholesterol to no more than \$2. For Medicaid, the Budget includes proposals to ensure Medicaid and CHIP programs are prudent purchasers of prescription drugs, authorizing HHS to negotiate supplemental drug rebates on behalf of interested States to pool purchasing power. For the commercial market, the Budget includes proposals to curb inflation in prescription drug prices and cap the monthly price of insulin products at \$35.

The Budget invests \$150 billion over 10 years to improve and expand Medicaid home and community-based services, such as personal care services, which would allow seniors and individuals with disabilities to remain in their homes and stay active in their communities as well as improve the quality of jobs for home care workers.

Health care workforce provisions include \$966 million in 2024 to expand the National Health Service Corps, which provides loan repayment and scholarships to health care professionals in exchange for practicing in underserved areas, and a total of \$350 million to expand programs that train and support the nursing workforce.

**1115 Waiver Update:**

The 1115 waiver approved in January 2021 includes a provision requiring HHSC to resize the Uncompensated Care pool a second time. The approach to resizing uses a methodology that relies on audited data from the disproportionate share hospital audits to reflect Medicaid payments, which are offset against data from a Medicare cost report. When negotiating the waiver, CMS agreed to use different data sets than typically required for the first resizing of UC due to the potential impact of COVID-19. A provision to allow for a different data year was not

negotiated in the second resizing as HHSC was not aware that the public health emergency (PHE) would continue this long.

The second resizing is scheduled to take place in 2027. If HHSC utilizes a COVID-19 base year HHSC estimates that the approximately \$4 billion UC pool could be reduced by approximately \$3 billion based on THOT projections. UC collections for Harris Health exceeded \$328 million in FY 2022.

HHSC is proposing to submit a waiver amendment to CMS to change Standard Term and Condition (STC) 41(d) to read as follows:

The state and CMS will collaborate on the reassessment, which will be based on information reported by hospitals for periods beginning in federal fiscal year 2025 on schedule S-10 of the CMS 2552-10 hospital cost report, with adjustment to ensure that demonstration pool payments do not enter the calculation, **and Medicaid payment data from 2025 as determined by the claim and encounter data maintained by Texas**, following a methodology approved by CMS. For non-S-10 hospitals, costs will be based on the CMS-approved cost reports described in Attachment H for the most recent available year. The results of the reassessment will be used to revise the UC Pool limits for DY 17-19. **CMS and Texas are using 2025 Medicaid claim and encounter data to avoid any impact to data caused by the public health emergency that was in effect in 2020 and after.**

It should be noted that the Administration and some Congressional Democrats want to use this issue as leverage to persuade Medicaid non-expansion states to expand Medicaid rather than being compensated through supplemental payments for hospital uncompensated care costs. Harris Health, along with others, will be actively engaging our respective delegations to encourage the Administration and CMS to approve the waiver amendment.

### **340B:**

Congress and the Administration are refocusing their attention on oversight and potential changes to the 340B program. A new coalition is called the Alliance to Save America's 340B Program (ASAP 340B) is being formed.

Attached is ASAP 340B principals of which closely align with Harris Health's longstanding principals on the future viability of the program. For example, making sure patients are benefitting from the 340B discounts hospitals are receiving, tightening up contract pharmacy requirements, dealing with the for profit PBM's and other middlemen issue of taking funds that should be used for the benefit of patients, and starting a clearinghouse to strengthen program integrity. Harris Health is closely monitoring the activities of this coalition, AEH, AHA, and other groups as the policy debate progresses.

**State Update:**

**60 Day Rule:** Friday March 10 marked the 60<sup>th</sup> day of the 88<sup>th</sup> Legislative Session which marked the bill filing deadline. 7,488 bills have been filed. Non-emergency items can now be debated and passed by both chambers.

**State ARPA Funding:** The Legislative Budget Board (LBB) shared in January of this year that roughly \$5.4 billion in ARPA funding remains. (See Slide 8) [Senate Bill 1, as Introduced \(texas.gov\)](#)

SB 30 appropriates about \$1.43 Billion in ARPA funding in the bill.

**\$1.434 Billion Total**

- \$25 million for DSHS FQHC Incubator Program
- \$600 million for School Safety
- \$146.8 for Texas A&M for Natural Disasters
- \$24.5 million for Lamar Institutions for Disaster Infrastructure
- \$35 million for TDCJ for Training Facility
- \$400 million for Water Development Board for Flood Mitigation
- Motor Vehicle Purchase - \$203.2 million

**Indirect Medical Education Medicaid Add-On Payments:** Last Session, SB 1921 passed and was signed into law directing HHSC to update the IME add on payment to teaching hospitals. With no appropriations for the current biennium, HHSC did not implement the law.

Harris Health is working with Doctors Hospital Renaissance - Rio Grande Valley seeking an additional appropriation of \$4.3 million to include in the budget to generate an \$11.4 million all funds program. Harris Health would benefit through an additional \$3.6 million in Medicaid reimbursement.

Representative Armando Walle submitted the rider to fund this program to the House Appropriations Committee and a support letter will be sent to all members of the Article II Subcommittee.

**Nursing Workforce Shortage:**

Senator Chuy Hinojosa filed SB 2059 – Grant Programs Established to Support Nursing Education and Training. He has also filed an exception item appropriation rider in Senate Finance to fund the program.

HB 1 would allocate \$46.8 million to the Nursing Shortage Reduction Fund, an increase of more than \$18 million. Harris Health and others are advocating to raise that fund to \$65 million.

Additionally, HB 1 proposes funding levels for the Nurse Faculty Loan Repayment Program (\$7 million), Graduate Medical Education (\$233 million) and the Mental Health Loan Repayment Program (\$28 million up from \$2 million).

Dr. Jackie Brock and others in nursing have worked tirelessly over the past several months to get us where we are today with this legislative initiative. Jackie Brock is becoming a state and national spokesperson/advocate on our behalf on all matters nursing workforce.

**Police Force Legislation Update:**

Senator Borris Miles and Representative Jolanda Jones are sponsoring this legislation. We anticipate a hearing on these bills later in March or early April in the House and Senate. We are also monitoring a number of workforce violence bills that are moving through both chambers.

**Mandatory MCO Contracts:**

SB 651 – Perry and HB 2401 - Oliverson filed in the legislation that would repeal mandatory contracts for health plans owned by hospital districts. Attached are talking points against these bills.

**Emergency Detention Orders:** HB 3504, 1933, and 2507 attempt to address administrative changes to EDO process. As written, these are shell bills awaiting new language. Several Harris Health staff have been engaged in negotiations during the interim and now. Many thanks to Charlie McMurray-Horton in Nursing, Legal, Compliance and our Medical Staff.



# Principles for Ensuring the 340B Program Benefits Patients and True Safety-Net Providers

The 340B Drug Pricing Program (340B program) is well-intentioned but evolution of our health care system over three decades has exposed flaws in the way the program is structured. Below is a comprehensive set of principles designed to work together to ensure the 340B program is put on a sustainable path for the future and benefits patients and true safety-net providers, including rural hospitals. These principles would require changes applicable to all stakeholders in the program.\*

The Alliance to Save America's 340B Program (ASAP 340B) supports an approach that includes all the policy areas outlined below, with statutory changes that codify both contract pharmacy arrangements and critical changes necessary to curb abuse and better tailor the program to benefit safety-net providers and their patients. We urge policymakers to focus on all of these principles as they consider changes to realign the 340B program.

- 1 Make 340B a true safety-net program for patients.**

The 340B program is intended to help support safety-net providers serving low-income and vulnerable patients. The program should be structured to enable true safety-net providers to help low-income and other vulnerable patients access more affordable medicines and health care services.
- 2 Ensure 340B prescriptions are offered to patients at a discount.**

Covered entities in the 340B program should increase access to affordable medicines for the patients that need help the most. Hospitals participating in the program should have a sliding fee scale for medicines that, at a minimum, applies to uninsured patients and patients with incomes under 200% of the federal poverty level with private insurance. Grantees should provide support for access to medicines that is consistent with the scope of their grant that qualifies them for the 340B program and at least as generous as any sliding fee scale requirements for other medical care.
- 3 Update the 340B patient definition with strong safeguards.**

The current definition of a "patient" of a covered entity, which determines whether a prescription is eligible for a 340B discount, is overly broad and needs to be updated to protect the integrity of the program and ensure it is serving vulnerable populations. The definition also needs strong safeguards and objective standards. For example, to be considered a "patient" of a covered entity, an individual should be required to have periodic in-person visits with a provider employed or contracted by the covered entity and the covered entity should be required to maintain a consistent responsibility for care of such individual. Additionally, prescription eligibility for a 340B discount should reflect a direct connection between the patient's medical condition and the services being provided or managed (through permitted referrals) by the covered entity.
- 4 Establish clear criteria for 340B contract pharmacy arrangements to improve access.**

As part of broader 340B program changes described here, contract pharmacy arrangements, which are not currently binding on manufacturers, should be permitted for: 1) covered entities located in a medically underserved area or an area serving a medically underserved population, or 2) grantees providing care to a specific population, such as patients with HIV or chronic illness, for qualified prescriptions provided within the scope of the grantee's 340B-qualifying Department of Health and Human Services (HHS) grant. In general, contract pharmacies also should be located near the covered entity, should have to provide the same patient affordability assistance for 340B prescriptions that is provided at the covered entity, and should be required, as a condition of program participation, to take certain steps to prevent diversion and duplicate discounts.
- 5 Prevent middlemen and for-profit entities from profiting off the 340B program.**

The savings generated from the 340B program are intended to support safety-net providers and vulnerable patients and should not be diverted for private benefit or other purposes not closely tied to a covered entity's safety-net mission. Protections are needed to prevent for-profit companies, like pharmacy benefit managers, from siphoning off 340B savings intended to help patients by reducing reimbursement for 340B-qualifying prescriptions. Additionally, fees that pharmacies and other for-profit third parties charge for 340B-related services should be limited to ensure covered entities and the patients they serve receive most of the savings associated with the program.

6

**Update and strengthen 340B hospital eligibility requirements.**

Critical to improving the 340B program is the creation of additional accountability requirements to ensure eligible hospitals are supporting underserved communities as true safety-net providers. 340B hospitals should have policies that increase access to affordable health services, and their participation in the 340B program should be conditioned on them not engaging in aggressive debt collection practices that penalize the most at risk communities. New hospital eligibility criteria should be added to existing requirements to ensure the program is supporting true safety-net hospitals, including quantitative metrics that appropriately identify hospitals treating a disproportionately large share of low-income patients on an outpatient basis. Current eligibility requirements should be maintained for rural hospitals, specifically critical access hospitals and sole community hospitals, and eligibility should be updated so critical access hospitals that convert to the new rural emergency hospital designation do not lose 340B eligibility.

7

**Address standards for 340B child sites and subgrantee eligibility.**

Hospitals' use of lax 340B program guidance to expand to offsite clinics, known as child sites, requires reform and government oversight. Strong eligibility standards for these child sites are needed that include provisions to prevent abuse of the program's intent. For example, each child site should be required to meet the same or analogous eligibility criteria as the 340B hospital it is associated with, comply with standards to ensure it is an integral part of the hospital, and have the same sliding fee scale requirement to ensure the program is reaching the intended populations. Additionally, child sites should be required to provide a meaningful range of clinically relevant services beyond dispensing, infusing or otherwise providing prescriptions. Similarly, the eligibility criteria for subgrantees should be revisited to ensure they are accomplishing their intended purpose.

8

**Create a neutral 340B claims data clearinghouse.**

To facilitate verification of 340B claim eligibility, the 340B program needs a neutral, independent clearinghouse capable of receiving Medicare, Medicaid, and commercial claims data. Establishing a national clearinghouse will strengthen program integrity and create transparency for manufacturers to monitor compliance. This neutral clearinghouse is a step toward building accountability and coordination for covered entities without increasing administrative burdens for safety-net providers. Data provided to a clearinghouse would be deidentified and subject to safeguards that prohibit use for marketing or other unauthorized purposes.

9

**Facilitate public reporting on 340B program data.**

In general, covered entities should be required to report to HHS basic information about their involvement in the 340B program, including the total acquisition cost and reimbursement for 340B discounted medicines and the total amount spent to reduce out-of-pocket costs for patients receiving 340B discounted medicines. The state or local government contracts that are the basis for certain private non-profit hospitals' program eligibility should also be publicly available.

10

**Establish enforceable rules and enhance federal administration and oversight of the 340B program.**

Targeted rulemaking authority should be granted to the relevant HHS agencies to the extent needed to implement specific legislative provisions. Additional and improved program integrity measures to help enforce program requirements and legislative reforms should be included. The 340B program is governed exclusively by federal law. The provisions of the 340B statute, and the regulations issued thereunder, shall supersede any state or local law, regulation or other provision relating to or that could otherwise affect the 340B program.

*\*This includes covered entities, which include certain hospitals that generally provide care to low-income and other vulnerable patients, and certain community providers, referred to as federal grantees, that receive HHS grants to provide health care services to vulnerable populations; hospital off-site clinics, known as child sites, and subgrantees that are associated with other larger grantees in the program; biopharmaceutical manufacturers; and pharmacies that have arrangements with covered entities.*



# FREQUENTLY ASKED QUESTIONS

**VOTE NO ON SB 651 & HB 2401 TO PRESERVE TX GOV. CODE 533.004 AND KEEP OUR HEALTH CARE DOLLARS IN TEXAS COMMUNITIES.**

**Do hospital district-owned plans have to meet the same standards as national for-profit health plans?**

Yes. **Patient outcomes with community health plans are equal or better than large for-profit health plans. All hospital district-owned health plans are required to meet the same standards of quality**, customer satisfaction, cost efficiency, and financial solvency as all the other plans in the market. Under current law, HHSC has the right to reject any MCO, including those owned by hospital districts, for falling short in the RFP requirements, certification process, and during the contract.



Certified by HHSC as  
**MANDATED** under  
SB 1244 by  
Sen. Perry, 87(R)

**If hospital district-owned MCOs meet the RFP requirements, why is Texas Government Code 533.004 necessary? Can't they just compete like the other health plans?**

The national for-profit MCOs, including those not already doing business in the Texas Medicaid Program, are under constant shareholder pressure to increase their market share. Their corporate offices dedicate teams of expert RFP drafters to write responses for RFPs across the country. HHSC released a solid STAR/CHIP RFP, but the community health plans may not be able to match the full-force RFP strategies of the national companies. The possibility of a community health plan losing to their tactics is a realistic risk.

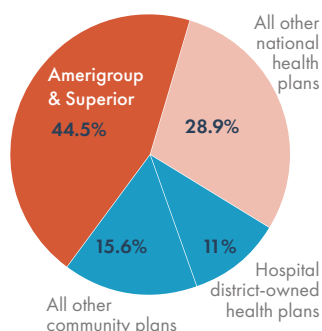
**What about areas outside of the large metros? How do they benefit from TGC 533.004?**

Without using state funds, the **four big safety net hospital districts from Harris, Dallas, Bexar and El Paso counties** were able to leverage \$612 million in federal matching funds in 2021, which was then distributed to **111 hospitals all over the state.**

**Does Texas Government Code 533.004 give an unfair advantage to hospital district-owned MCOs?**

No. In fact, the four hospital district-owned health plans collectively have only **11%** of the Texas Medicaid Market. **Two for-profit MCOs have the biggest combined market share at 44.5%.<sup>1</sup>**

<sup>1</sup>SFY 2022 Financial Statistical Report.



**How important is Medicaid revenue to public hospitals anyway? Won't they just make up the losses in other areas?**

No, unfortunately not. Hospital district revenue primarily comes from local tax levies, Medicaid supplemental hospital payments and Medicaid, Medicare and indigent patient revenue. Reduced funds in any of these categories could reduce the amount of money public hospitals have available to draw down federal funds for hospitals across the state, which would have a **devastating impact on patient access.**

**Do hospital districts or their health plans profit from these contracts?**

All hospital district-owned health plans are non-profits. While for-profit health plans distribute their gains to executives and shareholders across the country, all profits realized by hospital district-owned health plans are reinvested in Texas communities.

# 25 YEARS OF QUALITY & SERVICE

## TEXAS' MANAGED CARE CONTRACTING STATUTE

VOTE NO ON SB 651 & HB 2401 TO PRESERVE TX GOVERNMENT CODE 533.004  
AND KEEP OUR HEALTH CARE DOLLARS IN TEXAS COMMUNITIES.



**GOOD FOR HOSPITALS.  
FREE FOR THE STATE.**

In 2021, the four biggest hospital districts across Texas that own Medicaid Managed Care Organizations (MCOs) leveraged **\$612 million in federal Medicaid matching funds without the use of state dollars.**

### QUALITY & ACCOUNTABILITY

The four biggest **safety net hospital district** health plans exceed or are tied with their largest national competitors on HHSC's report card scoring system.<sup>1</sup>

	San Antonio	El Paso	Houston	Dallas
Hospital District-Owned Plans	★★★★	★★★★	★★★★	★★★★
National Health Plans	★★★ Amerigroup	N/A	★★★	★★★
	★★★★ Aetna	★★★★ Molina	★★★	★★
	★★★★ Superior	★★★★	★★★★ United	N/A

<sup>1</sup>HHSC's January 2023 STAR Ratings Report Card for Children

### PROTECTS PATIENT ACCESS

As a profit-making strategy, the Texas MCOs owned by national corporations - which are not required to contract with publicly-owned hospitals - slim down their provider networks. This has sometimes left public hospitals out in the cold.

**If TGC 533.004 is repealed, a decrease in revenue to large public hospitals could result in challenges with patient care and result in a lower contribution to the state's federal Medicaid match.**



### DOLLARS STAY IN TEXAS COMMUNITIES

Community **MCO profits are returned to the communities where they belong.** For-profit health plans distribute their gains to executives and shareholders across the country.



### MILLIONS IN MEDICAID DOLLARS AT RISK

National for-profit health plans are NOT required to - nor do they always - contract with hospitals that contribute to the state's IGT funds, **imperiling the amount of revenue available to help Texas draw down federal Medicaid dollars.**

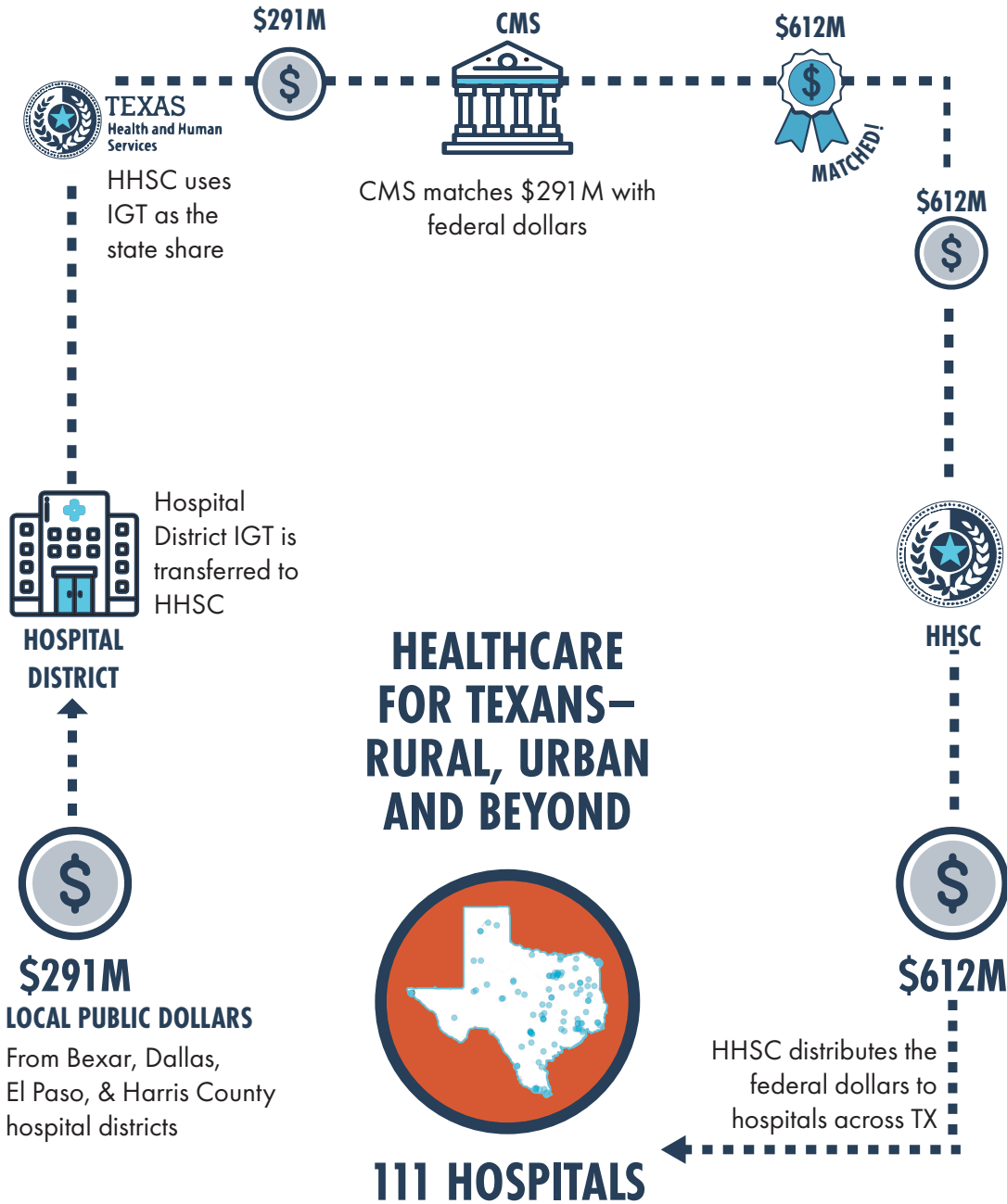
Hospital districts in Bexar, Dallas, El Paso, and Harris County alone put up \$291 M in return for federal matching dollars that assist in providing care for people across Texas



# HOW 4 HOSPITAL DISTRICTS HELP 111 TEXAS HOSPITALS STAY OPEN\*

**VOTE NO ON SB 651 AND HB 2401 TO PRESERVE  
TX GOVERNMENT CODE 533.004  
& KEEP OUR HEALTH CARE DOLLARS IN TEXAS COMMUNITIES.**

\*Federal law requires that state Medicaid programs make **Disproportionate Share Hospital (DSH)** payments to qualifying hospitals



# OPPOSE SENATE BILL 651 & HOUSE BILL 2401

## MYTH

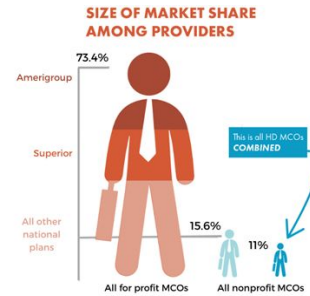
## FACT

HHSC pays hospital-owned health plans more money than other plans.



**This claim is blatantly false.** There is no data to support the claim that HHSC gives more money to hospital district-owned MCOs than other plans.

**In fact, hospital district-owned health plans only make up 11% of the total Medicaid market share by revenue - compared to Amerigroup's 18%.**



TX law allows urban hospitals to "poach" Medicaid business from neighboring hospital districts.

**On the contrary,** not only do the four hospital districts serve people in surrounding counties, **they also include public hospitals in other counties in their networks.**

Hospital district-owned health plans don't measure up.

The four biggest hospital district-owned health plans **outperformed Amerigroup** on HHSC's January 2023 STAR Ratings Report Card for Children.



Current state law is a financial liability to the state.

Cost efficiency between hospital district health plans compared to the national plans is virtually the same. **HHSC disallows costs paid by any MCO to an affiliated provider that exceeds the Medicaid fee-for-service rate.**

Hospital districts exploit state laws to solely benefit themselves AND are flush with cash.



**ALL Medicaid MCOs take advantage of the 1115 waiver - to the benefit of Texas hospitals.** The law protects safety net hospitals while our largest hospital districts put up their own local tax dollars to draw down Medicaid DSH funding for 96 TX hospitals - **without using General Revenue.**

# Community Health Choice Leading the Way

ESTABLISHED IN 1997

Over 25 years ago, Community Health Choice began as a local non-profit to serve Medicaid beneficiaries in Houston. **Our mission, is to improve the health and well-being of underserved Texans by opening doors to healthcare and health-related social services.** Because our work revolves around the same populations, our relationship with the Harris Health System makes us closely attuned to the real-time needs of beneficiaries in the safety-net system. Every Community dollar stays right here in Texas, thus reinvesting in the communities we live in and serve.

## OUR ECONOMIC IMPACT

### 10,000+ Employees located in Texas

Hospital District MCO dollars help to ensure the long-standing viability of safety net providers. The substantial amount of revenue earned by hospital district MCOs adds to local economies, with a multiplier effect that helps support a strong tax base.

# 504,180

TOTAL PLAN MEMBERSHIP  
IN 20 COUNTIES

### Our contributions are:

Generated <b>\$704M</b> in direct payroll spending	Spent <b>\$264M</b> on goods and services from Texas companies
Paid <b>\$56.5M</b> in local, state, and federal taxes	Created <b>\$969M</b> in income for Texas business and families

## MARKETSHARE | REVENUE | CHARITABLE CONTRIBUTIONS

	Harris Health / Community Health Choice	United Healthcare	Molina	Amerigroup	Texas Children's
Marketshare	31.7% <sup>1</sup>	12% <sup>1</sup>	2% <sup>1</sup>	10.3% <sup>1</sup>	44% <sup>1</sup>
Risk Based Capital	643.5%	623.9%	207.4%	449.7%	590.3%
Total 2021 Revenue	\$3.5B	\$287.6B	\$27.8B	\$4.9B	\$4.9B
Charitable Givings	\$720M <sup>2</sup>	\$43.7M <sup>3,4</sup>	\$28M <sup>3,4</sup>	\$25M <sup>3,4</sup>	\$52M <sup>2,3</sup>

<sup>1</sup>Percent of marketshare based on MCO enrollment report, Aug, 2021.

<sup>2</sup>Dollars indicated include charitable contributions and Charity Care.

<sup>3</sup>Source documentation includes 2021 Annual Reports, Financial Statements, and MCO website information.

<sup>4</sup>Reported charitable contributions for United Healthcare, Molina, and Amerigroup reflect national contributions.

## MEMBERS IN SENATE DISTRICTS

District	Senator	Members
3	Robert Nichols (R.)	27,538
4	Brandon Creighton (R.)	49,082
6	Carol Alvarado (D)	89,631
7	Paul Bettencourt (R.)	50,024
11	Mayes Middleton (R.)	57,234
13	Borris Miles (D)	80,850
15	John Whitmire (D)	55,357
17	Joan Huffman (R.)	52,873
18	Lois Kolkhorst (R.)	41,145
<b>TOTAL</b>		<b>503,734</b>

## HEALTH PLAN RATINGS

	Community Health Choice	United Healthcare	Molina	Amerigroup	Texas Children's
2022 STAR CHIP Membership <small>*Reported as of May 2022 by HHSC</small>	387,603	165,102	24,149	126,860	543,506
2021 MCO/DMO Rating	A	B	A	A	A
HHSC STAR Adult Health Plan Rating	★★★	★★★	★★★	★★★	★★★
HHSC STAR Children Health Plan Rating	★★★★	★★★★	★★★	★★★	★★★★
Provider Satisfaction Results <sup>5</sup>	94.7%	75.3%	66.4%	69.6%	76.5%
<b>Contracted Health Systems in MCO Network</b>					
Harris Health	X	X	X		X
Memorial Hermann	X	X		X	
Steward (St. Joseph)	X	X		X	X
Texas Children's	X	X	X		X

**95.9%** ▶ STAR Child Satisfaction Survey (NCQA 99<sup>th</sup> percentile)<sup>5</sup>

**92.3%** ▶ CHIP Child Satisfaction Survey (NCQA 93<sup>rd</sup> percentile)<sup>5</sup>

**83.9%** ▶ STAR Adult Satisfaction Survey (NCQA 86<sup>th</sup> percentile)<sup>5</sup>

<sup>5</sup>Survey results are from SPH Analytics (SPH), a National Committee for Quality Assurance (NCQA) certified HEDIS<sup>®</sup> Survey Vendor selected to conduct its MY 2021 CAHPS<sup>®</sup> 5.IH Medicaid Child Survey.

## LEADING MCO PERFORMANCE

Community Health Choice continues to achieve the highest scores based on performance among the MCOs in the Harris Service Delivery Area (SDA) in relation to quality, value-based care, and compliance with federal and state regulations<sup>5</sup>.

### In 2021 Community Health Choice:

- Achieved a 96.5% MCO and DMO QAPI score, which is considered above average by an MCO in the Harris SDA.
- Achieved the highest rating of 90% on selected procedures in compliance with STAR and CHIP reporting.

STATEWIDE AUTO-ENROLLMENT POOL PERCENT CHANGES DECEMBER 2020 – MAY 2021	
Health Plan	STAR
Amerigroup	0.4%
<b>Community Health Choice</b>	<b>71%</b>
Molina Healthcare of Texas	-10.7%
Texas Children's Health Plan	-2.1%
UnitedHealthcare Community Plan	-7.1%

## MEMBERSHIP BY VOTING DISTRICT TEXAS HOUSE OF REPRESENTATIVES

District	Representative	Members
3	Cecil Bell Jr. (R.)	12,777
15	Steve Toth (R.)	7,017
16	Will Metcalf (R.)	13,997
18	Ernest Bailes (R.)	11,840
19	Ellen Troxclair (R.)	6,517
21	Dade Phelan (R)	8,037
22	Christian Hayes (D)	8,395
23	Terri Leo Wilson (R.)	16,306
24	Greg Bonnen (R)	10,651
25	Cody Vasut (R.)	13,599
26	Jacey Jetton (R.)	10,556
27	Ron Reynolds (D)	11,288
28	Gary Gates (R.)	16,395
29	Ed Thompson (R)	12,115
85	Stan Kitzman (R.)	16,064
126	Sam Harless (R.)	10,232
127	Charles Cunningham (R.)	8,075
128	Briscoe Cain (R)	14,930
129	Dennis Paul (R)	10,729
130	Tom Oliverson (R)	9,734
131	Alma Allen (D)	18,851
132	Mike Schofield (R)	19,798
133	Mano DeAyala (R.)	9,142
134	Ann Johnson (D)	4,349
135	Jon Rosenthal (D)	11,769
137	Gene Wu (D)	18,491
138	Lacey Hull (R.)	13,717
139	Jarvis Johnson (D)	14,402
140	Armando Walle (D)	15,949
141	Senfronia Thompson (D)	17,066
142	Harold Dutton Jr. (D)	16,181
143	Ana Hernandez (D)	16,191
144	Mary Ann Perez (D)	17,243
145	Christina Morales (D)	14,971
146	Shawn Thierry (D)	15,886
147	Jolanda Jones (D)	13,128
148	Penny Shaw (D)	11,302
149	Hubert Vo (D)	17,087
150	Valoree Swanson (R)	11,401
<b>TOTAL</b>		<b>506,178</b>

<sup>5</sup>Performance Statistics from the Texas Health and Human Resources December 2021 Annual Report on Quality Measures and Value-Based Payments



Thursday, March 23, 2023

Consent Report and Updates to Board

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Harris Health System Council-At-Large Meeting Minutes

- February 13, 2023



**MINUTES OF THE HARRIS HEALTH SYSTEM COUNCIL AT LARGE COMMITTEE  
February 13, 2023**

AGENDA	DISCUSSION	ACTION/S – PLAN/S RESPONSIBLE PERSON/S ASSIGNMENT/S TARGET DATE/S
<p><b>I. Call to Order</b></p>	<p>The WebEx meeting was called to order by Fadine Roquemore at 5:00pm.</p> <p><b>Council Members in Attendance:</b></p> <ul style="list-style-type: none"> <li>• Baytown: Pamela Breeze, Syphronia Garrett, Don Nichols</li> <li>• Casa: Daniel Bustamante</li> <li>• Gulfgate: Teresa Recio, Patricia Shepherd</li> <li>• Homeless: Ross Holland</li> <li>• LBJH: Velma Denby</li> <li>• MLK: Fadine Roquemore</li> <li>• Thomas St: Josh Mica</li> <li>• Vallbona: Cynthia Goodie, Penny Williams</li> </ul> <p><b>Harris Health System Attendees:</b> Dr. Esmaeil Porsa, Louis Smith, Matthew Schlueter, Binta Baudy, Sunny Ogbonnaya, Babak Zare, Jon Hallaway, Omar Reid, Dr. Mohammad Zare, Gloria Glover, Lydia Rogers, Lady Barrs, Binta Baudy, Heena Patel, Gloria Glover, Sarah Rizvi, Rosa Tenorio, Candace Jones, Jenny Mondragon, Craig Johnson, Esperanza Galvan, Dawn Jenkins, Nina Jones</p> <p><b>Board Members in Attendance:</b> Alicia Reyes</p>	
<p><b>II. Moment of Silence</b></p>	<p>Moment of Silence observed.</p>	
<p><b>III. Approval of Minutes</b></p>	<p>Motion granted, minutes approved as written.</p>	
<p><b>IV. Council Reports</b></p>	<p><b>Acres Home – No Representative</b></p> <p><b>Baytown – Pamela Breeze</b></p> <ul style="list-style-type: none"> <li>• No report at this time</li> </ul> <p><b>Casa de Amigos – Daniel Bustamante</b></p> <ul style="list-style-type: none"> <li>• Did not meet due to illness. No report at this time.</li> </ul>	

**MINUTES OF THE HARRIS HEALTH SYSTEM COUNCIL AT LARGE COMMITTEE  
February 13, 2023**

AGENDA	DISCUSSION	ACTION/S – PLAN/S RESPONSIBLE PERSON/S ASSIGNMENT/S TARGET DATE/S
	<p><b>Council Report (continued)</b></p> <p><b>Gulfgate – Teresa Recio</b></p> <ul style="list-style-type: none"> <li>• Council met today. There is 1.8 Family Practice Vacancy and 1 Podiatry Vacancy.</li> <li>• Dr. Nancy Robinson, Neurologist will be retiring April 30<sup>th</sup>.</li> <li>• Effective January 30<sup>th</sup> patients active in MyHealth will no longer be given an After Visit Summary. As of January 18<sup>th</sup> Eighty one percent of Gulfgate patients can access their MyHealth account.</li> <li>• Gulfgate council had a visit with Dr. Small on January 30<sup>th</sup>. As member of the Harris Health council we expressed the following: There is a need to assist in the recruitment and establishment of advisory council leadership at the health centers. At the present, council is not being represented or inactive due to lack of members. This is a challenge that we as council at large can assist with. To initiate recruitment of volunteers, we must establish and secure the existence of the Harris Health Advisory Council Bylaws and assure that all members have their current copy. We also are recommending that we conduct an advisory council workshop that will enable its members and volunteers to be processed as volunteers and receive their official badge after their training is complete. This should include health center sites without representation at the present. This is the challenge that we have in front of us as present advisory council members and we can assist with this. This is the time that is needed to begin recruitment. As chairperson for the nominating committee as well as Mr. Bustamante, we will be approaching elections of the health center advisory council officers and the council at large representative for 2024 in January 2024. We want to help all clinics with recruitment, have a workshop by council members. Individuals from the council share in recruitment. Also, the workshop will inspire advisory council members to join in the review of council bylaws to assure understanding and compliance. It’s an excellent tool to have in the recruitment of membership for all council members.</li> </ul>	



**MINUTES OF THE HARRIS HEALTH SYSTEM COUNCIL AT LARGE COMMITTEE  
February 13, 2023**

AGENDA	DISCUSSION	ACTION/S – PLAN/S RESPONSIBLE PERSON/S ASSIGNMENT/S TARGET DATE/S
	<p><b>Council Reports (continued)</b></p> <ul style="list-style-type: none"> <li>Gulfgate had 2 new representative at the council meeting today. We are starting some activities in the center. One will address Diabetes and High Blood pressure. We also need to address issues with children and their diets now before they grow up with illnesses.</li> </ul> <p>On Saturday, April 29<sup>th</sup> we will be celebrating the Day of the Child at Gulfgate. We hope to have as much material available for the wellbeing of our children.</p> <p><i>Mrs. Recio expressed how hard it is to recruit patients to serve on the council. They commit and when we call them, they say they cannot attend meetings. Any suggestions would be help.</i></p> <p><b>Homeless – Ross Holland</b></p> <ul style="list-style-type: none"> <li>The Council met on February 7th. We reviewed and discussed the HEDIS Scorecard and scorecard for various clinics.</li> <li>There was a separate meeting held with Administrators from HRSA on January 31<sup>st</sup>. We interviewed for about an hour and were asked questions on how we advocate for the Homeless throughout Houston. The meeting went well.</li> </ul> <p><b>MLK – Fadine Roquemore</b></p> <ul style="list-style-type: none"> <li>Present and active with the clinic. Wanting and expecting to do more.</li> </ul> <p><b>Thomas Street – Josh Mica</b></p> <ul style="list-style-type: none"> <li>Update for November and December: Thomas Street received \$17,500 from Bunnies on the Bayou. Which goes directly to the Sandwich program we provide to our patients at Thomas Street. <ul style="list-style-type: none"> <li>Thanksgiving lunch- we were able to serve about 350 patients.</li> <li>Toy Drive-each child received 4 toys. We had about 130 recipients.</li> <li>The Sandwich program started in November (every Tuesday and Thursday).</li> </ul> </li> </ul>	<p>Mrs. Roquemore request each Council member send her interesting things they do in the clinic. Please get with your clinic Administration and have it sent to MLK Administration.</p>

**MINUTES OF THE HARRIS HEALTH SYSTEM COUNCIL AT LARGE COMMITTEE  
February 13, 2023**

AGENDA	DISCUSSION	ACTION/S – PLAN/S RESPONSIBLE PERSON/S ASSIGNMENT/S TARGET DATE/S
	<p><b>Council Reports (continued)</b></p> <ul style="list-style-type: none"> <li>Easter is approaching, and I would like to invite the council to be volunteers. In order for us to receive funding from Bunnies on the Bayou (a volunteer program), we must have volunteers providing help. Volunteering is in shifts and we pride ourselves in having the most shifts covered. If you are available Easter Sunday, April 9<sup>th</sup> we would love for you to volunteer. We can also use volunteers on April 8<sup>th</sup> and April 10<sup>th</sup>. We need at least 500 volunteers.</li> <li>We are scheduled to move to Quentin Mease May 9<sup>th</sup>.</li> </ul> <p><b>Vallbona – Cynthia Goodie</b></p> <ul style="list-style-type: none"> <li>The Council met on February 2<sup>nd</sup>. From December 22 to January 22 there were 19,300 unique patients seen at Vallbona. In December, we had 8,509 visits.</li> <li>Operation Scorecard for December – No show rate 19% the goal is 20%; Cycle time for patients was 75 minutes, the goal was met. HEDIS report-all metrics were met for December. We met expectations for 1 metric and exceeded expectations for 2 metrics.</li> <li>Celebration held on January 19<sup>th</sup> for staff and providers for their accomplishment. Vallbona met the year to date patient satisfactory goal of 88.1%.</li> <li>Initial plans are underway to relocate Robindell Same Day Clinic to the 2<sup>nd</sup> floor of our Annex building.</li> </ul> <p><b>Ben Taub Hospital – Candace Jones</b></p> <ul style="list-style-type: none"> <li>Ms. Jones reported Ms. Helen had death in her family and will not able to join the call.</li> </ul> <p><b>Lyndon B. Johnson Hospital – Velma Denby</b></p> <ul style="list-style-type: none"> <li>No new information to report at this time.</li> <li>Josh Mica mentioned he attended an in person expansion meeting at LBJ. They are currently recruiting contractors from the community to assist with this project. The meeting was very well attended. Leaders of the community were in attendance.</li> </ul> <p><i>Mrs. Roquemore thanked everyone for their report.</i></p>	<p>Mrs. Roquemore request the council attend the opening.</p>

**MINUTES OF THE HARRIS HEALTH SYSTEM COUNCIL AT LARGE COMMITTEE  
February 13, 2023**

AGENDA	DISCUSSION	ACTION/S – PLAN/S RESPONSIBLE PERSON/S ASSIGNMENT/S TARGET DATE/S
V. Old Business	Josh Mica inquired about the HIV end of year report	Mrs. Rogers stated one will be mailed to him.
VI. Updates	No new updates.	
VII. Community Medicine	<p><b>Dr. Mohammad Zare</b></p> <ul style="list-style-type: none"> <li>New Initiatives: Patient Satisfaction, we are asking all physicians to take time and listen to the patients. When we survey the patients we are asking about their experiences. Based on patient’s information, we will make sure our medical staff are informed on how the patients felt about their experiences.</li> <li>Blood pressure control is another initiative we are looking at. We’ve asked our physicians to communicate with the patient and find out why they are noncompliant. We have an approved protocol for hypertension management.</li> </ul> <p><b>HEDIS Scorecard Data Reporting Period (see attached):</b></p> <ul style="list-style-type: none"> <li>The quality scorecard has been updated. There are four different colors. (Blue-Stretch Goal; Green-Exceeds Goal; Yellow-Meets Expectations; Red-Needs Improvement). The first column shows previous year data for colon cancer screening, blood pressure control and diabetic control. The expectation is to improve those metric this year. The second column is year to date which means we have more than 10% improvement or meeting national benchmark. Several colors are yellow, which means year to date improvement for diabetes, colon cancer screening. A couple of areas are green, which means there are more than 5% improvement from previous year.</li> </ul> <p><b>Primary Care Operations Scorecard (see attached):</b></p> <ul style="list-style-type: none"> <li>This report shows patient’s experience in the clinic. No show and access to the care for the Pedi, Adult and OB patients in the clinic. First three rows show Medical Home. Most columns are green for a couple of clinics. Some clinics have challenges. Initiatives (calling the patient a day before their appointment, etc.) have been created and show a 6 to 7% reduction in no shows. There is no challenge in access to care.</li> </ul> <p>Questions/Comments: None</p>	 <p>HEDIS.pdf</p>  <p>PCOS JANUARY.pdf</p>

**MINUTES OF THE HARRIS HEALTH SYSTEM COUNCIL AT LARGE COMMITTEE  
February 13, 2023**

AGENDA	DISCUSSION	ACTION/S – PLAN/S RESPONSIBLE PERSON/S ASSIGNMENT/S TARGET DATE/S
<p><b>VIII. Administration</b></p>	<p><b>Dr. Esmaeil Porsa, President/CEO</b></p> <ul style="list-style-type: none"> <li>• Thanked Dr. Zare for a wonderful report. He also thanked the council members for their reports and those that participated in the HRSA survey. He stated we appreciate the excitement in the gentleman who talked about the LBJ project. We are building a new parking garage. We are in the planning phase for the future LBJ Hospital. Later in the year you will hear more about that project. We plan to go the public to ask for a bond referendum to pay for new LBJ hospital, which is going to be twice the size of the existing hospital and with a lot more capabilities.</li> <li>• Thomas Street Aids Walk is March 5<sup>th</sup>. I encourage everyone who can, please attend.</li> <li>• COVID cases in the hospitals continues to reduce. We have been under public health emergency by the Federal Government for almost 3 years. It will end May 11, 2023.</li> <li>• Excited about the openings at Quentin Mease. Thomas Street clinic and Riverside Dialysis will be moving to that building in May and probably a month later, we will open our Endoscopy suite at that location. This will help us address our colonoscopy backlogs.</li> </ul> <p><b>Questions/Comments:</b></p> <p>Mr. Bustamante asked about the Harris County Jail system?</p> <p><i>Dr. Porsa stated unfortunately Harris County is impacted with detainees. It's a very difficult situation. Harris Health has been there almost a year and have made a lot of improvements. It is going to take a while to address all of the issues. But I have no doubt that we are going out of our way to address those deficiencies and making vast improvements.</i></p>	

**MINUTES OF THE HARRIS HEALTH SYSTEM COUNCIL AT LARGE COMMITTEE  
February 13, 2023**

AGENDA	DISCUSSION	ACTION/S – PLAN/S RESPONSIBLE PERSON/S ASSIGNMENT/S TARGET DATE/S
	<p><b>Administration (continued)</b>  <b>Matthew Schlueter, CNO Executive Administration on behalf of Dr. Jennifer Small, Executive Vice President of Ambulatory Care Service</b></p> <ul style="list-style-type: none"> <li>• There’s been a lot of great discussion already on the Healthcare for the Homeless site visit. I will add, the team did really well. It was a very successful survey. There was one small finding that we have corrected and it’s just a matter of reporting it to the board.</li> <li>• Aids Walk on March 5<sup>th</sup> starts at 9am. Hope to see everyone out there.</li> <li>• Please remember we have other things we need to treat ourselves for besides COVID. Like flu and pneumonia. If you have not had an opportunity to do so please make an appointment to get your shots.</li> </ul> <p><b>Questions/Comments:</b> None.</p> <p><b>Sunny Ogbonnaya, Director, Ambulatory Pharmacy</b></p> <ul style="list-style-type: none"> <li>• In the month of January we filled 152,244 prescriptions. 68% of them, 103,181 were delivered to our patient’s home. We thank all of our patients for the opportunity to provide this home delivery service. We wish to encourage all of our patients to please take advantage of our prescription home delivery service for the continuity of care and convenience.</li> <li>• We received and processed 35,150 refill request from MyHealth. This number represents 62% of all refill request received in the month of January. We thank all of our patients for using MyHealth. We wish to encourage all of our patients to please use MyHealth when requesting their prescription refills and to please request refill 7 to 10 day before medicines run out.</li> </ul> <p><b>Questions/Comments:</b> None</p>	

**MINUTES OF THE HARRIS HEALTH SYSTEM COUNCIL AT LARGE COMMITTEE  
February 13, 2023**

AGENDA	DISCUSSION	ACTION/S – PLAN/S RESPONSIBLE PERSON/S ASSIGNMENT/S TARGET DATE/S
	<p><b>Administration (continued)</b></p> <p><b>Jon Hallaway, Program Director, Department of Public Safety</b></p> <ul style="list-style-type: none"> <li>• It was a quiet month. We are preparing for the relocation to Quentin Mease. Getting everyone moved, keeping them safe and all material safe.</li> <li>• The LBJ parking garage is primarily being built for employees. It’s a very welcoming addition for that site because employee parking behind LBJ has been very tight for a long time.</li> </ul> <p><b>Questions/Comments:</b> None</p> <p><b>Babak Zare, on behalf of Teong Chai, Construction and Systems Engineering</b></p> <ul style="list-style-type: none"> <li>• Casa De Amigos project; we received the permit. Starting demolition of exterior and going forward with the project as planned.</li> </ul> <p><b>Questions/Comments:</b> None</p> <p><b>Omar Reid, Senior Vice President, Human Resources</b></p> <ul style="list-style-type: none"> <li>• We are seeing lower numbers of COVID positive employees. Our employees are starting to recover.</li> <li>• Positive inroads in our staffing. Retention is improving. Harris Health continues to offer benefits that will attract and retain employees. We look forward to being able to continue reporting good news to this body.</li> </ul> <p><b>Questions/Comments:</b> None</p>	
<b>IX. New Business</b>	No new business to report	
<b>X. Adjournment</b>	Motion to adjourn the meeting granted at 5:57pm.	<b>Next Meeting: March 13, 2023</b>



Thursday, March 23, 2023

Recommendation for Approval of Reappointment of Members to the Community Health Choice, Inc. (CHC) and Community Health Choice Texas, Inc. (CHCT), collectively "Community", Board of Directors.

Article III, Section II of the Amended and Restated Bylaws reads, in part:

*"The members of the Board of Directors shall serve a two (2) year term and the terms of such Directors shall be staggered as on the date of adoption of these Amended and Restated Bylaws. The President/CEO shall allocate the terms among any future additional Directors in his or her good faith discretion."*

NAME	INITIAL APPOINTMENT DATE	REAPPOINTMENT TERM
Raymond Khoury	05/27/2004	1/1/2023 – 12/31/2024
Dr. Arthur Bracey	09/27/2018	1/1/2023 – 12/31/2024
Dr. Vivian Ho	12/04/2014	1/1/2023 – 12/31/2024
Rodney Lenfant	05/27/2021	1/1/2023 – 12/31/2024
Elena Marks	09/27/2007	1/1/2023 – 12/31/2024

Recommendation: Approval of Harris Health System's Board of Trustees for reappointment of members to Community's Board of Directors.

Thank you.

Thursday, March 23, 2023

**Community Health Choice Notification of Retirement of Board Member, Dr. Jose Garcia, Jr.**

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Pursuant to Community's Bylaws, Community provides notice of the retirement of Dr. Jose Garcia, Jr. from the Board of Directors of Community Health Choice, Inc. and Community Health Choice Texas, Inc.

Thank you.

Thursday, March 23, 2022

**Consideration of Approval of the Following Reports for the Healthcare for the Homeless Program as Required by the United States Department of Health and Human Services Which Provides Funding to the Harris County Hospital District d/b/a/Harris Health System to Provide Health Services to Persons Experiencing Homelessness under Section 330(h) of the Public Health Service Act**

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Operational Update for Review and Discussion

- **HCHP March 2023 PowerPoint**

Administration recommends Board acceptance of the Healthcare for the Homeless Program Reports as required by the United States Department of Health and Human Services which provides funding to the Harris County Hospital District d/b/a/ Harris Health System to provide health services to persons experiencing homelessness under Section 330 (h) of the Public Health Service Act for the Homeless Program.

# HARRIS HEALTH SYSTEM

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## Health Care for the Homeless Monthly Update Report – March 2023

Jennifer Small AuD, MBA, CCC-A, Executive Vice President, Ambulatory Care Services  
Tracey Burdine, Director, Health Care for the Homeless Program

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# Agenda

- Operational Update
  - Patient Services
  - Patient Satisfaction Report
  - Revised HCHP Strategic Plan
  - HRSA OSV Final Report
  - HCHP Productivity Initiatives
  - Quality Management Report

# Patients Served

## Telehealth Visits

- Telehealth New Patients: 6
- Telehealth Return Patients: 54

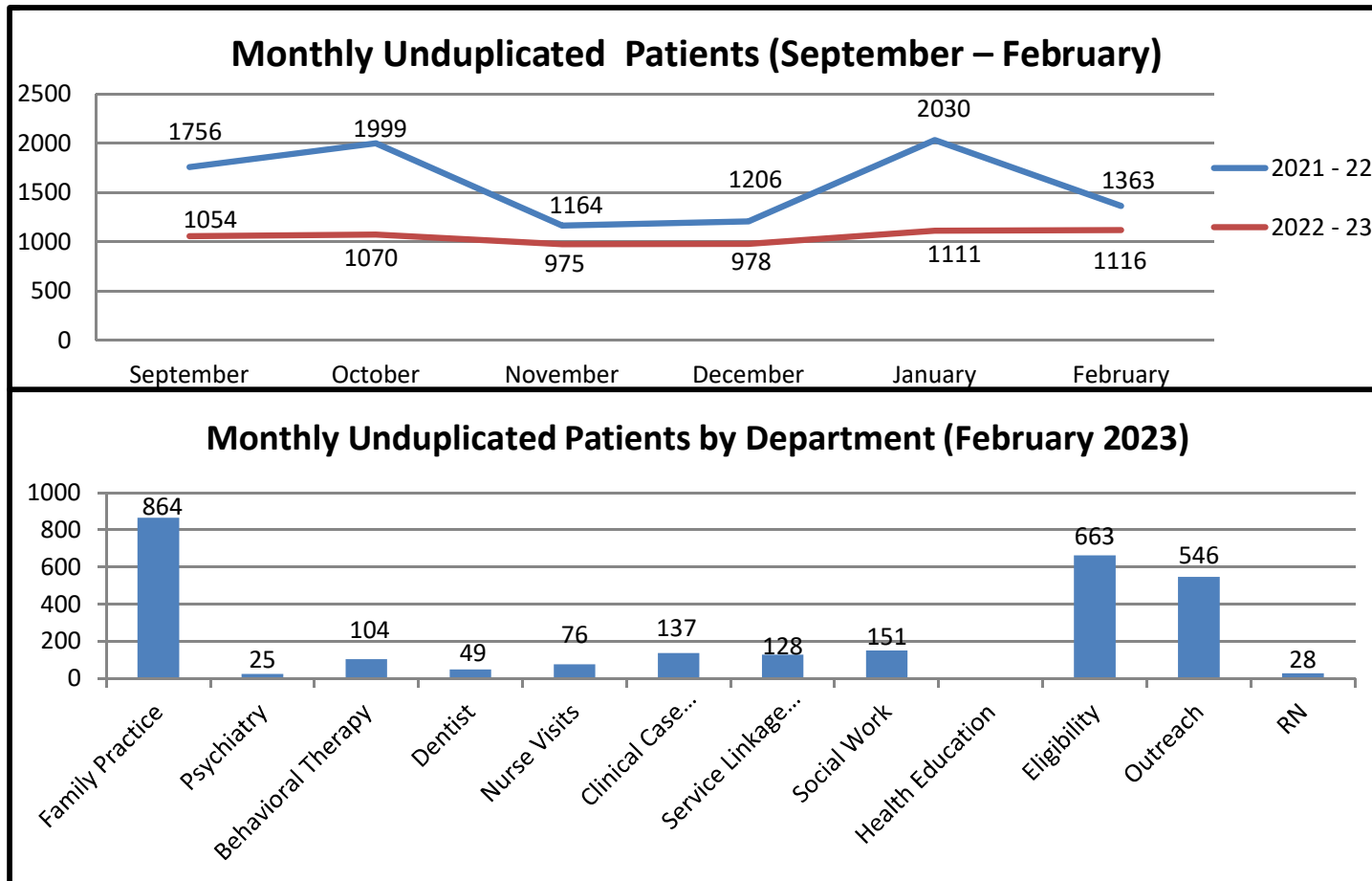
## New Patient Visits

- Adult New Patients: 394
- Pediatric New Patients: 40

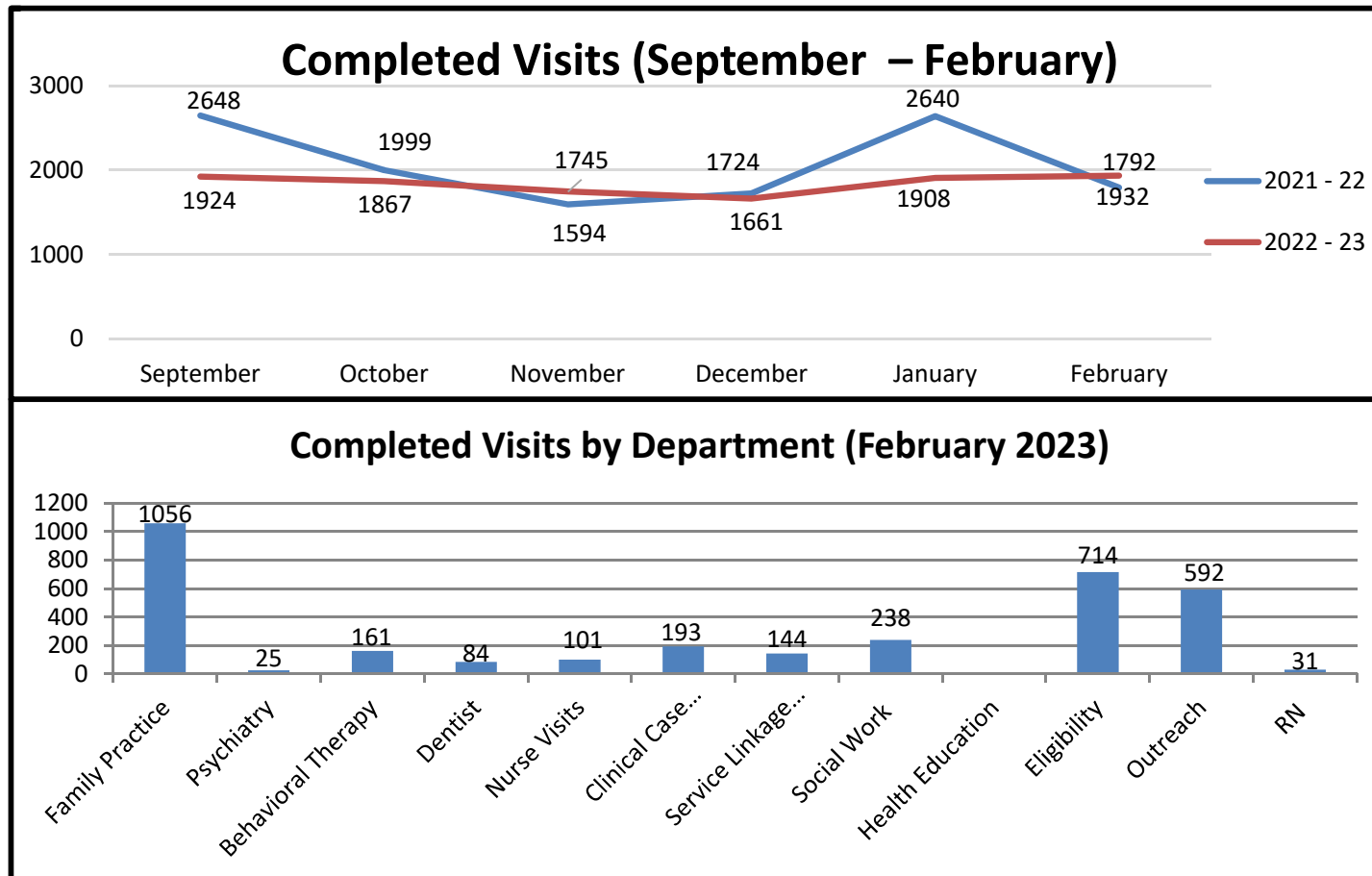
## HRSA Target: 9775

- Unduplicated Patients: 1767
- Total Complete Visits: 3870

# Operational Update

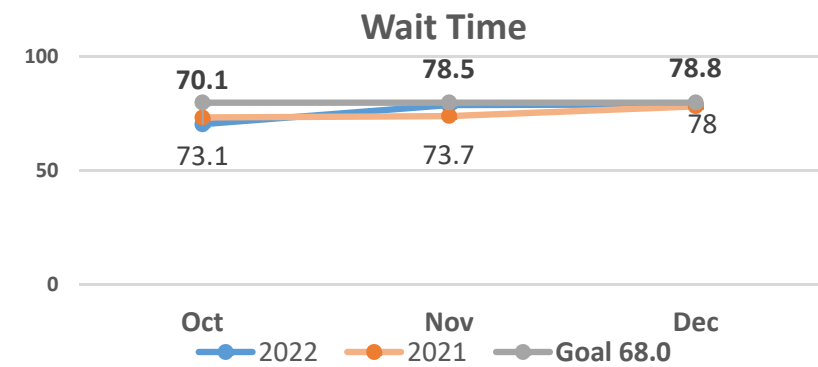
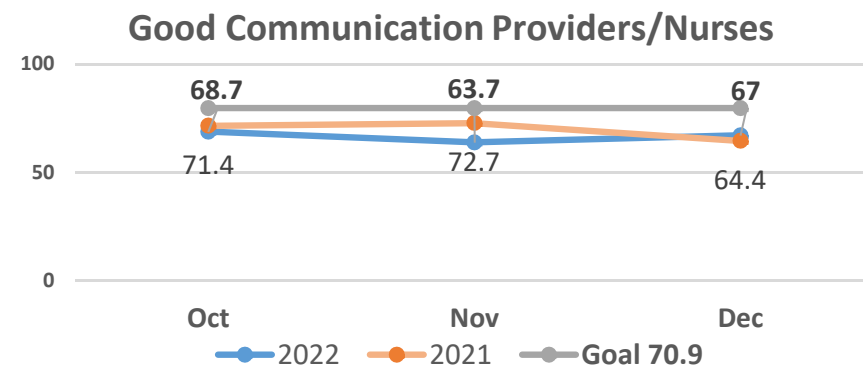
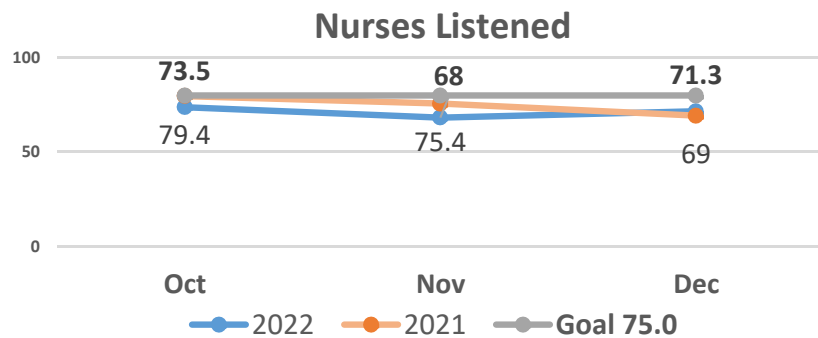
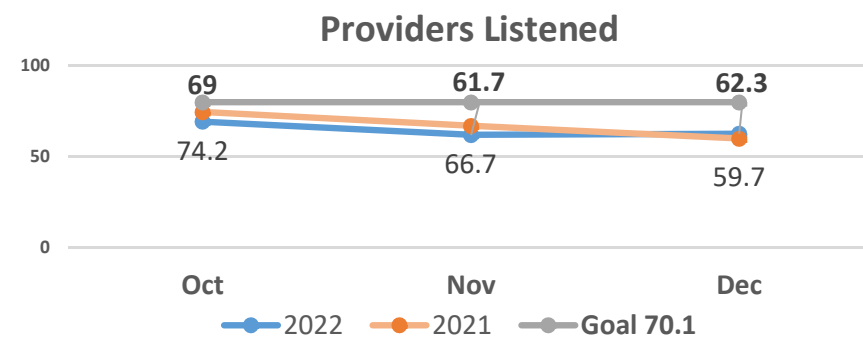
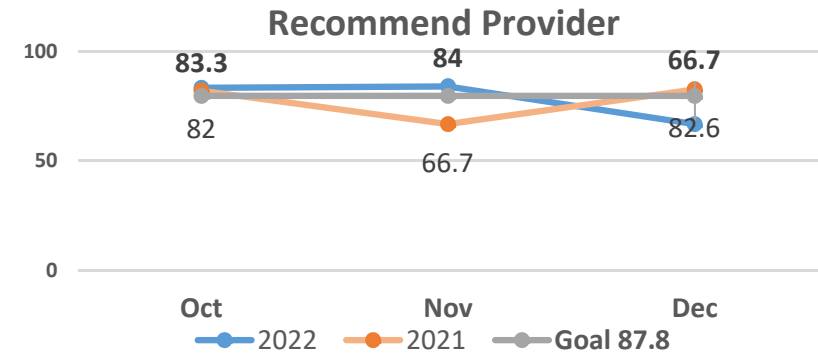
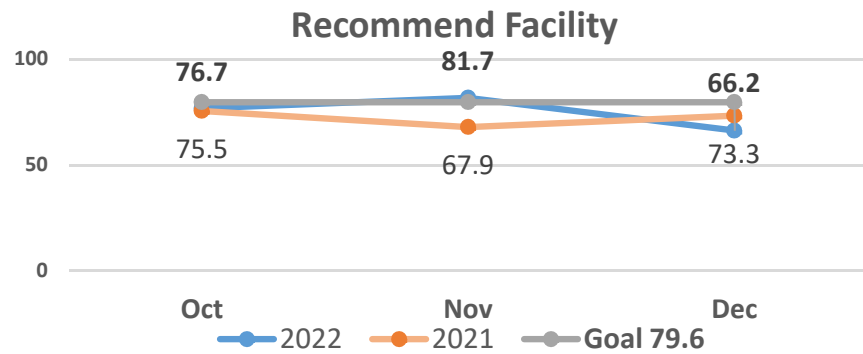


# Operational Update





# HCHP Patient Satisfaction Trending Data Q4



# Revised HCHP Strategic Plan

**Pillar 1: Infrastructure Optimization**

**Pillar 2: Quality/ Patient Safety**

**Pillar 3: People**

**Pillar 4: One Harris Health**

**Pillar 5: Population Health**

**Pillar 6: Diversity, Equity and Inclusion**

**Aim:** Expand outreach and communication with community partners and stakeholders to develop sustainable initiatives that eliminate health disparities and achieve health equity

- 1. Increase linkages to services and resources that improve health outcomes by the coordination of specialty services, primary care providers, and community partners by 5% between consecutive UDS reporting years.**
- 2. Reduce wait time for surgical procedures for homeless patients by 2%**

# HRSA OSV Final Report

- Comprehensive Operational Site visit (OSV) was conducted January 31 – February 2, 2023.
- The final report received on March 8, 2023, stated Harris Health System's, Health Care for the Homeless Program was in compliance with all Health Center requirements.

# HCHP 2023 Productivity Initiatives

Goal: To increase the number of unduplicated consumers by 38% by December 2023

## Productivity Initiatives:

- Increase Enabling Services
  - Expand Outreach Efforts within the community
  - Service Linkage Services placed at Thomas Street and both emergency departments
- Expand Mobile Medical and Dental Services
  - Optimize Dental Schedule
  - New Service area locations identified
- Expand Family Practice Services
  - Template optimization
  - Operating hours to accommodate evening clinic
  - Street Medical Services

# HARRIS HEALTH SYSTEM

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## Health Care for the Homeless Quality Management Report – March 2023

LaResa A. Ridge MD, MBA, Health Care for the Homeless Medical Director,  
Ambulatory Care Services

**Problem Statement:** The following quality metrics are top fallouts that did not meet Harris Health goals in Quarter 4 of 2022. After identifying the root cause for the fall outs, corrective action plan is written for each item. Approve and continue the corrective action plan.

Quality Measures		Q1 (2022)			Q2 (2022)			Q3 (2022)			Q4 (2022)		
Quality Measures	Goal	January	February	March	April	May	June	July	August	September	October	November	December
Adult BMI Assessment & Intervention	85%	72%*	77%*	60%*	65%*	64%*	64%*	64%*	66%*	68%*	84%	89%	94%
IVD & Aspirin Prescription	85%	81%	83%	81%	84%	86%	87%	93%	63%	68%	70%	74%	79%
Depression Screening & Follow up	80%	72%*	77%*	80%	80%	82%	80%	80%	75%*	75%*	79%	80%	79%

\* = Metrics that are trending above the UDS Benchmark

Plan (Root Cause-Based on analysis of the problem)-WHY?	Do-(Action, Responsible Person, Implementation Date)
<p><b>1. Adult BMI Assessment and Intervention:</b> Fall outs due to 1) staff compliance in appropriately documenting all three necessary components for this metric 2)Patients who did not meet parameters for BMI; not following up within the reporting period</p> <p><b>2. IVD &amp; Aspirin Prescription:</b> Fall outs due to 1) EPIC Dashboard incorrect inclusion of patients in the measurement. 2) Aspirin was not prescribed to patients who meet criteria for measurement.</p> <p><b>3. Depression Screening &amp; Follow up:</b> Fall outs due to 1) Patients included in the denominator who should have been excluded; findings escalated to IT 2) Patient with positive screening declined intervention such as referrals or treatment 3) Wrong screening not performed during reporting period.</p>	<p><b>Responsible Persons:</b> Dr. LaResa Ridge (Medical Director), Chamica Keys (Nurse Manager), Sarath Roy (Quality Assurance Coordinator)</p> <p><b>1. Adult BMI Assessment &amp; Intervention:</b> 1) Re-training and educating providers with the appropriate diagnostic codes and documentation requirement. Implementation Date: October 2022</p> <p><b>2. IVD &amp; Aspirin Prescription:</b> 1) Re-train and educate providers on measurement requirements 2) Coding issue correction in progress with EPIC team to address retroactive multiple fallouts for the same patient. Implementation Date: March 2023</p> <p><b>3. Depression Screening &amp; Follow up:</b> 1) Assign patients with a positive score for depression but declined intervention initially to a case manager 2) work in progress with EPIC team to remove exclusion patients from the denominator</p>
	<b>ACT (Effective/Ineffective): Adopt, Adapt, or Abandon</b>
<p><b>Check (How will you measure effectiveness?)</b></p> <p>Via the monthly UDS Dashboard Report and staff physicians chart reviews</p>	<p>1. Adult BMI: Apr-22:62%,May-22:63%, Jun-22:61%, July-22:80%, Aug-22:75%, Sep-22:75%, Oct-22 84%, Nov-22:89%, Dec-22:94%</p> <p>2. IVD &amp; Aspirin Prescription: Apr-22:84%,May-22:86%, Jun-22:87%, Jul-22:93%, Aug-22:63%, Sep-22:68%, Oct-22:70, Nov-22:74%, Dec-22:79%</p> <p>3. Depression Screening: Apr-22:80%, May-22:82%, Jun-22:80%, Jul-22:80%, Aug-22:75%, Sep-22:75%, Oct-22:79%, Nov-22:80%, Dec-22:79%</p>

# Data Trending 2022 Q1- 2022 Q4

Health Care for the Homeless Program Quality Report 2022							Trend Line
UDS Metrics	Benchmark	HCHP Goal	2022 Q1	2022 Q2	2022 Q3	2022 Q4	
Adult BMI Assessment (ABA)	≥ 56%	85%	59%*	69%*	70%*	89%	
Child BMI Diet & Physical Activity	≥ 60%	82%	76%*	92%	93%	83%	
Depression F/U & Screening	≥ 55%	80%	78%*	80%	75%*	79%*	
Cervical Cancer Screening (CCS)	≥ 41%	70%	59%*	65%*	68%*	69%*	
Colorectal Cancer Screening (COL)	≥ 31%	50%	42%*	47%*	52%	52%	
Breast Cancer Screening (BCS)	≥ 38%	50%	45%*	46%*	48%*	44%*	
Tobacco Screening Counseling & Cessation	≥ 78%	90%	99%	99%	99%	99%	
HIV screening	≥ 47%	80%	95%	97%	98%	98%	
IVD & Aspirin	≥ 79%	85%	83%*	82%*	75%	75%	
Statin Therapy	≥ 72%	80%	81%	82%	82%	82%	
Hemoglobin A1c Control (> 9%) (CDC)	< 39%	40%	43%	38%*	36%*	38%*	
High Blood Pressure Control (< 140/90)	≥ 54%	63%	61%*	64%	67%	64%	
Childhood Immunization Status	≥ 48%	50%	-	-	-	-	

\* = Metrics that are trending above the UDS Benchmark

Thursday, March 23, 2022

**Consideration of Approval of the Following Reports for the Healthcare for the Homeless Program as Required by the United States Department of Health and Human Services Which Provides Funding to the Harris County Hospital District d/b/a/Harris Health System to Provide Health Services to Persons Experiencing Homelessness under Section 330(h) of the Public Health Service Act**

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Attached for consideration of approval:

- **Revised HCHP Strategic Plan**

Administration recommends Board approval of the Healthcare for the Homeless Program Report as required by the United States Department of Health and Human Services which provides funding to the Harris County Hospital District d/b/a/ Harris Health System to provide health services to persons experiencing homelessness under Section 330 (h) of the Public Health Service Act for the Homeless Program.



## HCHP 2023-2026 Strategic Plan

### Pillar 1: Infrastructure Optimization

**Aim:** Improve and expand the availability of comprehensive Health Services

1. Relocate Lord of the Streets clinic
2. Renovation to Open Door Mission Clinic
3. Expand Mobile Medical
4. Increase volunteer services
5. Open Jensen Clinic
6. Open backup Dental at Harmony House

### Pillar 2: Quality/ Patient Safety

**Aim:** Improve the quality and effectiveness of the comprehensive health care services provided

1. 40% of identified patients will have full childhood immunizations by the age of two
2. 80% of identified patients will have prenatal care services
3. 5% increase in the number of Well-Child visits between consecutive UDS reporting years.
4. Divert patients from EC to HCHP Clinics and expand access to services by 5% from the previous year
5. Increase availability and accessibility of behavioral services by 5% from the previous year
6. 10% increase in patients receiving medication-assisted treatment between consecutive UDS reporting

### Pillar 3: People

**Aim:** Improve Leadership/ Team development and Strengthen program engagement

1. Improve Knowledge and awareness of HRSA and FQHC model, thereby increasing employee engagement score by 5% over the previous year
2. Conduct a minimum of 4 trainings a year to expand team and individual competency development
3. Increase patient satisfaction scores in each category by 5 points
4. Implement 2 performance management processes which will identify and utilize program outcome measures
5. Increase employee recognition by 5% for individual contributions toward achieving HRSA goals

### Pillar 4: One Harris Health

**Aim:** Promote interdisciplinary collaboration

1. Create a team of multiple medical professionals to address the needs of high risk patients reducing hospital admission rates for Homeless patients by 3%
2. Collaborate with grants accounting to identify and implement processes and practices to identify cost savings and reduce overhead by 3% per quarter
3. Assess all capital projects to ensure that the project is linked to overall company strategy.
  - a. Reduce project costs and timelines by 20%

## Pillar 5: Population Health

**Aim:** Strengthen and develop strong community partnership to improve access and enhance quality for patients as well as contribute to the improvement of the community's health.

Promote health and disease prevention: address emerging community health needs with outcome focused programs and initiatives.

1. Partner with Population Health, CoC, and Social Service agencies to identify needs of the community with focus on Scope of Practice expansion increasing external referrals by 3%.
2. Increase the proportion of patients receiving enabling services by 15% between consecutive UDS reporting years
3. Demonstrate a 10% point improvement in uncontrolled diabetes CQMs during consecutive UDS reporting years (2021 and 2022) for at least one racial/ethnic group, while maintaining or improving the health center's overall CQM performance from the previous reporting year
4. 95% of individuals diagnosed with HIV will be linked to care within 30 days of diagnosis
5. 10% increase in the number of HIV diagnostic tests performed between consecutive years of UDS reporting.
6. 5% increase in the number of patients receiving PrEP between consecutive UDS reporting years

## Pillar 6: Diversity, Equity and Inclusion

**Aim:** Expand outreach and communication with community partners and stakeholders to develop sustainable initiatives that eliminate health disparities and achieve health equity

1. Increase linkages to services and resources that improve health outcomes by the coordination of specialty services, primary care providers, and community partners by 5% between consecutive UDS reporting years.
2. Reduce wait time for surgical procedures for homeless patients by 2%

Thursday, March 23, 2022

**Consideration of Approval of the Following Reports for the Healthcare for the Homeless Program as Required by the United States Department of Health and Human Services Which Provides Funding to the Harris County Hospital District d/b/a/Harris Health System to Provide Health Services to Persons Experiencing Homelessness under Section 330(h) of the Public Health Service Act**

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Attached for consideration of approval:

- **HRSA OSV Final Report**

Administration recommends Board approval of the Healthcare for the Homeless Program Report as required by the United States Department of Health and Human Services which provides funding to the Harris County Hospital District d/b/a/ Harris Health System to provide health services to persons experiencing homelessness under Section 330 (h) of the Public Health Service Act for the Homeless Program.

## Health Center Program Site Visit Report

### ▼ TA009204: (H80CS00038) HARRIS COUNTY HOSPITAL DISTRICT

**TA Dates:** 1/31/2023 - 2/2/2023

**TA Category:** Site Visits to Grantees

**Project Officer:** Alison Wilson

**TA Experts:** Elizabeth Mahoney, Scot Graff (Lead), Richard Harbin

**TA Site Visit Type:** Operational Site Visit

This report has been prepared on behalf of the Health Resources and Services Administration, Bureau of Primary Health Care (HRSA/BPHC) for the purposes of oversight of the Health Center Program. The report contains HRSA's findings and final compliance determinations. This site visit was conducted in accordance with the Health Center [Site Visit Protocol](#), which is aligned with the Health Center [Program Compliance Manual](#).

## Site Visit Participants

### Documents Reviewed and/or Interviews Conducted

During the course of the site visit, were there documents or interviews (as prescribed in the Health Center Site Visit Protocol) that you were unable to review or conduct. :

: Yes

: No

If Yes, please explain and specifically state what, if any, other documents were reviewed or interviews were conducted to substitute for those the team was unable to obtain or conduct.

### Expertise

Expertise	Expert Name
Clinical	Richard Harbin
Fiscal	Scot Graff
Governance/Admin	Elizabeth Mahoney

### Site Visit Participants

Name (Last, First, optional Credential)	Title	If 'Other' is selected, provide Title	Interviewed	Entrance Conference	Exit Conference
Adger, Jack	Other	Purchasing	Yes	No	No
Ambrie, Eunice	Other	Medical Staff Services	No	No	Yes
Anquiana, Bethany	Other	Dr. HR Employee Data Management	Yes	Yes	Yes
Azvara, Magda	Other	Director, Patient Accounts and Revenue Services	Yes	No	Yes
Barron, Adriana	Other	Director, Medical Staff Administration	Yes	Yes	No
Baudy, Binta	Other	VP Operations - Ambulatory Care Services	No	Yes	Yes
Black, Cleveland	Other	Associate Administrator HR Health Services	Yes	Yes	Yes
Bracey, Art, MD	Board Chair/President		Yes	Yes	Yes
Brass, Steven	Other	Executive VP and Chief Medical Executive	No	Yes	No
Brock, Jackie	Other	Nursing Exec.	No	No	Yes
Burdine, Tracey	Other	Director of Ambulatory Care Services	Yes	Yes	Yes
Camp, Kim	Other	Accreditation Specialist	Yes	Yes	Yes
Campbell, Cynthia	Other	Sr. Accountant - Grants	Yes	Yes	Yes
Caracostis, Andrea, MD	Board Secretary		Yes	No	Yes
Carroajac, Monica	Other	Contract Administration	Yes	No	No
Carroll, Naoshia	Other	Director, Ambulatory Nursing	Yes	Yes	Yes
Chack, Debbie	Other	Accreditation Specialist	No	No	Yes
Chathampally, Yashwant	Other	Associate Chief Medical Officer, Sr. VP Quality and Patient Satisfaction	No	Yes	No
Cox, Stephanie	Other	HR Employee Data Management Specialist	Yes	Yes	Yes
Creamer, Doug	Other	PE	No	No	Yes
Estlack, Michael	Other	Accreditation Specialist	No	Yes	Yes
Frederickson, Delisa	Quality Improvement/Quality Assurance (QI/QA) Staff		No	No	Yes
Gerard, Clement	Other	Director of Operations	Yes	Yes	Yes

Name (Last, First, <i>optional</i> Credential)	Title	If 'Other' is selected, provide Title	Interviewed	Entrance Conference	Exit Conference
Gonzalez, Miguel	Human Resources Staff		Yes	No	Yes
Gonzalez, Nelson	Other	Grants Project Manager	Yes	Yes	Yes
Green, Kenya	Other	Director, Grants	Yes	No	Yes
Gummer, Holly	Other	Legal	Yes	No	Yes
Hamilton, Micheline	Other	Administrative Director of Nursing, Ambulatory Care Services	Yes	Yes	Yes
Hansford, Bobby	Other	Community Services Manager	Yes	Yes	Yes
Harris, Kasia	Other	Compliance Liaison, HRSA	No	No	Yes
Herman, Delgado	Other	Nursing Education	No	No	Yes
Ho-Nguyen, Vivian	Other	Administrative Director, Ambulatory Care Services	No	Yes	No
Holland, Ross	Other	Consumer Advisory Council	Yes	No	No
Johnson, Ewan, MD	Board Vice Chair/Vice President		Yes	No	No
Johnson, Sheila	Other	Director of Operations	Yes	Yes	Yes
Jones, Carolyn	Other	Executive VP, Chief Compliance and Risk Officer	No	Yes	No
Jones, Christopher	Human Resources Staff		Yes	No	Yes
Keys, Chamica	Other	Compliance Liaison, HRSA	No	No	Yes
Lacy, Tiffany	Other	Financial Analyst	Yes	No	Yes
Lemons, Deborah	Other	Medical Staff Services	Yes	No	Yes
Martinez, Nikki	Other	Financial Services	Yes	No	Yes
Martinez, Pollie	Other	Associate Administrator Patient Access	Yes	Yes	Yes
McMichael, Kari	Other	VP, Controller	Yes	No	Yes
Murray, Rachel	Other	Contracts	No	No	Yes
Nikitin, Victoria	Chief Financial Officer (CFO)		No	No	Yes
Nolan, Michael	Other	Compliance	No	No	Yes
Patricio, Vironica	Other	Director of Operations	Yes	Yes	No
Pete, Toni	Other	Accreditation Specialist	No	Yes	Yes
Porsa, Esmaeli, MD	Chief Executive Officer (CEO)/Project Director		No	Yes	Yes
Ridge, LaResa, MD	Other	Health Care for the Homeless, Medical Director	No	No	Yes
Rodriquez, Alma	Other	Director, Accreditation and Regulatory Affairs	Yes	Yes	Yes
Rogers, Kim	Other	Accreditation Specialist	No	Yes	Yes
Rogers, Lydia	Other	Administrative Director, Ambulatory Care Services Clinical Operations	Yes	Yes	Yes
Roy, Sarath	Other	Quality Assurance Coordinator, Health Care for the Homeless	Yes	Yes	Yes
Russell, Matasha, MD	Other	Chief Medical Officer, Ambulatory Care Services	No	Yes	Yes
Sanchez, Jose	Other	Consumer Advisory Council	Yes	No	No
Sarasgi, Ariansha	Other	Business Operations Manager	Yes	No	Yes
Schlueter, Matthew	Other	Chief Nursing Officer, Ambulatory Care Services	No	Yes	Yes
Small, Jennifer, MD	Other	Executive Vice President Ambulatory Care Services	No	Yes	Yes
Smith, Louis	Other	Executive VP, Chief Operating Officer	No	Yes	No
Stanley, Scott	Other	Patient Safety Coordinator	No	Yes	Yes
Strawder, Sharika	Other	Accreditation Specialist	No	Yes	Yes
Strawn, Tina	Other	Administrative Director of Operations and Financial Services	Yes	Yes	Yes
Stultz, Ellen Tseng	Other	Accreditation Specialist	No	Yes	No
Tezeno, Gloria	Other	Manager, Data Management	Yes	Yes	Yes

Name (Last, First, <i>optional</i> Credential)	Title	If 'Other' is selected, provide Title	Interviewed	Entrance Conference	Exit Conference
Thomas, Sara	Other	Legal	Yes	No	Yes
Victorian, Christine	Other	Director of Quality Programs	Yes	Yes	No
West, Onique	Other	Talent Registration	No	No	Yes
Wise, Brenda	HRSA Representative (on-site)		No	Yes	Yes
Yellumachanti, Nerraj	Other	EPIC EHR Clinical Analyst	Yes	No	No

## Sites Visited

### Sites Visited

BPHC Site ID	Site Name	Site Address
BPS-H80-004932	Open Door Mission	5803 Harrisburg Blvd., Houston, TX 77011
BPS-H80-013530	Harmony House	602 Girard Street, Houston, TX 77007



## Site Visit Compliance Summary

### Site Visit Compliance Summary

Program Requirements	Elements	Compliance Demonstrated? (HRSA)
<b>Needs Assessment</b>	<b>Overall Compliance</b>	<b>Yes</b>
	a. Service Area Identification and Annual Review	Yes
	b. Update of Needs Assessment	Yes
<b>Required and Additional Services</b>	<b>Overall Compliance</b>	<b>Yes</b>
	a. Providing and Documenting Services within Scope of Project	Yes
	b. Ensuring Access for Limited English Proficient Patients	Yes
	c. Providing Culturally Appropriate Care	Yes
<b>Clinical Staffing</b>	<b>Overall Compliance</b>	<b>Yes</b>
	a. Staffing to Provide Scope of Services	Yes
	b. Staffing to Ensure Reasonable Patient Access	Yes
	c. Procedures for Review of Credentials	Yes
	d. Procedures for Review of Privileges	Yes
	e. Credentialing and Privileging Records	Yes
	f. Credentialing and Privileging of Contracted or Referral Providers	Yes
<b>Accessible Locations and Hours of Operations</b>	<b>Overall Compliance</b>	<b>Yes</b>
	a. Accessible Service Sites	Yes
	b. Accessible Hours of Operation	Yes
	c. Accurate Documentation of Sites within Scope of Project	Yes
<b>Coverage for Medical Emergencies During and After Hours</b>	<b>Overall Compliance</b>	<b>Yes</b>
	a. Clinical Capacity for Responding to Emergencies During Hours of Operation	Yes
	b. Procedures for Responding to Emergencies During Hours of Operation	Yes
	c. Procedures or Arrangements for After Hours Coverage	Yes
	d. After Hours Call Documentation	Yes
<b>Continuity of Care and Hospital Admitting</b>	<b>Overall Compliance</b>	<b>Yes</b>
	a. Documentation of Hospital Admitting Privileges or Arrangements	Yes
	b. Procedures for Hospitalized Patients	Yes
	c. Post-Hospitalization Tracking and Follow-up	Yes
<b>Sliding Fee Discount Program</b>	<b>Overall Compliance</b>	<b>Yes</b>
	a. Applicability to In-Scope Services	Yes
	b. Sliding Fee Discount Program Policies	Yes
	c. Sliding Fee for Column I Services	Yes
	d. Multiple Sliding Fee Discount Schedules	Yes
	e. Incorporation of Current Federal Poverty Guidelines	Yes
	f. Procedures for Assessing Income and Family Size	Yes
	g. Assessing and Documenting Income and Family Size	Yes
	h. Informing Patients of Sliding Fee Discounts	Yes
	i. Sliding Fee for Column II Services	Yes
	j. Sliding Fee for Column III Services	Yes
	k. Applicability to Patients with Third Party Coverage	Yes
	l. Evaluation of the Sliding Fee Discount Program	Yes
<b>Quality Improvement/Assurance</b>	<b>Overall Compliance</b>	<b>Yes</b>
	a. QI/QA Program Policies	Yes

Program Requirements	Elements	Compliance Demonstrated? (HRSA)
	b. Designee to Oversee QI/QA Program	Yes
	c. QI/QA Procedures or Processes	Yes
	d. Quarterly Assessments of Clinician Care	Yes
	e. Retrievable Health Records	Yes
	f. Confidentiality of Patient Information	Yes
<b>Key Management Staff</b>	<b>Overall Compliance</b>	<b>Yes</b>
	a. Composition and Functions of Key Management Staff	Yes
	c. Process for Filling Key Management Vacancies	Yes
	d. CEO Responsibilities	Yes
	e. HRSA Approval for Project Director/CEO Changes	Yes
<b>Contracts and Subawards</b>	<b>Overall Compliance</b>	<b>Yes</b>
	a. Procurement Procedures	Yes
	b. Records of Procurement Actions	Yes
	c. Retention of Final Contracts	Yes
	d. Contractor Reporting	Yes
	e. HRSA Approval for Contracting Substantive Programmatic Work	Yes
	f. Required Contract Provisions	Yes
	g. HRSA Approval to Subaward	N/A
	h. Subaward Agreement	N/A
	i. Subrecipient Monitoring	N/A
	j. Retention of Subaward Agreements and Records	N/A
<b>Conflict of Interest</b>	<b>Overall Compliance</b>	<b>Yes</b>
	a. Standards of Conduct	Yes
	b. Standards for Organizational Conflicts of Interest	Yes
	c. Dissemination of Standards of Conduct	Yes
	d. Adherence to Standards of Conduct	Yes
<b>Collaborative Relationships</b>	<b>Overall Compliance</b>	<b>Yes</b>
	a. Coordination and Integration of Activities	Yes
	b. Collaboration with Other Primary Care Providers	Yes
<b>Financial Management and Accounting Systems</b>	<b>Overall Compliance</b>	<b>Yes</b>
	a. Financial Management and Internal Control Systems	Yes
	b. Documenting Use of Federal Funds	Yes
	c. Drawdown, Disbursement and Expenditure Procedures	Yes
	d. Submitting Audits and Responding to Findings	Yes
	e. Documenting Use of Non-Grant Funds	Yes
<b>Billing and Collections</b>	<b>Overall Compliance</b>	<b>Yes</b>
	a. Fee Schedule for In-Scope Services	Yes
	b. Basis for Fee Schedule	Yes
	c. Participation in Insurance Programs	Yes
	d. Systems and Procedures	Yes
	e. Procedures for Additional Billing or Payment Options	Yes
	f. Timely and Accurate Third Party Billing	Yes
	g. Accurate Patient Billing	Yes
	h. Policies or Procedures for Waiving or Reducing Fees	Yes
	i. Billing for Supplies or Equipment	Yes
	j. Refusal to Pay Policy	Yes
<b>Budget</b>	<b>Overall Compliance</b>	<b>Yes</b>
	a. Annual Budgeting for Scope of Project	Yes
	d. Other Lines of Business	Yes

Program Requirements	Elements	Compliance Demonstrated? (HRSA)
<b>Program Monitoring and Data Reporting Systems</b>	<b>Overall Compliance</b>	<b>Yes</b>
	a. Collecting and Organizing Data	Yes
	b. Data-Based Reports	Yes
<b>Board Authority</b>	<b>Overall Compliance</b>	<b>Yes</b>
	a. Maintenance of Board Authority Over Health Center Project	Yes
	b. Required Authorities and Responsibilities	Yes
	c. Exercising Required Authorities and Responsibilities	Yes
	d. Adopting, Evaluating, and Updating Health Center Policies	Yes
	e. Adopting, Evaluating, and Updating Financial and Personnel Policies	Yes
<b>Board Composition</b>	<b>Overall Compliance</b>	<b>Yes</b>
	a. Board Member Selection and Removal Process	Yes
	b. Required Board Composition	Yes
	c. Current Board Composition	Yes
	d. Prohibited Board Members	Yes
	f. Utilization of Special Population Input	Yes

## Needs Assessment

### Authority

Authority

Section 330(k)(2) and Section 330(k)(3)(J) of the Public Health Service (PHS) Act; and 42 CFR 51c.104(b)(2-3), 42 CFR 51c.303(k), 42 CFR 56.104(b)(2), 42 CFR 56.104(b)(4), and 42 CFR 56.303(k)

### Related Considerations

Health Center Program Compliance Manual Related Considerations

### Overall Compliance Demonstrated

Overall Compliance Demonstrated:

: Yes

: No

### Summary of Findings

#### Demonstrating Compliance Element: a. Service Area Identification and Annual Review

Description

The health center identifies and annually reviews its service area<sup>1</sup> based on where current or proposed patient populations reside as documented by the ZIP codes reported on the health center's **Form 5B: Service Sites**. [In addition, these service area ZIP codes are consistent with patient origin data reported by ZIP code in its annual **Uniform Data System (UDS)** report (for example, the ZIP codes reported on the health center's Form 5B: Service Sites would include the ZIP codes in which at least 75 percent of current health center patients reside, as identified in the most recent UDS report).]

**Note:** HRSA assesses whether the health center has demonstrated compliance with the portion of element "a" in brackets through HRSA's review of the health center's competing continuation application (Service Area Competition (SAC) or Renewal of Designation (RD)). No review of the portion of element "a" in brackets is required through the site visit.

<sup>1</sup> Also referred to as "catchment area" in the Health Center Program implementing regulation in 42 CFR 51c.102.

1. Does the health center use patient origin data from its most current UDS report when recording or updating ZIP codes on its Form 5B site entries?:

: Yes

: No

If No, an explanation is required (for example, Form 5B ZIP codes reflect newer data available to the health center):

2. Is this service area review process completed at least annually?:

: Yes

: No

Note:

*The annual review of a health center's service area may be conducted in a number of ways (for example, as part of submission of a competitive application or as a "stand-alone" activity during the year, such as review of annual UDS patient origin data or other data on where patients reside):*

If No, an explanation is required:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

#### Demonstrating Compliance Element: b. Update of Needs Assessment

Description

The health center completes or updates a needs assessment of the current or proposed population at least once every 3 years,<sup>2</sup> for the purposes of informing and improving the delivery of health center services. The needs assessment utilizes the most recently available data<sup>3</sup> for the service area and, if applicable, **special populations** and addresses the following:

- Factors associated with access to care and health care utilization (for example, geography, transportation, occupation, transience, unemployment, income level, educational attainment);
- The most significant causes of morbidity and mortality (for example, diabetes, cardiovascular disease, cancer, low birth weight, behavioral health) as well as any associated health disparities; and

- Any other unique health care needs or characteristics that impact health status or access to, or utilization of, primary care (for example, social factors, the physical environment, cultural/ethnic factors, language needs, housing status).

<sup>2</sup> Compliance may be demonstrated based on the information included in a Service Area Competition (SAC) or a Renewal of Designation (RD) application. Note that in the case of a Notice of Funding Opportunity for a New Access Point or Expanded Services grant, HRSA may specify application-specific requirements for demonstrating an applicant has consulted with the appropriate agencies and providers consistent with Section 330(k)(2)(D) of the PHS Act. Such application-specific requirements may require a completed or updated needs assessment more recent than that which was provided in an applicant's SAC or RD application.

<sup>3</sup> In cases where data are not available for the specific service area or special population, health centers may use extrapolation techniques to make valid estimates using data available for related areas and population groups. Extrapolation is the process of using data that describes one population to estimate data for a comparable population, based on one or more common differentiating demographic characteristics. Where data are not directly available and extrapolation is not feasible, health centers should use the best available data describing the area or population to be served.

**3. Does the health center complete or update a needs assessment of the current population at least once every 3 years?:**

: Yes

: No

**If No, an explanation is required:**

**4. Is the needs assessment based on the most recently available data for the service area and, if applicable, special populations?:**

: Yes

: No

**If No, an explanation is required:**

**5. Does the needs assessment address all of the following:**

- o Factors associated with access to care and health care utilization (for example, geography, transportation, occupation, transience, unemployment, income level, educational attainment);
- o The most significant causes of morbidity and mortality (for example, diabetes, cardiovascular disease, cancer, low birth weight, behavioral health) as well as any associated health disparities; and
- o Any other unique health care needs or characteristics that impact health status or access to, or utilization of, primary care (for example, social factors, the physical environment, cultural/ethnic factors, language needs, housing status).

:

: Yes

: No

**If No, an explanation is required:**

**6. Was the health center able to provide at least one example of how it used the results of its needs assessment(s) to inform and improve the delivery of health center services?:**

: Yes

: No

**Note:**

*If the health center is part of a larger organization (for example, a health department, mental health or social service agency), consider whether the needs assessment(s) provides data that are relevant and specific enough to inform the delivery of health center services.*

**If No, an explanation is required:**

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

## Required and Additional Health Services

### Authority

Authority

Section 330(a)-(b), Section 330(h)(2), and Section 330(k)(3)(K) of the Public Health Service (PHS) Act; and 42 CFR 51c.102(h) and (j), 42 CFR 56.102(l) and (o), and 42 CFR 51c.303(l)

### Related Considerations

Health Center Program Compliance Manual Related Considerations

### Overall Compliance Demonstrated

Overall Compliance Demonstrated:

: Yes

: No

### Summary of Findings

#### Demonstrating Compliance Element: a. Providing and Documenting Services within Scope of Project

Description

The health center provides access to all services included in its HRSA-approved **scope of project**<sup>1</sup> (**Form 5A: Services Provided**) through one or more service delivery methods,<sup>2</sup> as described below:<sup>3</sup>

- **Direct:** If a required or additional service is provided directly by health center employees<sup>4</sup> or volunteers, this service is accurately recorded in Column I on Form 5A: Services Provided, reflecting that the health center pays for and bills for direct care.
- **Formal Written Contract/Agreement:**<sup>5</sup> If a required or additional service is provided on behalf of the health center via a formal contract/agreement between the health center and a third party (including a **subrecipient**),<sup>6</sup> this service is accurately recorded in Column II on Form 5A: Services Provided, reflecting that the health center pays for the care provided by the third party via the agreement. In addition, the health center ensures that such contractual agreements for services include:
  - How the service will be documented in the patient's health center record; and
  - How the health center will pay for the service.
- **Formal Written Referral Arrangement:** If access to a required or additional service is provided and billed for by a third party with which the health center has a formal referral arrangement, this service is accurately recorded in Column III on Form 5A: Services Provided, reflecting that the health center is responsible for the act of referral for health center patients and any follow-up care for these patients provided by the health center subsequent to the referral.<sup>7</sup> In addition, the health center ensures that such formal referral arrangements for services, at a minimum, address:
  - The manner by which referrals will be made and managed; and
  - The process for tracking and referring patients back to the health center for appropriate follow-up care (for example, exchange of patient record information, receipt of lab results).

<sup>1</sup> In accordance with 45 CFR 75.308 (**Uniform Administrative Requirements: Revision of Budget and Program Plans**), health centers must request prior approval from HRSA for a change in the scope or the objective of the project or program (even if there is no associated budget revision requiring prior written approval). This prior approval requirement applies, among other things, to the addition or deletion of a service within the scope of project. These changes require prior approval from HRSA and must be submitted by the health center as a formal Change in Scope request. Visit **Scope of Project website** for further details on scope of project, including the **Form 5A Service Descriptors** listed on **Form 5A: Services Provided**.

<sup>2</sup> The Health Center Program statute states in 42 U.S.C. 254b(a)(1) that health centers may provide services "either through the staff and supporting resources of the center or through contracts or cooperative arrangements." The Health Center Program Compliance Manual utilizes the terms "Formal Written Contract/Agreement" and "Formal Written Referral Arrangement" to refer to such "contracts or cooperative arrangements." For more information on documenting service delivery methods within the HRSA-approved scope of project on Form 5A: Services Provided, visit **Form 5A Column Descriptors**. Other Health Center Program requirements apply when providing services through contractual agreements and formal referral arrangements. Such requirements are addressed in other chapters of the Manual where applicable.

<sup>3</sup> See [Health Center Program Compliance Manual] **Chapter 9: Sliding Fee Discount Program** for more information on sliding fee discount program requirements and how they apply to the various service delivery methods.

<sup>4</sup> For purposes of the HRSA-approved scope of project (Form 5A: Services Provided), HRSA/BPHC utilizes

Internal Revenue Service (IRS) definitions to differentiate contractors and employees. Typically, an employee receives a salary on a regular basis and a W-2 from the health center with applicable taxes and benefit contributions withheld.

<sup>5</sup> See [Health Center Program Compliance Manual] [Chapter 12: Contracts and Subawards](#) for more information on program requirements around contracting.

<sup>6</sup> For purposes of the HRSA-approved scope of project (Form 5A: Services Provided), services provided via “contract/formal agreement” are those provided by practitioners who are not employed by or volunteers of the health center (for example, an individual provider with whom the health center has a contract; a group practice with which the health center has a contract; a locum tenens staffing agency with which the health center contracts; a subrecipient organization). Typically, a health center will issue an IRS Form 1099 to report payments to an individual contractor. See the [Federal Tort Claims Act \(FTCA\) Health Center Policy Manual](#) for information about eligibility for FTCA coverage for covered activities by covered individuals, which extends liability protections for eligible “covered individuals,” including governing board members and officers, employees, and qualified individual contractors.

<sup>7</sup> For purposes of the HRSA-approved scope of project (Form 5A: Services Provided), access to services provided via “formal referral arrangements” are those referred by the health center but provided and billed for by a third party. Although the service itself is not included within the HRSA-approved scope of project, the act of referral and any follow-up care provided by the health center subsequent to the referral are considered to be part of the health center’s HRSA-approved scope of project. For more information on documenting service delivery methods within the HRSA-approved scope of project on Form 5A: Services Provided, visit [Form 5A Column Descriptors](#).

**1. Considering the overall scope of project (i.e., all services on Form 5A across the various Columns), were services recorded on Form 5A consistent with how they were offered by the health center at the time of the site visit?:**

: Yes

: No

**2. IF NO: Has the health center submitted a Change in Scope request(s) to HRSA to correct all Form 5A inconsistencies?:**

: Yes

: No

**If Yes OR No, specify the inconsistency(ies) observed and whether the relevant Change in Scope request(s) has been submitted to HRSA to correct the accuracy of Form 5A:**

**3. FORM 5A, COLUMN I: Are all services listed in Column I on the health center’s current Form 5A being provided by the health center directly?:**

: Yes

: No

: Not Applicable

**Note:**

Select “Not Applicable” if the health center does not offer any services via Column I.

**If No, an explanation is required, including specifying any missing services:**

**4. FORM 5A, COLUMN II**

**Note:**

Select “Not Applicable” if the health center does not offer any services via Column II.

**4.1 Does the health center maintain formal written contracts/agreements for services listed in Column II on its current Form 5A?:**

: Yes

: No

: Not Applicable

**4.2 Do the health center’s contracts/agreements document how the health center will pay for the service(s)?:**

: Yes

: No

: Not Applicable

**4.3 Do the health center’s contracts/agreements or any supporting internal procedures document how information regarding the service(s) will be provided to the health center for inclusion in the patient’s health center record?:**

: Yes

: No

: Not Applicable

**4.4 Was the health center able to produce patient records from the past 24 months that document receipt of specific contracted services? :**

: Yes

: No

: Not Applicable

If No OR Not Applicable was selected for any of the above, an explanation is required providing details on the specific service(s):

5. FORM 5A, COLUMN III

Note:

Select "Not Applicable" if the health center does not offer any services via Column III.

5.1 Does the health center maintain formal written referral arrangements for services listed in Column III on its current Form 5A?:

: Yes

: No

: Not Applicable

5.2 Do the health center's formal written referral arrangements or other documentation (for example, health center standard operating procedures) include provisions that address the manner by which referrals will be made and managed as well as the process for tracking and referring patients back to the health center for appropriate follow-up care (for example, exchange of patient record information, receipt of lab results)?:

: Yes

: No

: Not Applicable

5.3 Is there documentation in the patient record of appropriate follow-up care and information that resulted from these referrals (for example, exchange of patient record information, receipt of lab results)?:

: Yes

: No

: Not Applicable

If No OR Not Applicable was selected for any of the above, an explanation is required providing details on the specific service(s):

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

**Demonstrating Compliance Element: b. Ensuring Access for Limited English Proficient Patients**

Description

Health center patients with **limited English proficiency (LEP)** are provided with interpretation and translation (for example, through bilingual providers, on-site interpreters, high quality video or telephone remote interpreting services) that enable them to have reasonable access to health center services.

6. Does the health center provide access to interpretation for health center patients with LEP?:

: Yes

: No

If No, an explanation is required:

7. Was the health center able to provide an example of a key document (i.e., documents that enable patients to access health center services) currently in use that is translated into different languages for its patient population?:

: Yes

: No

If No, an explanation is required:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

**Demonstrating Compliance Element: c. Providing Culturally Appropriate Care**

Description

The health center makes arrangements and/or provides resources (for example, training) that enable its staff to deliver services in a manner that is culturally sensitive and bridges linguistic and cultural differences.

8. Was the health center able to provide an example of how it delivers services in a manner that is culturally appropriate for its patient population (for example, culturally appropriate health promotion tools)?:

: Yes

: No

If No, an explanation is required:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No



## Clinical Staffing

### Authority

Authority

Sections 330(a)(1), (b)(1)-(2), and (k)(3)(I)(ii)(II)-(III) of the Public Health Service (PHS) Act; and 42 CFR 51c.303(a), 42 CFR 51c.303(p), 42 CFR 56.303(a), and 42 CFR 56.303(p)

### Related Considerations

[Health Center Program Compliance Manual Related Considerations](#)

### Overall Compliance Demonstrated

Overall Compliance Demonstrated:

: Yes

: No

### Summary of Findings

#### Demonstrating Compliance Element: a. Staffing to Provide Scope of Services

Description

The health center ensures that it has clinical staff<sup>1</sup> and/or has contracts or formal referral arrangements in place with other providers or provider organizations to carry out all required and additional services included in the HRSA-approved [scope of project](#).<sup>2</sup>

<sup>1</sup> Clinical staff includes licensed independent practitioners (for example, physician, dentist, physician assistant, nurse practitioner), other licensed or certified practitioners (for example, registered nurse, licensed practical nurse, registered dietitian, certified medical assistant), and other clinical staff providing services on behalf of the health center (for example, medical assistants or community health workers in states, territories or jurisdictions that do not require licensure or certification).

<sup>2</sup> Health centers seeking coverage for themselves and their providers under the Health Center Federal Tort Claims Act (FTCA) Medical Malpractice Program should review the statutory and policy requirements for coverage, as discussed in the [FTCA Health Center Policy Manual](#).

1. Does the health center's current clinical staffing makeup (for example, employees, volunteers, contracted and referral providers) enable it to carry out the approved scope of project (i.e., the list of Required and Additional services on Form 5A)?:

: Yes

: No

If No, an explanation is required specifying what staffing is lacking and for which services:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

#### Demonstrating Compliance Element: b. Staffing to Ensure Reasonable Patient Access

Description

The health center has considered the size, demographics, and health needs (for example, large number of children served, high prevalence of diabetes) of its patient population in determining the number and mix of clinical staff necessary to ensure reasonable patient access to health center services.

2. Was the health center able to provide one to two examples of how the mix (for example, pediatric and adult providers) and number (for example, full or part time staff, use of contracted providers) of clinical staff is responsive to the size, demographics, and needs of its patient population?:

: Yes

: No

If No, an explanation is required specifying why the example(s) did not show how the mix and number of clinical staff are responsive to the health center's patient population:

3. Given the number of patients served annually (based on most recent UDS), is the number and mix of current staff (considering the overall scope of project —i.e., all sites and all service delivery methods) sufficient to ensure reasonable patient access to health center services?:

: Yes

: No

If No, an explanation is required, including specific examples of why there is not reasonable patient access to health center services:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

## Demonstrating Compliance Element: c. Procedures for Review of Credentials

### Description

The health center has operating procedures for the initial and recurring review (for example, every 2 years) of credentials for all clinical staff members (licensed independent practitioners (LIPs), other licensed or certified practitioners (OLCPs), and other clinical staff providing services on behalf of the health center) who are health center employees, individual contractors, or volunteers. These **credentialing** procedures would ensure verification of the following, as applicable:

- Current licensure, registration, or certification using a **primary source**;
- Education and training for initial credentialing, using:
  - Primary sources for LIPs<sup>3</sup>
  - Primary or other sources (as determined by the health center) for OLCPs and any other clinical staff;
- Completion of a query through the National Practitioner Data Bank (NPDB);<sup>4</sup>
- Clinical staff member's identity for initial credentialing using a government-issued picture identification;
- Drug Enforcement Administration (DEA) registration; and
- Current documentation of basic life support training.

<sup>3</sup> In states in which the licensing agency, specialty board or registry conducts primary source verification of education and training, the health center would not be required to duplicate primary source verification when completing the credentialing process.

<sup>4</sup> The NPDB is an electronic information repository authorized by Congress. It contains information on medical malpractice payments and certain adverse actions related to health care practitioners, entities, providers, and suppliers. For more information, visit **National Practitioner Data Bank**.

**4. INITIAL CREDENTIALING ONLY: Do the health center's credentialing procedures require verification of the following for all clinical staff, as applicable, upon hire:**

#### Note:

*Clinical staff are health center employees, individual contractors, or volunteers and include LIPs, OLCPs and other clinical staff.*

**4.1 Clinical staff member's identity using a government-issued picture identification?:**

: Yes

: No

**4.2 Verification by the health center or the state (licensing agency, specialty board, or registry) of the education and training of LIPs using a primary source?:**

: Yes

: No

**4.3 Verification of the education and training of OLCPs and, as applicable, other clinical staff using a primary or secondary source, as determined by the health center? :**

: Yes

: No

**If No was selected for any of the above, an explanation is required:**

**5. INITIAL AND RECURRING CREDENTIALING PROCEDURES: Do the health center's credentialing procedures require verification of the following for all clinical staff upon hire AND on a recurring basis:**

#### Note:

*Clinical staff are health center employees, individual contractors, or volunteers and include LIPs, OLCPs and other clinical staff.*

**5.1 Current licensure, registration, or certification using a primary source for LIPs and OLCPs? :**

: Yes

: No

**5.2 Completion of a query through the NPDB? :**

: Yes

: No

**5.3 DEA registration (as applicable)? :**

: Yes

: No

**5.4 Current documentation of basic life support training (or comparable training completed through licensure or certification)?:**

: Yes

: No

If No was selected for any of the above, an explanation is required:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

**Demonstrating Compliance Element: d. Procedures for Review of Privileges**

**Description**

The health center has operating procedures for the initial granting and renewal (for example, every 2 years) of privileges for clinical staff members (LIPs, OLCPs, and other clinical staff providing services on behalf of the health center) who are health center employees, individual contractors, or volunteers. These [privileging](#) procedures would address the following:

- Verification of **fitness for duty**, immunization, and communicable disease status;<sup>5</sup>
- For initial privileging, verification of current clinical competence via training, education, and, as available, reference reviews;
- For renewal of privileges, verification of current clinical competence via peer review or other comparable methods (for example, supervisory performance reviews); and
- Process for denying, modifying or removing privileges based on assessments of clinical competence and/or fitness for duty.

<sup>5</sup> The CDC has published recommendations and many states have their own recommendations or standards for provider immunization and communicable disease screening. For more information about CDC recommendations, visit [CDC: Recommended Vaccines for Healthcare Workers](#).

**6. Do the health center's operating procedures address both the initial granting and renewal of privileges for all clinical staff (LIPs, OLCPs, and other clinical staff who are health center employees, individual contractors, or volunteers)?:**

: Yes

: No

If No, an explanation is required:

**7. Do the health center's privileging procedures require verification of fitness for duty for all clinical staff upon hire AND on a recurring basis?:**

: Yes

: No

**Note:**

*Clinical staff are health center employees, individual contractors, or volunteers and include LIPs, OLCPs and other clinical staff.*

If Yes OR No was selected, an explanation is required, including specifying how the health center has verified fitness for duty to ensure all clinical staff have the physical and cognitive ability to safely perform their duties: The health center utilizes a fitness for duty form that is completed by the individual's supervisor and reviewed and signed by the chief medical officer. A health questionnaire and attestation form is also used to review physical and cognitive status.

**8. Do the health center's privileging procedures require verification of the following for all clinical staff upon hire AND on a recurring basis:**

**Note:**

*Clinical staff are health center employees, individual contractors, or volunteers and include LIPs, OLCPs and other clinical staff.*

**8.1 Immunization and communicable disease status?:**

: Yes

: No

**8.2 Current clinical competence? :**

: Yes

: No

If No was selected for any of the above, an explanation is required:

**9. Does the health center have criteria and processes for modifying or removing privileges based on the outcomes of clinical competence assessments?:**

: Yes

: No

If No, an explanation is required:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

### Demonstrating Compliance Element: e. Credentialing and Privileging Records

**Description**

The health center maintains files or records for its clinical staff (for example, employees, individual contractors, and volunteers) that contain documentation of licensure, credentialing verification, and applicable privileges, consistent with operating procedures.

**10. Based on the review of the sample of current clinical staff files, did the files contain up-to-date (as defined by the health center in its operating procedures) documentation of licensure and credentialing of these clinical staff (employees, individual contractors, and volunteers)?:**

: Yes

: No

**If No, an explanation is required:**

**11. Based on the review of the sample of current clinical staff files, did the files contain up-to-date (as defined by the health center in its operating procedures) documentation of privileging decisions (for example, an up-to-date privileging list for each provider) for these clinical staff (employees, individual contractors, and volunteers)?:**

: Yes

: No

**If No, an explanation is required:**

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

### Demonstrating Compliance Element: f. Credentialing and Privileging of Contracted or Referral Providers

**Description**

If the health center has **contracts** with provider organizations (for example, group practices, locum tenens staffing agencies, training programs) or formal, written referral agreements with other provider organizations that provide services within its scope of project, the health center ensures<sup>6</sup> that such providers are:

- Licensed, certified, or registered as verified through a credentialing process, in accordance with applicable federal, state, and local laws; and
- Competent and fit to perform the contracted or referred services, as assessed through a privileging process.

<sup>6</sup> This may be done, for example, through provisions in contracts and cooperative arrangements with such organizations or health center review of the organizations' credentialing and privileging processes.

**12. Was the health center able to ensure through provisions in contracts or through other means (for example, the contracted organization provides the health center with documentation of Joint Commission accreditation) that contracted services (Form 5A, Column II) are provided by organizations that:**

**Notes:**

- o Select "Not Applicable" if the health center does not offer any clinical services via Column II.
- o For Column II services that involve a contract with provider organization(s), the credentialing and privileging process for the provider(s) may either be conducted by the provider organization(s) or may be conducted by the health center. Individual contractors are credentialed and privileged by the health center (see demonstrating compliance element "c").

**12.1 Verify provider licensure, certification, or registration through a credentialing process?:**

: Yes

: No

: Not Applicable

**12.2 Verify providers are competent and fit to perform the contracted service(s) through a privileging process?:**

: Yes

: No

: Not Applicable

**If No was selected for any of the above, an explanation is required:**

**13. Was the health center able to ensure through provisions in written referral arrangements or through other means (for example, the referral organization provides the health center with documentation of Joint Commission accreditation) that referred services (Form 5A, Column III) are provided by organizations that:**

**Notes:**

- Select "Not Applicable" if the health center does not offer any clinical services via Column III.
- In all cases for Column III services, the credentialing and privileging process for providers is external (i.e., conducted by the referral provider/organization).

**13.1 Verify provider licensure, certification, or registration through a credentialing process? :**

: Yes

: No

: Not Applicable

**13.2 Verify providers are competent and fit to perform the referred service(s) through a privileging process?:**

: Yes

: No

: Not Applicable

**If No was selected for any of the above, an explanation is required:**

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

## Accessible Locations and Hours of Operation

### Authority

Authority

Section 330(k)(3)(A) of the Public Health Service (PHS) Act; and 42 CFR 51c.303(a) and 42 CFR 56.303(a)

### Related Considerations

[Health Center Program Compliance Manual Related Considerations](#)

### Overall Compliance Demonstrated

Overall Compliance Demonstrated:

: Yes

: No

### Summary of Findings

#### Demonstrating Compliance Element: a. Accessible Service Sites

##### Description

The health center's **service site(s)** are accessible to the patient population relative to where this population lives or works (for example, in areas immediately accessible to public housing for health centers targeting **public housing residents**, or in shelters for health centers targeting **individuals experiencing homelessness**, or at migrant camps for health centers targeting **agricultural workers**). Specifically, the health center considers the following factors to ensure the accessibility of its sites:

- Access barriers (for example, barriers resulting from the area's physical characteristics, residential patterns, or economic and social groupings); and
- Distance and time taken for patients to travel to or between service sites in order to access the health center's full range of in-scope services.

1. Does the health center take the following factors, including those specific to special population(s) (if applicable), into consideration in determining where to locate its sites:

1.1 Access barriers (for example, the health center has considered the ways patients access health center sites)?:

: Yes

: No

1.2 Distance and time taken for patients to travel to or between service sites in order to access the health center's full range of in-scope services (for example, if some in-scope services are located only at certain sites, the health center facilitates access to these services for the entire patient population)? :

: Yes

: No

If No was selected for any of the above, an explanation is required:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

#### Demonstrating Compliance Element: b. Accessible Hours of Operation

##### Description

The health center's total number and scheduled hours of operation across its service sites are responsive to patient needs by facilitating the ability to schedule appointments and access the health center's full range of services within the HRSA-approved **scope of project**<sup>1</sup> (for example, a health center service site might offer extended evening hours 3 days a week based on input or feedback from patients who cannot miss work for appointments during normal business hours).

<sup>1</sup> Services provided by a health center are defined at the **awardee/designee** level, not by individual site. Thus, not all services must be available at every health center service site; rather, health center patients must have reasonable access to the full complement of services offered by the center as a whole, either directly or through formal written established arrangements. Visit [Scope of Project website](#) for further details on scope of project, including services and column descriptors listed on [Form 5A: Services Provided](#).

2. Has the health center taken patient needs into consideration in setting the hours of operation of its sites (for example, within available resources, the hours correspond to most requested appointment times or align with the most in-demand services)?:

: Yes

: No

If No, an explanation is required:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

### Demonstrating Compliance Element: c. Accurate Documentation of Sites within Scope of Project

Description

The health center accurately records the sites in its HRSA-approved scope of project<sup>2</sup> on its **Form 5B: Service Sites** in HRSA's **Electronic Handbooks (EHBs)**.

<sup>2</sup> In accordance with 45 CFR 75.308(c)(1)(i), health centers must request prior approval from HRSA for a "Change in the scope or the objective of the project or program (even if there is no associated budget revision requiring prior written approval)." This prior approval requirement applies to the addition or deletion of a service site. These changes require prior approval from HRSA and must be submitted by the health center as a formal Change in Scope request. Visit [Scope of Project website](#) for further details on scope of project.

3. Does the health center's Form 5B need to have any site(s) added or removed?:

: Yes

: No

4. IF YES: Has the health center submitted a Change in Scope request(s) to HRSA to correct Form 5B?:

: Yes

: No

If Yes OR No, specify the inconsistency(ies) observed and whether the relevant Change in Scope request(s) has been submitted to HRSA to correct Form 5B:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

## Coverage for Medical Emergencies During and After Hours

### Authority

Authority

Section 330(b)(1)(A)(IV) and Section 330(k)(3)(A) of the Public Health Service (PHS) Act; and 42 CFR 51c.102(h)(4), 42 CFR 56.102(l)(4), 42 CFR 51c.303(a), and 42 CFR 56.303(a)

### Related Considerations

Health Center Program Compliance Manual Related Considerations

### Overall Compliance Demonstrated

Overall Compliance Demonstrated:

: Yes

: No

### Summary of Findings

#### Demonstrating Compliance Element: a. Clinical Capacity for Responding to Emergencies During Hours of Operation

Description

The health center has at least one staff member trained and certified in basic life support present at each HRSA-approved **service site** (as documented on **Form 5B: Service Sites**) to ensure the health center has the clinical capacity to respond to patient medical emergencies<sup>1</sup> during the health center's regularly-scheduled hours of operation.<sup>2</sup>

<sup>1</sup> Medical emergencies may, for example, include those related to physical, oral, behavioral, or other emergent health needs.

<sup>2</sup> See [Health Center Program Compliance Manual] **Chapter 6: Accessible Location and Hours of Operation** for more information on hours of operation.

1. Was there documentation that the health center ensures at least one staff member (clinical or non-clinical) trained and certified in basic life support is present at each HRSA-approved service delivery site to respond to patient medical emergencies during the health center's regularly-scheduled hours of operation?:

: Yes

: No

If No, an explanation is required, including stating what, if any, provisions the health center has in place to respond to patient medical emergencies during regularly-scheduled hours of operation at its site(s):

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

#### Demonstrating Compliance Element: b. Procedures for Responding to Emergencies During Hours of Operation

Description

The health center has and follows its applicable operating procedures when responding to patient medical emergencies during regularly-scheduled hours of operation.

2. Were you able to confirm that the health center has operating procedures for responding to patient medical emergencies during the health center's regularly-scheduled hours of operation?:

: Yes

: No

If No, an explanation is required:

3. Was the health center able to describe how it either has responded to or is prepared to respond to (for example, staff training or drills on use of procedures) patient medical emergencies during regularly-scheduled hours of operation?:

: Yes

: No

If No, an explanation is required:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No



## Demonstrating Compliance Element: c. Procedures or Arrangements for After Hours Coverage

### Description

The health center has after-hours coverage operating procedures, which may include formal arrangements<sup>3</sup> with non-health center providers/entities, that ensure:

- Coverage is provided via telephone or face-to-face by an individual with the qualification and training necessary to exercise professional judgment in assessing a health center patient's need for emergency medical care;
- Coverage includes the ability to refer patients either to a licensed independent practitioner for further consultation or to locations such as emergency rooms or urgent care facilities for further assessment or immediate care as needed; and
- Patients, including those with **limited English proficiency (LEP)**,<sup>4</sup> are informed of and are able to access after-hours coverage, based on receiving after-hours coverage information and instructions in the language(s), literacy levels, and formats appropriate to the health center's patient population needs.

<sup>3</sup> See [Health Center Program Compliance Manual] [Chapter 12: Contracts and Subawards](#) for more information on oversight over such arrangements.

<sup>4</sup> Under Section 602 of Title VI of the Civil Rights Act and the Department of Health and Human Services implementing regulations (45 CFR Section 80.3(b)(2)), recipients of federal financial assistance, including health centers, must take reasonable steps to ensure meaningful access to their programs, services, and activities by eligible **limited English proficient (LEP)** persons. Visit [Office of Civil Rights: Guidance to Federal Financial Assistance Recipients Regarding Title VI and the Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons - Summary](#) for further guidance on translating vital documents for LEP persons.

### 4. Does the health center have written operating procedures or other documented arrangements for responding to patient medical emergencies after hours?

:

: Yes

: No

If No, an explanation is required:

### 5. Based on the interview with clinical leadership and/or front desk staff, is information provided to patients at all health center service sites (as listed on Form 5B) on how to access after-hours coverage?:

: Yes

: No

If No, an explanation is required:

### 6. Has the health center addressed barriers that patients might face in attempting to use the health center's after-hours coverage? This would include barriers due to LEP or literacy levels.:

: Yes

: No

If No, an explanation is required:

### 7. Did the results from the call made to the health center after hours confirm the following:

#### 7.1 You were connected to an individual with the qualification and training necessary to exercise professional judgment to address an after-hours call?:

: Yes

: No

#### 7.2 This individual can refer patients to a covering licensed independent practitioner for further consultation or to locations such as emergency rooms or urgent care facilities for further assessment or immediate care?:

: Yes

: No

#### 7.3 Provisions are in place for calls received from patients with LEP?:

: Yes

: No

If No was selected for any of the above, an explanation is required:

### HRSA/BPHC Determination: Compliance Demonstrated?:

: Yes

: No

## Demonstrating Compliance Element: d. After Hours Call Documentation

### Description

The health center has documentation of after-hours calls and any necessary follow-up resulting from such calls for the purposes of continuity of care.<sup>5</sup>

8. Does the health center document after-hours calls or, if no such calls have been received, does the health center have the capacity to document such calls?:

: Yes

: No

If No, an explanation is required:

9. Does the health center (based on review of systems or the sample of records) provide the necessary follow-up, based on the nature of after-hours calls (for example, health center contacts the patient within a prescribed number of days to check in on the patient's condition, schedule an appointment)?:

: Yes

: No

Note:

*For health centers that had no after-hours calls that required follow-up (for example, a newly-funded health center that has just started its operations), a review of operating procedures and results of the interview(s) with health center staff can be used when responding to this question.*

If No, an explanation is required:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

## Continuity of Care and Hospital Admitting

### Authority

Authority

Section 330(k)(3)(A) and 330(k)(3)(L) of the Public Health Service (PHS) Act; and 42 CFR 51.c.303(a) and 42 CFR 56.303(a)

### Related Considerations

Health Center Program Compliance Manual Related Considerations

### Overall Compliance Demonstrated

Overall Compliance Demonstrated:

: Yes

: No

### Summary of Findings

#### Demonstrating Compliance Element: a. Documentation of Hospital Admitting Privileges or Arrangements

Description

The health center has documentation of:

- Health center provider<sup>1</sup> hospital admitting privileges (for example, provider employment contracts or other files indicate the provider(s) has admitting privileges at one or more hospitals); and/or
- Formal arrangements between the health center and one or more hospitals or entities (for example, hospitalists, obstetrics hospitalist practices) for the purposes of hospital admission of health center patients.

<sup>1</sup> In addition to physicians, various provider types may have admitting privileges, if applicable, based on scope of practice in their state (for example, nurse practitioners, certified nurse midwives).

1. Does the health center have:

- Documentation of hospital admitting privileges (if select health center providers assume responsibility for admitting and following hospitalized patients); or
- Formal arrangements with non-health center provider(s) or entity(ies) (such as a hospital, hospitalist group, or obstetrics practice) that address health center patient hospital admissions?

:

: Yes

: No

If Yes OR No, an explanation is required specifying the health center's arrangement(s) for hospital admissions: The program has a formal arrangement with Harris Hospitals that addresses health center hospital admissions and inpatient services.

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

#### Demonstrating Compliance Element: b. Procedures for Hospitalized Patients

Description

The health center has internal operating procedures and, if applicable, related provisions in its formal arrangements with non-health center provider(s) or entity(ies) that address the following areas for patients who are hospitalized as inpatients or who visit a hospital's emergency department (ED):<sup>2</sup>

- Receipt and recording of medical information related to the hospital or ED visit, such as discharge follow-up instructions and laboratory, radiology, or other results; and
- Follow-up actions by health center staff, when appropriate.

<sup>2</sup> Health center patients may be admitted to a hospital setting through a variety of means (for example, a visit to the ED may lead to an inpatient hospital admission, or a health center patient may be directly admitted to a unit of the hospital, such as labor and delivery).

2. Did the health center's internal operating procedures and/or arrangements with non-health center provider(s) or entity(ies), if applicable, address the following:

2.1 How the health center will obtain or receive medical information related to patient hospital or ED visits and record such information (for example, discharge follow-up instructions and laboratory, radiology, or other results)?:

: Yes

: No

2.2 Follow-up by the health center staff, when appropriate?:

: Yes

: No

If No was selected for any of the above, an explanation is required:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

### Demonstrating Compliance Element: c. Post-Hospitalization Tracking and Follow-up

Description

The health center follows its operating procedures and formal arrangements as documented by:

- Receipt and recording of medical information related to the hospital or ED visit, such as discharge follow-up instructions and laboratory, radiology, or other results; and
- Evidence of follow-up actions taken by health center staff based on the information received, when appropriate.

3. Based on the review of sampled records and interview, was there documentation of:

Note:

*For a health center that has had no patients who have been hospitalized in the past 12 months (for example, a newly-funded health center that has just started its operations), a review of operating procedures and results of the interview with health center staff can be used to respond to these questions.*

3.1 Medical information related to the hospital or ED visit, such as discharge follow-up instructions and laboratory, radiology, or other results?:

: Yes

: No

3.2 Follow-up actions taken by health center staff based on the information received, when appropriate?:

: Yes

: No

If No was selected for any of the above, an explanation is required:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

## Sliding Fee Discount Program

### Authority

Authority

Section 330(k)(3)(G) of the Public Health Service (PHS) Act; 42 CFR 51c.303(f), 42 CFR 51c.303(g), 42 CFR 51c.303(u), 42 CFR 56.303(f), 42 CFR 56.303(g), and 42 CFR 56.303(u)

### Related Considerations

Health Center Program Compliance Manual Related Considerations

### Overall Compliance Demonstrated

Overall Compliance Demonstrated:

: Yes

: No

### Summary of Findings

#### Demonstrating Compliance Element: a. Applicability to In-Scope Services

Description

The health center has a sliding fee discount program (SFDP)<sup>1</sup> that applies to all **required** and **additional health services**<sup>2</sup> within the HRSA-approved **scope of project** for which there are distinct fees.<sup>3</sup>

<sup>1</sup> A health center's SFDP consists of the schedule of discounts that is applied to the fee schedule and adjusts fees based on the patient's ability to pay. A health center's SFDP also includes the related policies and procedures for determining sliding fee eligibility and applying sliding fee discounts.

<sup>2</sup> See [Health Center Program Compliance Manual] **Chapter 4: Required and Additional Health Services** for more information on requirements for services within the scope of the project.

<sup>3</sup> A distinct fee is a fee for a specific service or set of services, which is typically billed for separately within the local health care market.

1. Are ALL services within the approved scope of project:

- o Offered on a sliding fee discount schedule (SFDS) (for Columns I and II); or
- o Offered under any other type of discount (for Column III)?

:

: Yes

: No

Notes:

- o Include any findings regarding the specific STRUCTURE of the SFDS for services in Columns I, II, and III within applicable elements "c," "i," and "j."
- o "Services" refers to all Required and Additional services across all applicable service delivery methods listed on the health center's Form 5A for which there are distinct fees.
- o Services (for example, transportation, translation, other non-clinical services) on Form 5A that are not billed for in the local health care market may be excluded from the health center's fee schedule(s) and, therefore, from the health center's SFDS.
- o Do not review discounts for supplies and equipment that are related to but NOT included in the service itself as part of prevailing standards of care (for example, eyeglasses, prescription drugs, dentures). Such supplies and equipment are not considered services and are not subject to Health Center Program SFDP requirements.

If No, an explanation is required, including specifying which in-scope services are excluded from sliding fee discounts or any other type of discount:

2. FOR ANY REQUIRED OR ADDITIONAL SERVICE (COLUMN I, II, OR III) WITHIN THE HRSA-APPROVED SCOPE OF PROJECT: Are there any patients with incomes at or below 200 percent of the Federal Poverty Guidelines (FPG) who are not considered eligible for the sliding fee discount program?:

: Yes

: No

If Yes, an explanation is required, including specifying why those patients are not considered eligible:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

## Demonstrating Compliance Element: b. Sliding Fee Discount Program Policies

### Description

The health center has board-approved policy(ies) for its SFDP that apply uniformly to all patients and address the following areas:

- Definitions of income<sup>4</sup> and family;
- Assessment of all patients for sliding fee discount eligibility based only on income and family size, including methods for making such assessments;
- The manner in which the health center's SFDS(s) will be structured in order to ensure that patient charges are adjusted based on ability to pay; and
- *Only applicable to health centers that choose to have a nominal charge for patients at or below 100 percent of the FPG:* The setting of a flat nominal charge(s) at a level that would be nominal from the perspective of the patient (for example, based on input from patient board members, patient surveys, advisory committees, or a review of co-pay amount(s) associated with Medicare and Medicaid for patients with comparable incomes) and would not reflect the actual cost of the service being provided.

<sup>4</sup> Income is defined as earnings over a given period of time used to support an individual/household unit based on a set of criteria of inclusions and exclusions. Income is distinguished from assets, as assets are a fixed economic resource while income is comprised of earnings.

<sup>5</sup> Nominal charges are not "minimum fees," "minimum charges," or "co-pays."

**3. Does the health center's SFDP policy include language or provisions that address all of the following:**

**3.1 Uniform applicability to all patients?:**

: Yes

: No

**3.2 Definitions of income and family (or "household") (for example, any inclusions or exclusions in how they are defined)?:**

: Yes

: No

**3.3 Methods for assessing patient eligibility based only on income and family size?:**

: Yes

: No

**3.4 The manner in which SFDS(s) are structured to ensure charges are adjusted based on ability to pay (for example, flat fee amounts differ across discount pay classes, a graduated percent of charges for patients with incomes above 100 percent and at or below 200 percent of the FPG)?:**

: Yes

: No

**3.5 The setting of a nominal charge(s) for patients with incomes at or below 100 percent of the FPG?**

**Note: Select "Not Applicable" if the health center does not charge patients with incomes at or below 100 percent of the FPG.:**

: Yes

: No

: Not Applicable

**If No was selected for any of the above, an explanation is required:**

**4. Does the health center's SFDP policy ensure that any/all charge(s) for patients with incomes at or below 100 percent of the FPG will be:**

**Note:**

*The health center's SFDP policy may state how the nominal charge will be determined or the amount of the nominal charge(s). If the SFDP policy does not state a specific amount for nominal charge(s), other documentation (for example, board minutes, reports) of board involvement in setting the amount of nominal charge(s) may be used.*

**4.1 A flat fee?:**

: Yes

: No

: Not Applicable

**4.2 Nominal from the perspective of patients with incomes at or below 100 percent of the FPG (for example, based on input from patient board members, patient surveys, advisory committees, or a review of co-pay amount(s) associated with Medicare and Medicaid for patients with comparable incomes)?:**

: Yes

: No

: Not Applicable

**4.3 Not based on the actual cost of the service(s)?:**

: Yes

: No

: Not Applicable

If No was selected for any of the above, an explanation is required:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

**Demonstrating Compliance Element: c. Sliding Fee for Column I Services**

**Description**

For services provided directly by the health center (**Form 5A: Services Provided**, Column I), the health center's SFDS(s) is structured consistent with its policy and provides discounts as follows:

- A full discount is provided for individuals and families with annual incomes at or below 100 percent of the current FPG, unless a health center elects to have a nominal charge, which would be less than the fee paid by a patient in the first sliding fee discount pay class above 100 percent of the FPG.
- Partial discounts are provided for individuals and families with incomes above 100 percent of the current FPG and at or below 200 percent of the current FPG, and those discounts adjust based on gradations in income levels and include at least three discount pay classes.<sup>6</sup>
- No discounts are provided to individuals and families with annual incomes above 200 percent of the current FPG.<sup>7</sup>

<sup>6</sup> For example, a SFDS with discount pay classes of 101 percent to 125 percent of the FPG, 126 percent to 150 percent of the FPG, 151 percent to 175 percent of the FPG, 176 percent to 200 percent of the FPG, and over 200 percent of the FPG would have four discount pay classes between 101 percent and 200 percent of the FPG.

<sup>7</sup> See [Health Center Program Compliance Manual] **Chapter 16: Billing and Collections**, if the health center has access to other grants or subsidies that support patient care.

**In responding to the question(s) below, please note:**

*The questions relate to services provided directly by the health center (Form 5A: Services Provided, COLUMN I).*

**5. For patients with incomes at or below 100 percent of the FPG, does the SFDS(s):**

**5.1 Provide a full discount (no nominal charge(s))?:**

: Yes

: No

**5.2 Require only a nominal charge(s) ("fee")?:**

: Yes

: No

If No was selected for BOTH of the above, an explanation is required:

**6. If the health center has a nominal charge(s), is the nominal charge(s) less than the fee that would be paid by patients in the first sliding fee discount pay class above 100 percent of the FPG?:**

: Yes

: No

: Not Applicable

If No, an explanation is required:

**7. For patients with incomes above 100 percent and at or below 200 percent of the FPG, does the SFDS(s) provide partial discounts adjusted in accordance with gradations in income levels and consist of at least three discount pay classes (i.e., as patient income increases, the discounts decrease accordingly)?:**

: Yes

: No

If No, an explanation is required:

**8. For patients with incomes above 200 percent of the FPG, is the SFDS(s) structured so that such patients are not eligible for a sliding fee discount under the Health Center Program?:**

: Yes

: No

**Note:**

*Health centers that provide sliding fee discounts to patients with incomes above 200 percent of the FPG may do so as long as such discounts are supported through other funding sources (for example, Ryan White Part*

If No, an explanation is required:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

#### Demonstrating Compliance Element: d. Multiple Sliding Fee Discount Schedules

Description

For health centers that choose to have more than one SFDS, these SFDSs would be based on services (for example, having separate SFDSs for broad service types, such as medical and dental, or distinct subcategories of service types, such as preventive dental and additional dental services) and/or on service delivery methods (for example, having separate SFDSs for services provided directly by the health center and for in-scope services provided via formal written **contract**) and no other factors.

**9. Does the health center have more than one SFDS?:**

: Yes

: No

**10. IF YES: Is each SFDS based either on service or service delivery method and no other factors (for example, patient insurance status, location of site, other demographic or patient characteristics)?:**

: Yes

: No

: Not Applicable

If No, an explanation is required:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

#### Demonstrating Compliance Element: e. Incorporation of Current Federal Poverty Guidelines

Description

The health center's SFDS(s) has incorporated the most recent FPG.

**11. Based on the review of the health center's current SFDS(s), has the health center incorporated the current FPG in the calculations for all of the discount pay classes?:**

: Yes

: No

If No, an explanation is required:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

#### Demonstrating Compliance Element: f. Procedures for Assessing Income and Family Size

Description

The health center has operating procedures for assessing/re-assessing all patients for income and family size consistent with board-approved SFDP policies.

**12. Does the health center have operating procedures for assessing/re-assessing all patients (regardless of insurance status) for income and family size?:**

: Yes

: No

If No, an explanation is required:

**13. Are these procedures consistent with the board-approved policy for the SFDP?:**

: Yes

: No

If No, an explanation is required:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

#### Demonstrating Compliance Element: g. Assessing and Documenting Income and Family Size

Description

The health center has records of assessing/re-assessing patient income and family size except in situations where a patient has declined or refused to provide such information.

**14. Did the review of the sample indicate that the health center is consistently assessing and re-assessing patient income and family size?:**

: Yes



: No

If No, an explanation is required.

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

### Demonstrating Compliance Element: h. Informing Patients of Sliding Fee Discounts

Description

The health center has mechanisms for informing patients of the availability of sliding fee discounts (for example, distributing materials in language(s) and literacy levels appropriate for the patient population, including information in the intake process, publishing information on the health center's website).

**15. Based on site tours, interviews, and review of related materials, does the health center have mechanisms for informing patients of the availability of sliding fee discounts and how to apply for such discounts?:**

: Yes

: No

If No, an explanation is required:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

### Demonstrating Compliance Element: i. Sliding Fee for Column II Services

Description

For in-scope services provided via contracts (Form 5A: Services Provided, Column II, Formal Written Contract/Agreement), the health center ensures that fees for such services are discounted as follows:

- A full discount is provided for individuals and families with annual incomes at or below 100 percent of the current FPG, unless a health center elects to have a nominal charge, which would be less than the fee paid by a patient in the first sliding fee discount pay class above 100 percent of the FPG.
- Partial discounts are provided for individuals and families with incomes above 100 percent of the current FPG and at or below 200 percent of the current FPG, and those discounts adjust based on gradations in income levels and include at least three discount pay classes.
- No discounts are provided to individuals and families with annual incomes above 200 percent of the current FPG.

In responding to the question(s) below, please note:

- The questions relate to services provided via contracts (Form 5A: Services Provided, COLUMN II).
- Services (for example, transportation, translation, other non-clinical services) on Form 5A that are not billed for in the local health care market may be excluded from the health center's fee schedule(s) and, therefore, from the health center's SFDS.

**16. Does the health center provide services via contracts/agreements (Form 5A: Services Provided, COLUMN II)?:**

: Yes

: No

**17. For patients receiving service(s) through these contracts/agreements, has the health center ensured sliding fee discounts are provided in a manner that meets all Health Center Program requirements (for example, health center applies its own SFDS to amounts owed by eligible patients; contract contains specific sliding fee provisions; contracted services are provided by another health center which applies an SFDS that meets structural requirements)?:**

: Yes

: No

: Not Applicable

If No, an explanation is required:

**18. For patients with incomes at or below 100 percent of the FPG, has the health center ensured that such patients are:**

**18.1 Provided a full discount (no nominal charge(s))?:**

: Yes

: No

: Not Applicable

**18.2 Assessed a nominal charge(s) ("fee")?:**

: Yes

: No

: Not Applicable

If No was selected for BOTH of the above, an explanation is required:

19. If there is a nominal charge, is the nominal charge less than the fee that would be paid by patients in the first sliding fee discount pay class above 100 percent of the FPG?:

: Yes

: No

: Not Applicable

If No, an explanation is required:

20. For patients with incomes above 100 percent and at or below 200 percent of the FPG, does the SFDS(s) provide partial discounts adjusted in accordance with gradations in income levels and consist of at least three discount pay classes (i.e., as patient income increases, the discounts decrease accordingly)?:

: Yes

: No

: Not Applicable

If No, an explanation is required:

21. For patients with incomes above 200 percent of the FPG, is the SFDS(s) structured so that such patients are not eligible for a sliding fee discount under the Health Center Program?:

: Yes

: No

: Not Applicable

Note:

*Health centers that provide sliding fee discounts to patients with incomes above 200 percent of the FPG may do so as long as such discounts are supported through other funding sources (for example, Ryan White Part C award).*

If No, an explanation is required:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

#### Demonstrating Compliance Element: j. Sliding Fee for Column III Services

Description

For services provided via formal referral arrangements (Form 5A: Services Provided, Column III), the health center ensures that fees for such services are either discounted as described in element "c" above or discounted in a manner such that:

- Individuals and families with incomes above 100 percent of the current FPG and at or below 200 percent of the FPG receive an equal or greater discount for these services than if the health center's SFDS were applied to the referral provider's fee schedule; and
- Individuals and families at or below 100 percent of the FPG receive a full discount or a nominal charge for these services.

In responding to the question(s) below, please note:

- The questions relate to services provided via formal referral arrangements (Form 5A: Services Provided, COLUMN III).
- Services (for example, transportation, translation, other non-clinical services) on Form 5A that are not billed for in the local health care market may be excluded from the health center's fee schedule(s) and, therefore, from the health center's SFDS.

22. Does the health center provide services via formal referral arrangements (Form 5A: Services Provided, COLUMN III)?:

: Yes

: No

23. For patients receiving services through these referral arrangements, has the health center ensured sliding fee discounts are provided in a manner that meets the structural requirements noted in element "c"?:

: Yes

: No

: Not Applicable

24. IF NO: For patients receiving services through these referral arrangements, has the health center ensured sliding fee discounts are provided in a manner such that:

- Individuals and families with incomes above 100 percent of the current FPG and at or below 200 percent of the current FPG receive an *equal or greater* discount ("good deal") for these services than if the health center's SFDS were applied to the referral provider's fee schedule (for example, health center has a referral arrangement with organizations that charge no fee at all for patients with incomes at or below 200 percent of the FPG); and
- Individuals and families with incomes at or below 100 percent of the current FPG receive a full discount or a nominal charge for these services?

:

: Yes

: No

: Not Applicable

If No, an explanation is required, including describing the format and type of any discount(s) provided:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

### Demonstrating Compliance Element: k. Applicability to Patients with Third Party Coverage

Description

Health center patients who are eligible for sliding fee discounts and have third-party coverage are charged no more for any out-of-pocket costs than they would have paid under the applicable SFDS discount pay class.<sup>8</sup> Such discounts are subject to potential legal and contractual restrictions.<sup>9</sup>

<sup>8</sup> For example, an insured patient receives a health center service for which the health center has established a fee of \$80, per its fee schedule. Based on the patient's insurance plan, the co-pay would be \$60 for this service. The health center also has determined, through an assessment of income and family size, that the patient's income is 150 percent of the FPG and thus qualifies for the health center's SFDS. Under the SFDS, a patient with an income at 150 percent of the FPG would receive a 50 percent discount of the \$80 fee, resulting in a charge of \$40 for this service. Rather than the \$60 co-pay, the health center would charge the patient no more than \$40 out-of-pocket, consistent with its SFDS, as long as this is not precluded or prohibited by the applicable insurance contract.

<sup>9</sup> Such limitations may be specified by applicable federal or state programs, or private payor contracts.

**25. Based on interviews and a review of related documents, does the health center ensure that patients who are eligible for sliding fee discounts and who have third-party coverage are charged no more for any out-of-pocket costs (for example, deductibles, co-pays, and services not covered by the plan) than they would have paid under the applicable SFDS discount pay class?:**

: Yes

: No

If No, an explanation is required, including describing any legal or contractual restrictions that the health center has documented:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

### Demonstrating Compliance Element: I. Evaluation of the Sliding Fee Discount Program

Description

The health center evaluates, at least once every 3 years, its SFDP. At a minimum, the health center:

- Collects utilization data that allows it to assess the rate at which patients within each of its discount pay classes, as well as those at or below 100 percent of the FPG, are accessing health center services;
- Utilizes this and, if applicable, other data (for example, results of patient satisfaction surveys or focus groups, surveys of patients at various income levels) to evaluate the effectiveness of its SFDP in reducing financial barriers to care; and
- Identifies and implements changes as needed.

**26. Does the health center evaluate the effectiveness of the SFDP in reducing financial barriers to care?:**

: Yes

: No

If No, an explanation is required:

**27. IF YES: Is this evaluation conducted at least once every 3 years?:**

: Yes

: No

: Not Applicable

If No, an explanation is required: The health center did not document an evaluation of the effectiveness of its sliding fee discount program in the board minutes at least once every three years. The Grantee demonstrated compliance during the CRO timeline.

**28. Does the health center collect utilization data in order to assess whether patients within each of its discount pay classes are accessing health center services?:**

: Yes

: No

If No, an explanation is required:

**29. IF YES: Does the health center use these data (and, if applicable, any other data, such as collections or patient survey data) to evaluate the effectiveness of its SFDP?:**

: Yes

: No

: Not Applicable

---

**If No, an explanation is required:**

**30. Has the health center implemented any follow-up actions based on evaluation results (for example, changes to SFDP policy by board, implementation of improved eligibility screening processes or notification methods for sliding fee discounts)?:**

: Yes

: No

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**If No, an explanation is required:** Since no evaluation was conducted, no follow-up actions based on evaluation results could be documented in the board minutes.

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

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## Quality Improvement/Assurance

### Authority

Authority

Section 330(k)(3)(C) of the Public Health Service (PHS) Act; and 42 CFR 51c.110, 42 CFR 51c.303(b), 42 CFR 51c.303(c), 42 CFR 51c.304(d)(3)(iv-vi), 42 CFR 56.111, 42 CFR 56.303(b), 42 CFR 56.303(c), and 42 CFR 56.304(d)(4)(v-vii)

### Related Considerations

[Health Center Program Compliance Manual Related Considerations](#)

### Overall Compliance Demonstrated

Overall Compliance Demonstrated:

: Yes

: No

### Summary of Findings

#### Demonstrating Compliance Element: a. QI/QA Program Policies

Description

The health center has a board-approved policy(ies) that establishes a QI/QA program.<sup>1</sup> This QI/QA program addresses the following:

- The quality and utilization of health center services;
- Patient satisfaction and patient grievance processes; and
- Patient safety, including adverse events.

<sup>1</sup> See [Health Center Program Compliance Manual] [Chapter 19: Board Authority](#) for more information on the health center governing board's role in approving policies.

1. Does the health center have a QI/QA program that addresses the following areas:

1.1 The quality and utilization of health center services?:

: Yes

: No

1.2 Patient satisfaction and patient grievance processes?:

: Yes

: No

1.3 Patient safety, including adverse events?:

: Yes

: No

If No was selected for any of the above, an explanation is required, specifying which areas were not addressed:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

#### Demonstrating Compliance Element: b. Designee to Oversee QI/QA Program

Description

The health center designates an individual(s) to oversee the QI/QA program established by board-approved policy(ies). This individual's responsibilities would include, but would not be limited to, ensuring the implementation of QI/QA operating procedures and related assessments, monitoring QI/QA outcomes, and updating QI/QA operating procedures.

2. Does the health center have a designated individual(s) to oversee the QI/QA program?:

: Yes

: No

If No, an explanation is required:

3. Based on the interview(s) and review of the job/position description(s) or other documentation, do the responsibilities of this individual(s) include:

**3.1 Ensuring the implementation of QI/QA operating procedures?:**

: Yes

: No

**3.2 Ensuring QI/QA assessments are conducted?:**

: Yes

: No

**3.3 Monitoring QI/QA outcomes?:**

: Yes

: No

**3.4 Updating QI/QA operating procedures, as needed?:**

: Yes

: No

If No was selected for any of the above, an explanation is required:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

**Demonstrating Compliance Element: c. QI/QA Procedures or Processes**

Description	<p>The health center has operating procedures or processes that address all of the following:</p> <ul style="list-style-type: none"> <li>• Adhering to current evidence-based clinical guidelines, standards of care, and standards of practice in the provision of health center services, as applicable;</li> <li>• Identifying, analyzing, and addressing patient safety and adverse events and implementing follow-up actions, as necessary;</li> <li>• Assessing patient satisfaction;</li> <li>• Hearing and resolving patient grievances;</li> <li>• Completing periodic QI/QA assessments on at least a quarterly basis to inform the modification of the provision of health center services, as appropriate; and</li> <li>• Producing and sharing reports on QI/QA to support decision-making and oversight by key management staff and by the governing board regarding the provision of health center services.</li> </ul>
4. Does the health center have operating procedures or related systems that address:	

**4.1 Adherence to current, applicable evidence-based clinical guidelines, standards of care, and standards of practice (for example, provider access to EHR clinical decision-making support, job aids, protocols, or other sources of evidence-based care)? :**

: Yes

: No

**4.2 A process for health center staff to follow for identifying, analyzing, and addressing overall patient safety, including adverse events? :**

: Yes

: No

**4.3 A process for implementing follow-up actions related to patient safety and adverse events, as necessary? :**

: Yes

: No

**4.4 A process for the health center to assess patient satisfaction (for example, fielding patient satisfaction surveys, conducting periodic patient focus groups)? :**

: Yes

: No

**4.5 A process for hearing and resolving patient grievances? :**

: Yes

: No

**4.6 Completion of periodic QI/QA assessments on at least a quarterly basis? :**

: Yes

: No

If No was selected for any of the above, an explanation is required, including specifying which areas were not addressed:

**5. Does the health center share QI/QA reports, including data on patient satisfaction and patient safety, with key management staff and the governing board?:**

: Yes

: No

If No, an explanation is required:

6. Was the health center able to share an example(s) of how these reports support decision-making and oversight by key management staff and the governing board on the provision of health center services and responses to patient satisfaction and patient safety issues?:

: Yes

: No

If No, an explanation is required:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

#### Demonstrating Compliance Element: d. Quarterly Assessments of Clinician Care

Description

The health center's physicians or other licensed health care professionals conduct QI/QA assessments on at least a quarterly basis, using data systematically collected from patient records, to ensure:

- Provider adherence to current evidence-based clinical guidelines, standards of care, and standards of practice in the provision of health center services, as applicable; and
- The identification of any patient safety and adverse events and the implementation of related follow-up actions, as necessary.

7. Are the health center's QI/QA assessments conducted by physicians or other licensed health care professionals (such as nurse practitioner, registered nurse, or other qualified individual) on at least a quarterly basis?:

: Yes

: No

If No, an explanation is required:

8. Are these QI/QA assessments based on data systematically collected from patient records?:

: Yes

: No

If No, an explanation is required:

9. Do these assessments demonstrate that the health center is tracking and, as necessary, addressing issues related to the quality and safety of the care provided to health center patients (for example, use of appropriate medications for asthma, early entry into prenatal care, HIV linkages to care, response initiated as a result of a recent adverse event)?:

: Yes

: No

If No, an explanation is required, including specifying which areas the health center is not tracking and/or addressing:

**HRSA/BPHC Determination: Compliance Demonstrated? :**

: Yes

: No

#### Demonstrating Compliance Element: e. Retrievable Health Records

Description

The health center maintains a retrievable health record (for example, the health center has implemented a certified Electronic Health Record (EHR))<sup>2</sup> for each patient, the format and content of which is consistent with both federal and state laws and requirements.

<sup>2</sup> The Centers for Medicare and Medicaid Services (CMS) and the Office of the National Coordinator for Health Information Technology (ONC) have established standards and other criteria for structured data that EHRs must use in order to qualify for CMS incentive programs. For health centers that participate in these CMS incentive programs, further information is available at [CMS Promoting Interoperability Program Regulations and Guidance for Certified EHR Technology](#).

10. Does the health center maintain easily retrievable individual health records?:

: Yes

: No

If No, an explanation is required:

11. Does the health center have a process for ensuring that the format and content of its health records are consistent with applicable federal and state laws and requirements (for example, the health center has implemented a certified EHR)?:

: Yes

: No

If No, an explanation is required:

**HRSA/BPHC Determination: Compliance Demonstrated? :**

: Yes

: No

#### Demonstrating Compliance Element: f. Confidentiality of Patient Information

Description

The health center has implemented systems (for example, certified EHRs and corresponding standard operating procedures) for protecting the confidentiality of patient information and safeguarding this information against loss, destruction, or unauthorized use, consistent with federal and state requirements.

**12. Do the health center's health information technology or other record keeping procedures address current federal and state requirements related to confidentiality, privacy, and security of protected health information (PHI) including safeguards against loss, destruction, or unauthorized use?:**

: Yes

: No

**If No, an explanation is required:**

**13. Does the health center ensure its staff are trained in confidentiality, privacy, and security?:**

: Yes

: No

**If No, an explanation is required:**

**HRSA/BPHC Determination: Compliance Demonstrated? :**

: Yes

: No



## Key Management Staff

### Authority

Authority

Section 330(k)(3)(H)(ii), and 330(k)(3)(I)(i) of the Public Health Service (PHS) Act; 42 CFR 51c.104(b)(4), 42 CFR 51c.303(p), 42 CFR 56.104(b)(5), and 42 CFR 56.303(p); and 45 CFR 75.308(c)(1)(ii)(iii)

### Related Considerations

Health Center Program Compliance Manual Related Considerations

### Overall Compliance Demonstrated

Overall Compliance Demonstrated:

: Yes

: No

### Summary of Findings

#### Demonstrating Compliance Element: a. Composition and Functions of Key Management Staff

Description

The health center has determined the makeup of and distribution of functions among its key management staff<sup>1</sup> and the percentage of time dedicated to the Health Center Program project for each position, as necessary to carry out the HRSA-approved [scope of project](#).

<sup>1</sup> Examples of key management staff may include Project Director/CEO, Clinical Director/Chief Medical Officer, Chief Financial Officer, Chief Operating Officer, Nursing/Health Services Director, or Chief Information Officer.

1. Was the health center able to justify how the distribution of functions and allocation of time for each key management position is sufficient to carry out the approved scope of the health center project (for example, Is there a clear justification for a part-time Project Director/CEO or for the lack of a dedicated CFO position)?:

: Yes

: No

If No, an explanation is required, including describing why the distribution of functions and allocation of time for each key management position is insufficient to carry out the scope of project:

HRSA/BPHC Determination: Compliance Demonstrated?:

: Yes

: No

#### Demonstrating Compliance Element: b. Documentation for Key Management Staff Positions

Description

The health center has documented the training and experience qualifications, as well as the duties or functions, for each key management staff position (for example, in position descriptions).

Note:

N/A – HRSA assesses whether the health center has demonstrated compliance with this element through its review of the competing continuation application (SAC or RD). No review of this element is required through the site visit.

#### Demonstrating Compliance Element: c. Process for Filling Key Management Vacancies

Description

The health center has implemented, as necessary, a process for filling vacant key management staff positions (for example, vacancy announcements have been published and reflect the identified qualifications).

2. Does the health center have any vacant key management positions?:

: Yes

: No

3. IF YES: Will or has the health center implement(ed) a process for filling this position? :

: Yes

: No

: Not Applicable

If No, an explanation is required, including specifying which position(s) are vacant:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

#### Demonstrating Compliance Element: d. CEO Responsibilities

Description

The health center's Project Director/CEO<sup>2</sup> is directly employed by the health center,<sup>3</sup> reports to the health center's governing board<sup>4</sup> and is responsible for overseeing other key management staff in carrying out the day-to-day activities necessary to fulfill the HRSA-approved scope of project.

<sup>2</sup> While the position title of the key person who is specified in the award/designation may vary, for the purposes of the Health Center Program, [the Health Center Program Compliance Manual [Chapter 11: Key Management Staff](#)] utilizes the term "Project Director/CEO" when referring to this key person. Under 45 CFR 75.2, the term "Principal Investigator/Program Director (PI/PD)" means the individual(s) designated by the recipient to direct the project or program being supported by the grant. The PI/PD is responsible and accountable to officials of the recipient organization for the proper conduct of the project, program, or activity. For the purposes of the Health Center Program, "Project Director/CEO" is synonymous with the term "PI/PD."

<sup>3</sup> Public agency health centers utilizing a co-applicant structure would demonstrate compliance with the statutory requirement for direct employment of the Project Director/CEO by demonstrating that the public agency, as the Health Center Program awardee/designee of record, directly employs the Project Director/CEO. Refer to related requirements in [Health Center Program Compliance Manual] [Chapter 19: Board Authority](#) regarding public agencies with co-applicants.

<sup>4</sup> Refer to related requirements in [Health Center Program Compliance Manual] [Chapter 19: Board Authority](#) regarding the selection and dismissal of the Project Director/CEO by the health center board as part of its oversight responsibilities for the Health Center Program project.

**4. Is the Project Director/CEO directly employed by the health center?:**

: Yes

: No

Note:

*A health center could demonstrate compliance by presenting the Project Director's/CEO's W-2, employment agreement, pay stub, or some other type of documentation of direct employment by the health center.*

If No, an explanation is required:

**5. Does the Project Director/CEO report to the health center board?:**

: Yes

: No

Note:

*In a public center with a co-applicant board where the public center employs the Project Director/CEO, the Project Director/CEO may report both to the co-applicant board and to another board or individual within the public agency.*

If No, an explanation is required:

**6. Does the Project Director/CEO oversee other key management staff in carrying out the day-to-day activities of the health center project?:**

: Yes

: No

If No, an explanation is required:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

#### Demonstrating Compliance Element: e. HRSA Approval for Project Director/CEO Changes

Description

If there has been a post-award change in the Project Director/CEO position,<sup>5</sup> the health center requests and receives prior approval from HRSA.

<sup>5</sup> Such changes include situations in which the current Project Director/CEO will be disengaged from involvement in the Health Center Program project for any continuous period for more than 3 months or will reduce time devoted to the project by 25 percent or more from the level that was approved at the time of award [see: 45 CFR 75.308(c)(1)(ii) and (iii)].

**7. Has there been a change in the Project Director/CEO position since the start of the current project or designation period?:**

: Yes

: No

: Not Applicable

**Notes:**

- o This ONLY includes situations in which the Project Director/CEO was disengaged from involvement in the project for any continuous period for more than 3 months or reduced time devoted to the project by 25 percent or more from the level that was approved at the time of award.
- o Only select "Not Applicable" if this is a Look-Alike Initial Designation Site Visit.

**8. IF YES: Was there a Notice of Award (NOA)/Notice of Look-Alike Designation (NLD) from HRSA approving this change or did the health center provide documentation that the prior approval request is still under review by HRSA?:**

: Yes

: No

: Not Applicable

**If No, an explanation is required:**

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

## Contracts and Subawards

### Authority

Authority

Section 330(k)(3)(I) and Section 330(q) of the Public Health Service (PHS) Act; 42 CFR 51c.113, 42 CFR 56.114, 42 CFR 51c.303(t), and 42 CFR 56.303(t); 45 CFR Part 75 Subpart D; and Section 1861(aa)(4)(A)(ii) and Section 1905(l)(2)(B)(ii) of the Social Security Act

### Related Considerations

[Health Center Program Compliance Manual Related Considerations](#)

### Overall Compliance Demonstrated

Overall Compliance Demonstrated:

: Yes

: No

### Look-Alike Site Visit

1. Is this a Look-Alike Site Visit?:

: Yes

: No

Note:

Because look-alikes do not receive federal funding under section 330 of the PHS Act, any aspects of a requirement that relate to the use of Health Center Program federal award funds are not applicable to look-alikes.

### Summary of Findings

#### Contracts: Procurement And Monitoring

##### Demonstrating Compliance Element: a. Procurement Procedures

Description

The health center has written procurement procedures that comply with federal procurement standards, including a process for ensuring that all procurement costs directly attributable to the federal award are allowable, consistent with federal cost principles.<sup>1</sup>

<sup>1</sup> See 45 CFR 75 Subpart E: Cost Principles.

2. Does the health center have written procedures for procurement?:

: Yes

: No

If No, an explanation is required:

3. Do these procedures, at a minimum, ensure that all procurements directly attributable to the federal award will be conducted in a manner providing full and open competition<sup>2</sup> and will only include costs allowable, consistent with federal cost principles (for example, do the procedures contain relevant references or citations to 45 CFR Part 75 Subpart E: Cost Principles)?:

: Yes

: No

: Not Applicable

Footnote:

<sup>2</sup> As defined by 45 CFR 75.329(f), procurement by “non-competitive proposals” is procurement through solicitation of a proposal from only one source.

If No, an explanation is required:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

##### Demonstrating Compliance Element: b. Records of Procurement Actions

■ NOT APPLICABLE FOR LOOK-ALIKES

Description

The health center has records for procurement actions paid for in whole or in part under the federal award that include the rationale for method of procurement, selection of contract type, contractor selection or rejection, and the basis for the contract price. This would include documentation related to noncompetitive procurements.

4. Does the health center have any:

4.1 Active contracts paid for in whole or in part with federal award funds?:

- : Yes
- : No
- : Not Applicable

4.2 Contracts that had a period of performance which ended less than 3 years ago and that were paid for in whole or in part with federal award funds?:

- : Yes
- : No
- : Not Applicable

5. Based on the review of the sample of contracts, was there supporting documentation of the procurement process that addressed the following:

5.1 Rationale for the procurement method?:

- : Yes
- : No
- : Not Applicable

5.2 Selection of contract type?:

- : Yes
- : No
- : Not Applicable

5.3 Contractor selection or rejection?:

- : Yes
- : No
- : Not Applicable

5.4 Basis for the contract price?:

- : Yes
- : No
- : Not Applicable

If No was selected for any of the above, an explanation is required:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

- : Yes
- : No
- : Not Applicable

**Demonstrating Compliance Element: c. Retention of Final Contracts**

**NOT APPLICABLE FOR LOOK-ALIKES**

Description

The health center retains final contracts and related procurement records, consistent with federal document maintenance requirements, for procurement actions paid for in whole or in part under the federal award.<sup>3</sup>

<sup>3</sup> See 45 CFR 75.361 for HHS retention requirements for records.

6. Was the health center able to produce final executed contracts that were awarded within the past 3 years?:

- : Yes
- : No
- : Not Applicable

If No, an explanation is required:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

- : Yes

: No

: Not Applicable

### Demonstrating Compliance Element: d. Contractor Reporting

Description

The health center has access to contractor records and reports related to health center activities in order to ensure that all activities and reporting requirements are being carried out in accordance with the provisions and timelines of the related contract (for example, performance goals are achieved, [Uniform Data System \(UDS\)](#) data are submitted by appropriate deadlines, funds are used for authorized purposes).

7. Based on the review of the sample, does the health center have access to records and reports as necessary to oversee contractor performance?:

: Yes

: No

If No, an explanation is required:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

### Demonstrating Compliance Element: e. HRSA Approval for Contracting Substantive Programmatic Work

Description

If the health center has arrangements with a contractor to perform substantive programmatic work,<sup>4</sup> the health center requested and received prior approval from HRSA as documented by:

- An approved competing continuation/renewal of designation application or other competitive application, which included such an arrangement; or
- An approved post-award request for such arrangements submitted within the project period (for example, change in scope).

<sup>4</sup> For the purposes of the Health Center Program, contracting for substantive programmatic work applies to contracting with a single entity for the majority of health care providers. The acquisition of supplies, material, equipment, or general support services is not considered programmatic work. Substantive programmatic work may be further defined within HRSA Notices of Funding Opportunity (NOFOs) and applications.

8. Based on the list of contracts reviewed and interview(s) with health center staff, does this health center currently contract with a single entity for the majority of health care providers (i.e., substantive programmatic work)?:

: Yes

: No

9. IF YES: Was the health center able to produce documentation of prior approval by HRSA (i.e., the arrangement was included in a HRSA-approved application or post-award request)?:

: Yes

: No

: Not Applicable

Note:

Only select "Not Applicable" if this is a Look-Alike Initial Designation Site Visit.

If No, an explanation is required:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

### Demonstrating Compliance Element: f. Required Contract Provisions

Description

The health center's contracts that support the HRSA-approved scope of project include provisions that address the following:

- The specific activities or services to be performed or goods to be provided;
- Mechanisms for the health center to monitor contractor performance; and
- Requirements for the contractor to provide data necessary to meet the recipient's applicable federal financial and programmatic reporting requirements, as well as provisions addressing record retention and access, audit, and property management.<sup>5</sup>

<sup>5</sup> For further guidance on these requirements, see the [HHS Grants Policy Statement](#).

10. Does the health center have one or more contracts to provide health center services or to acquire other goods and services in support of the HRSA-approved scope of project?:

: Yes

: No

11. IF YES: Based on the sample of contracts reviewed, do these contracts contain provisions that address the following areas:

11.1 Specific activities or services to be performed or goods to be provided by the contractor?:

- : Yes
- : No
- : Not Applicable

11.2 How the health center will monitor contract performance? :

- : Yes
- : No
- : Not Applicable

11.3 Data reporting expectations and intervals for such reporting? :

- : Yes
- : No
- : Not Applicable

11.4 Provisions for record retention and access, audit, and property management?:

- : Yes
- : No
- : Not Applicable

If No was selected for any of the above, an explanation is required:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

- : Yes
- : No

#### Subawards: Monitoring And Management

##### Demonstrating Compliance Element: g. HRSA Approval to Subaward

NOT APPLICABLE FOR LOOK-ALIKES

Description

If the health center has made a subaward,<sup>6</sup> the health center requested and received prior approval from HRSA as documented by:

- An approved competing continuation/renewal of designation application or other competitive application, which included the subrecipient arrangement; or
- An approved post-award request for such subrecipient arrangements submitted within the project period (for example, change in scope).

<sup>6</sup> Specifically, the purpose of a subaward is to carry out a portion of the **federal award** and creates a federal assistance relationship with the subrecipient, while the purpose of a contract is to obtain goods or services for the health center's own use and creates a procurement relationship with the contractor.

12. Has the health center made any subawards (new or continuing) during the current project period?:

- : Yes
- : No
- : Not Applicable

13. Was the health center able to produce documentation of prior approval by HRSA of the subrecipient arrangement (i.e., arrangement was included in the last approved Service Area Competition (SAC) application or was approved through a separate post-award request)?:

- : Yes
- : No
- : Not Applicable

If No, an explanation is required:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

- : Yes
- : No
- : Not Applicable

##### Demonstrating Compliance Element: h. Subaward Agreement

Description

The health center's subaward(s) that supports the HRSA-approved scope of project includes provisions that address the following:

- The specific portion of the HRSA-approved scope of project to be performed by the subrecipient;
- The applicability of all Health Center Program requirements to the subrecipient;
- The applicability to the subrecipient of any distinct statutory, regulatory, and policy requirements of other federal programs associated with their HRSA-approved scope of project;<sup>7</sup>
- Mechanisms for the health center to monitor subrecipient compliance and performance;
- Requirements for the subrecipient to provide data necessary to meet the health center's applicable federal financial and programmatic reporting requirements, as well as provisions addressing record retention and access, audit, and property management;<sup>8</sup> and
- Requirements that all costs paid for by the federal subaward are allowable consistent with federal cost principles.<sup>9</sup>

<sup>7</sup> Subrecipients are generally eligible to receive Federally Qualified Health Center (FQHC) payment rates under Medicaid and Medicare, 340B Drug Pricing Program, and Federal Tort Claims Act (FTCA) coverage. However, such benefits are not automatically conferred and may require additional actions and approvals (for example, submission and approval of a subrecipient FTCA deeming application).

<sup>8</sup> For further guidance on these requirements, see the [HHS Grants Policy Statement](#).

<sup>9</sup> See 45 CFR 75 Subpart E: Cost Principles.

**14. Does the health center's subrecipient agreement(s) include provisions that address the following:**

**14.1 The portion of the health center project that will be carried out by the subrecipient (i.e., sites, services provided) and how? :**

- : Yes
- : No
- : Not Applicable

**14.2 All Health Center Program requirements applying to the subrecipient?:**

- : Yes
- : No
- : Not Applicable

**14.3 The applicability of any other distinct statutory, regulatory, and policy requirements of associated programs and benefits (for example, requirements that will apply if the subrecipient participates in the 340B Drug Pricing Program)?:**

- : Yes
- : No
- : Not Applicable

**14.4 Mechanisms for the health center to monitor subrecipient compliance and performance?:**

- : Yes
- : No
- : Not Applicable

**14.5 The data the subrecipient must collect and report back to the awardee (for example, UDS data)?:**

- : Yes
- : No
- : Not Applicable

**14.6 Record retention and access, audit, and property management (if applicable)?:**

- : Yes
- : No
- : Not Applicable

**14.7 Requirements that all costs paid for under the subaward are consistent with federal cost principles?:**

- : Yes
- : No
- : Not Applicable

If No was selected for any of the above, an explanation is required:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

- : Yes



: No

: Not Applicable

## Demonstrating Compliance Element: i. Subrecipient Monitoring

### NOT APPLICABLE FOR LOOK-ALIKES

#### Description

The health center monitors the activities of its subrecipient to ensure that the subaward is used for authorized purposes and that the subrecipient maintains compliance with all applicable requirements specified in the federal award (including those found in section 330 of the PHS Act, implementing program regulations and grants regulations in 45 CFR Part 75). Specifically, the health center's monitoring of the subrecipient includes:

- Reviewing financial and performance reports required by the health center in order to ensure performance goals are achieved, UDS data are submitted by appropriate deadlines, and funds are used for authorized purposes;
- Ensuring that the subrecipient takes timely and appropriate action on all deficiencies pertaining to the subaward that may be identified through audits, on-site reviews, and other means; and
- Issuing a management decision for audit findings pertaining to the subaward.<sup>10</sup>

<sup>10</sup> Per 45 CFR 75.521, the management decision [issued by the health center to the subrecipient] must clearly state whether or not the audit finding is sustained, the reasons for the decision, and the expected auditee action to repay disallowed costs, make financial adjustments, or take other action.

**15. Does the health center have a process for monitoring the activities of the subrecipient during the current project period? Specifically, does the process ensure that the subrecipient maintains compliance with all Health Center Program requirements and all other applicable requirements specified in the federal award, including, if necessary, implementing corrective actions?:**

: Yes

: No

: Not Applicable

**If Yes OR No, an explanation is required describing the health center's monitoring methods:**

**16. Does the health center have a specific process for receiving and reviewing financial and performance reports (including the subrecipient's annual audit) during each project period that addresses the following areas:**

**16.1 Achievement of performance goals?:**

: Yes

: No

: Not Applicable

**16.2 Submission of UDS data by appropriate deadlines?:**

: Yes

: No

: Not Applicable

**16.3 Use of funds for authorized purposes?:**

: Yes

: No

: Not Applicable

**If No was selected for any of the above, an explanation is required:**

**17. Did the health center receive and review the following reports from the subrecipient during the current project period:**

**17.1 Financial reports, including the subrecipient's audit?:**

: Yes

: No

: Not Applicable

**17.2 Performance reports, including submission of data for the health center's UDS reporting?:**

: Yes

: No

: Not Applicable

If No was selected for either of the above, an explanation is required, including specifying which reports the health center did not receive or review:  
18. Has the health center identified any deficiencies with the subrecipient's financial or performance reporting during the current project period, including any in the subrecipient's annual audit?:

: Yes

: No

: Not Applicable

19. IF YES: Is there documentation that the health center ensured the subrecipient took timely corrective action on the identified deficiencies?:

: Yes

: No

: Not Applicable

If No, an explanation is required specifying what deficiencies remain:

20. Was the health center able to document that each subrecipient is currently compliant with Board Composition requirements, as demonstrated through the following:

Note: Select "No" if the health center is unable to provide documentation that verifies that the subrecipient is in compliance OR if the documentation provided does not demonstrate subrecipient compliance.

20.1 Is the subrecipient's board currently composed of at least 9 and no more than 25 members?:

: Yes

: No

: Not Applicable

20.2 Are at least 51 percent of subrecipient board members classified by the subrecipient as patients?

Note: Select "Not Applicable" only if the subrecipient has an approved waiver from the awardee (only available if the health center awardee receives an award under section 330(g), 330(h) and/or 330(i) and does not receive an award under section 330(e)).:

: Yes

: No

: Not Applicable

20.3 Was the health center able to confirm that individuals classified by the subrecipient as patient board members have received at least one in-scope service at an in-scope service site within the past 24 months that generated a health center visit?

Note: Select "Not Applicable" only if the subrecipient has an approved waiver from the awardee (only available if the health center awardee receives an award under section 330(g), 330(h) and/or 330(i) and does not receive an award under section 330(e)).:

: Yes

: No

: Not Applicable

20.4 Are patient board members as a group representative of the subrecipient's patient population in terms of race, ethnicity, and gender consistent with the demographics reported in the health center's UDS report?

Note: Select "Not Applicable" only if the subrecipient has an approved waiver from the awardee (only available if the health center awardee receives an award under section 330(g), 330(h) and/or 330(i) and does not receive an award under section 330(e)).:

: Yes

: No

: Not Applicable

If No OR Not Applicable is selected for any of the above, an explanation is required:

21. Was the health center able to document that each subrecipient is currently compliant with Board Authority requirements by demonstrating that the subrecipient's articles of incorporation, bylaws (either for the subrecipient's board or, if applicable, the co-applicant of a public agency subrecipient), or other corporate documents (for example, co-applicant agreement) outline the following required health center authorities and responsibilities:

Note: Select "No" if the health center is unable to provide documentation that verifies that the subrecipient is in compliance OR if the documentation provided does not demonstrate subrecipient compliance.

21.1 Holding monthly meetings?:

: Yes

: No

: Not Applicable

---

**21.2 Approving the selection (and termination or dismissal, as appropriate) of the subrecipient's Project Director/CEO?:**

: Yes

: No

: Not Applicable

---

**21.3 Approving the subrecipient's health center project annual budget and applications?:**

: Yes

: No

: Not Applicable

---

**21.4 Approving the subrecipient's health center services and the location and hours of operation of health center sites?:**

: Yes

: No

: Not Applicable

---

**21.5 Evaluating the performance of the subrecipient's health center project?:**

: Yes

: No

: Not Applicable

---

**21.6 Establishing or adopting policy related to the operations of the subrecipient's health center project?:**

: Yes

: No

: Not Applicable

---

**21.7 Assuring the subrecipient operates in compliance with applicable federal, state, and local laws and regulations?:**

: Yes

: No

: Not Applicable

---

**If No is selected for any of the above, an explanation is required:**

**22. Was the health center able to document that each subrecipient is currently compliant with sliding fee discount program (SFDP) requirements by demonstrating that the subrecipient's SFDP policy includes language or provisions that address all of the following:**

**Note:** *Select "No" if the health center is unable to provide documentation that verifies that the subrecipient is in compliance OR if the documentation provided does not demonstrate subrecipient compliance.*

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**22.1 Uniform applicability to all patients?:**

: Yes

: No

: Not Applicable

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**22.2 Definitions of income and family (or "household") (for example, any inclusions or exclusions in how they are defined)?:**

: Yes

: No

: Not Applicable

---

**22.3 Methods for assessing patient eligibility based only on income and family size?:**

: Yes

: No

: Not Applicable

---

**22.4 The manner in which sliding fee discount schedule(s) are structured to ensure charges are adjusted based on ability to pay (for example, flat fee amounts differ across discount pay classes, a graduated percent of charges for patients with incomes above 100 percent and at or below 200 percent of the Federal Poverty Guidelines (FPG))?:**

: Yes

: No

: Not Applicable

---

**22.5 The setting of a nominal charge(s) for patients with incomes at or below 100 percent of the FPG?:**

**Note: Select "Not Applicable" if the subrecipient does not charge patients with incomes at or below 100 percent of the FPG.:**

: Yes

: No

: Not Applicable

If No is selected for any of the above, an explanation is required:

23. Was the health center able to document that each subrecipient's SFDP policy ensures that any/all charge(s) for patients at or below 100 percent of the FPG will be:

Notes:

- o Select "No" if the health center is unable to provide documentation that verifies that the subrecipient is in compliance OR if the documentation provided does not demonstrate subrecipient compliance.
- o Select "Not Applicable" if the subrecipient does not charge patients with incomes at or below 100 percent of the FPG.
- o The subrecipient's SFDP policy may state how the nominal charge will be determined or the amount of the nominal charge(s). If the SFDP policy does not state a specific amount for nominal charge(s), other documentation (for example, board minutes, reports) of board involvement in setting the amount of nominal charge(s) may be utilized.

23.1 A flat fee?:

: Yes

: No

: Not Applicable

23.2 Nominal from a patient's perspective (for example, based on input from patient board members, patient surveys, advisory committees, or a review of co-pay amount(s) associated with Medicare and Medicaid for patients with comparable incomes)?:

: Yes

: No

: Not Applicable

23.3 Not based on the actual cost of the service?:

: Yes

: No

: Not Applicable

If No was selected for any of the above, an explanation is required:

24. Was the health center able to describe how it has (if the health center identified subrecipient noncompliance) or would (if the health center has not identified subrecipient noncompliance to-date) ensure that the subrecipient resolves noncompliance with Health Center Program requirements?:

: Yes

: No

: Not Applicable

If Yes OR No, an explanation is required. IF NO: describe the deficiencies in the health center's process. IF YES: describe the health center's process. IF THE HEALTH CENTER HAS IDENTIFIED SUBRECIPIENT NONCOMPLIANCE: specify the requirements and how the health center has confirmed or will confirm subrecipient compliance:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

: Not Applicable

#### Demonstrating Compliance Element: j. Retention of Subaward Agreements and Records

##### ■ NOT APPLICABLE FOR LOOK-ALIKES

Description

The health center retains final subrecipient agreements and related records, consistent with federal document maintenance requirements.<sup>11</sup>

<sup>11</sup> See 45 CFR 75.361 for HHS retention requirements for records.

25. Was the health center able to produce final (executed) subrecipient agreements that have been awarded within the past 3 years and related financial and other performance records?:

: Yes

: No

: Not Applicable

If No, an explanation is required:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

: Not Applicable

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## Conflict of Interest

### Authority

Authority

Section 330(a)(1) and 330(k)(3)(D) of the Public Health Service (PHS) Act; 42 CFR 51c.113 and 42 CFR 56.114; and 45 CFR 75.327

### Related Considerations

Health Center Program Compliance Manual Related Considerations

### Overall Compliance Demonstrated

Overall Compliance Demonstrated:

: Yes

: No

### Look-Alike Site Visit

1. Is this a Look-Alike Site Visit?:

: Yes

: No

Note:

Because look-alikes do not receive federal funding under section 330 of the PHS Act, any aspects of a requirement that relate to the use of Health Center Program federal award funds are not applicable to look-alikes.

### Summary of Findings

#### Demonstrating Compliance Element: a. Standards of Conduct

##### ■ NOT APPLICABLE FOR LOOK-ALIKES

Description

The health center has and implements written standards of conduct that apply, at a minimum, to its procurements paid for in whole or in part by the federal award. Such standards:

- Apply to all health center employees, officers, board members, and agents<sup>1</sup> involved in the selection, award, or administration of such contracts;
- Require written disclosure of real or apparent conflicts of interest;<sup>2</sup>
- Prohibit individuals with real or apparent conflicts of interest with a given contract from participating in the selection, award, or administration of such contract;<sup>3</sup>
- Restrict health center employees, officers, board members, and agents involved in the selection, award, or administration of contracts from soliciting or accepting gratuities, favors, or anything of monetary value for private financial gain from such contractors or parties to sub-agreements (including **subrecipients** or affiliate organizations);<sup>4</sup> and
- Enforce disciplinary actions on health center employees, officers, board members, and agents for violating these standards.

<sup>1</sup> An agent of the health center includes, but is not limited to, a governing board member, an employee, officer, or contractor acting on behalf of the health center.

<sup>2</sup> A conflict of interest arises when the employee, officer, or agent (including but not limited to any member of the governing board), any member of his or her immediate family, his or her partner, or an organization which employs or is about to employ any of the parties indicated herein, has a financial or other interest in or a tangible personal benefit from a firm considered for a contract. See: 45 CFR 75.327(c)1.

<sup>3</sup> This includes, but is not limited to, prohibiting board members that are employees or contractors of a **subrecipient** of the health center from participating in the selection, award, or administration of that **subaward**. This also includes prohibiting board members who are employees of an organization that contracts with the health center from participating in the selection, award, or administration of that contract.

<sup>4</sup> Health centers may set standards for situations in which the financial interest is not substantial or the gift is

2. Was the health center able to provide document(s) that contain its written standards of conduct for the selection, award and administration of contracts that, at a minimum, apply to its procurements paid for in whole or in part by the federal award?:

- : Yes  
: No  
: Not Applicable

If No, an explanation is required:

3. Do these written standards of conduct:

3.1 Apply to all health center employees, officers, board members, and agents involved in the selection, award, or administration of such contracts?:

- : Yes  
: No  
: Not Applicable

3.2 Require written disclosure of any real or apparent conflicts of interest? :

- : Yes  
: No  
: Not Applicable

3.3 Prohibit individuals with a real or apparent conflict of interest with a given contract from participating in the selection, award, or administration of such contract? :

- : Yes  
: No  
: Not Applicable

3.4 Prohibit accepting gratuities, favors, or anything of monetary value? :

- : Yes  
: No  
: Not Applicable

3.5 Provide for disciplinary actions for violating the conflict of interest requirements? :

- : Yes  
: No  
: Not Applicable

If No was selected for any of the above, an explanation is required, including specifying which areas were not addressed:

4. Does the health center have a process for disclosing real or apparent conflicts of interest in writing by employees, officers, board members, and agents of the health center should such conflicts arise?:

- : Yes  
: No  
: Not Applicable

If No, an explanation is required:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

- : Yes  
: No  
: Not Applicable

### Demonstrating Compliance Element: b. Standards for Organizational Conflicts of Interest

Description

If the health center has a parent, affiliate, or subsidiary that is not a state, local government, or Indian tribe, the health center has and implements written standards of conduct covering organizational conflicts of interest<sup>5</sup> that might arise when conducting a procurement action involving a related organization. These standards of conduct require:

- Written disclosure of conflicts of interest that arise in procurements from a related organization; and
- Avoidance and mitigation of any identified actual or apparent conflicts during the procurement process.

<sup>5</sup> Organizational conflicts of interest mean that because of relationships with a parent company, affiliate, or subsidiary organization, the health center is unable or appears to be unable to be impartial in conducting a procurement action involving a related organization. See: 45 CFR 75.327(c)(2).

5. Does the health center have a parent, affiliate or subsidiary that is not a state, local government, or Indian tribe?:

- : Yes  
: No

6. IF YES: Was the health center able to provide document(s) that contain its written standards of conduct for the selection, award, and administration of contracts that involve the related party or organization?:

: Yes

: No

: Not Applicable

If No, an explanation is required:

7. Do the health center's organizational conflict of interest standards prevent or mitigate any identified or apparent conflicts of interest? :

: Yes

: No

: Not Applicable

If No, an explanation is required:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

#### Demonstrating Compliance Element: c. Dissemination of Standards of Conduct

Description

The health center has mechanisms or procedures for informing its employees, officers, board members, and agents of the health center's standards of conduct covering conflicts of interest, including organizational conflicts of interest, and for governing its actions with respect to the selection, award and administration of contracts.

8. Does the health center inform employees, officers, board members, and agents of its conflict of interest standards of conduct?:

: Yes

: No

: Not Applicable

If No, an explanation is required:

**HRSA/BPHC Determination: Compliance Demonstrated? :**

: Yes

: No

: Not Applicable

#### Demonstrating Compliance Element: d. Adherence to Standards of Conduct

Description

In cases where a conflict of interest was identified, the health center's procurement records document adherence to its standards of conduct (for example, an employee whose family member was competing for a health center contract was not permitted to participate in the selection, award, or administration of that contract).

9. Were any conflicts of interest (real or apparent), including organizational conflicts of interest, identified with procurements involving federal funds? For look-alikes, were any organizational conflicts of interest (real or apparent) identified with procurements involving the related parent, affiliate or subsidiary organization(s)?:

: Yes

: No

: Not Applicable

10. IF YES: Was the health center able to produce documentation that it adhered to its standards of conduct related to the identified conflict(s) of interest, including the completion of written disclosures?:

: Yes

: No

: Not Applicable

If No, an explanation is required:

**HRSA/BPHC Determination: Compliance Demonstrated? :**

: Yes

: No

: Not Applicable



## Collaborative Relationships

### Authority

Authority

Section 330(k)(3)(B) of the Public Health Service (PHS) Act; and 42 CFR 51c.303(n), 42 CFR 56.303(n), and 42 CFR 51c.305(h)

### Related Considerations

Health Center Program Compliance Manual Related Considerations

### Overall Compliance Demonstrated

Overall Compliance Demonstrated:

: Yes

: No

### Summary of Findings

#### Demonstrating Compliance Element: a. Coordination and Integration of Activities

Description

The health center documents its efforts to collaborate with other providers or programs in the service area, including local hospitals, specialty providers, and social service organizations (including those that serve special populations), to provide access to services not available through the health center in order to support:

- Reductions in the non-urgent use of hospital emergency departments;
- Continuity of care across community providers; and
- Access to other health or community services that impact the patient population.

1. Does the health center have documentation of its efforts to collaborate with other providers or programs in the service area, specifically local hospitals, specialty providers, and social service organizations (including those that serve special populations), to provide access to services not available through the health center?:

: Yes

: No

If No, an explanation is required:

2. Was the health center able to provide at least one documented example of how its collaborative relationship(s) supports each of the following:

- Reductions in the non-urgent use of hospital emergency departments;
- Continuity of care across community providers; and
- Access to other health or community services that impact the patient population?

:

: Yes

: No

If No, an explanation is required:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

#### Demonstrating Compliance Element: b. Collaboration with Other Primary Care Providers

Description

The health center documents its efforts to coordinate and integrate activities with other federally-funded, as well as state and local, health services delivery projects and programs serving similar patient populations in the service area (at a minimum, this would include establishing and maintaining relationships with other health centers in the service area).

In responding to the question(s) below, please note:

*The health center determines how to document collaboration or coordination with providers and organizations in its service area. For example, documentation of collaborative relationship(s) that support reductions in emergency department use may be in the form of meeting minutes or evidence of membership in an emergency room diversion program.*

3. Was the health center able to document established relationships with at least one health center in the service area?:

: Yes

: No

: Not Applicable

Note:

Only select "Not Applicable" if there are no other health centers in the service area.

If No OR Not Applicable, an explanation is required, including describing any documentation by the health center of efforts to establish a relationship in cases when another health center is not responsive to collaboration. If Not Applicable, state if the UDS Mapper documentation shows there are no other health centers in the service area:

4. Does the health center have documentation of its efforts to coordinate and integrate activities with other federally-funded, state, and local health service delivery projects and programs serving similar patient populations in the service area?:

: Yes

: No

If No, an explanation is required, including stating if there are no other federally-funded, state, or local health services delivery projects or programs serving similar patient populations in the service area:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

### Demonstrating Compliance Element: c. Expansion of HRSA-Approved Scope of Project

Description

If the health center expands<sup>1,2</sup> its HRSA-approved **scope of project**:

- The health center obtains letters or other appropriate documents specific to the request or application that describe areas of coordination or collaboration with health care providers serving similar patient populations in the service area (health centers, rural health clinics, local hospitals including critical access hospitals, health departments, other providers including specialty providers, as applicable); or
- If such letters or documents cannot be obtained from these providers, the health center documents its attempts to coordinate or collaborate with these health care providers (health centers, rural health clinics, local hospitals including critical access hospitals, health departments, other providers including specialty providers, as applicable) on the specific request or application proposal.

<sup>1</sup> Expanding the HRSA-approved scope of project may occur by adding sites or services through Change in Scope requests, New Access Point competitive applications, or other supplemental funding applications.

<sup>2</sup> Additional requirements for documented collaboration may apply based on specific Notices of Funding Opportunity (NOFOs), Notices of Award (NOAs), look-alike designation instructions, or other federal statutes, regulations, or policies.

Note:

**N/A** – HRSA assesses whether the health center has demonstrated compliance with this element through its review of Change in Scope requests and competing applications. No review of this element is required through the site visit.

## Financial Management and Accounting Systems

### Authority

Authority

Sections 330(e)(5)(D), 330(k)(3)(D), 330(k)(3)(N), and 330(q) of the Public Health Service (PHS) Act; 42 CFR 51c.113, 42 CFR 56.114, 42 CFR 51c.303(d), and 42 CFR 56.303(d); and 45 CFR Part 75 Subparts D, E and F

### Related Considerations

Health Center Program Compliance Manual Related Considerations

### Overall Compliance Demonstrated

Overall Compliance Demonstrated:

: Yes

: No

### Look-Alike Site Visit

1. Is this a Look-Alike Site Visit?:

: Yes

: No

Note:

Because look-alikes do not receive federal funding under section 330 of the PHS Act, any aspects of a requirement that relate to the use of Health Center Program federal award funds are not applicable to look-alikes.

### Summary of Findings

#### Demonstrating Compliance Element: a. Financial Management and Internal Control Systems

Description

The health center has and utilizes a financial management and internal control system that reflects Generally Accepted Accounting Principles (GAAP) for private non-profit health centers or Government Accounting Standards Board (GASB) principles for public agency health centers<sup>1</sup> and that ensures at a minimum:

- Health center expenditures are consistent with the HRSA-approved total budget<sup>2</sup> and with any additional applicable HRSA approvals that have been requested and received;<sup>3</sup>
- Effective control over, and accountability for, all funds, property, and other assets associated with the Health Center Program project;
- The safeguarding of all assets to assure they are used solely for authorized purposes in accordance with the terms and conditions of the Health Center Program award/designation;<sup>4</sup> and
- The capacity to track the financial performance of the health center, including identification of trends or conditions that may warrant action by the organization to maintain financial stability.

<sup>1</sup> GAAP and GASB are used as defined in 45 CFR Part 75.

<sup>2</sup> A health center's "total budget" includes the Health Center Program **federal award** funds and all other sources of revenue in support of the HRSA-approved Health Center Program **scope of project**. For additional detail, see [Health Center Program Compliance Manual] **Chapter 17: Budget**.

<sup>3</sup> Per 45 CFR 75.308, post-award, **federal award recipients** are required to report significant deviations from budget or project scope or objective, and are required to request prior approvals from HHS awarding agencies for budget and program plan revisions (re-budgeting). "Re-budgeting, or moving funds between direct cost budget categories in an approved budget, is considered significant when cumulative transfers for a single budget period exceeds 25 percent of the total approved budget (inclusive of direct and indirect costs and federal funds and required matching or cost sharing). The base used for determining significant re-budgeting excludes carryover balances but includes any amounts awarded as supplements."

<sup>4</sup> The requirement to safeguard federal assets as described in this bullet substantially reflects the requirement to have written policies and procedures in place to ensure the appropriate use of federal funds in compliance with applicable federal statutes, regulations, and the terms and conditions of the federal award. See Section 330(k)(3)(N) of the PHS Act.

2. Does the health center's financial management and internal control system reflect GAAP or GASB principles?:

: Yes

: No

If No, an explanation is required:

3. Is the health center able to track actual expenditures in comparison to the Health Center Program project budget? :

: Yes

: No

If No, an explanation is required:

4. Do the health center's financial management and internal control systems have the capacity to:

4.1 Account for the expenditure of Health Center Program project funds (for example, segregation of funds)?:

: Yes

: No

4.2 Safeguard the use of associated assets and property (for example, procedures for inventory management, maintaining property records)?:

: Yes

: No

If No was selected for either of the above, an explanation is required:

5. Was the health center able to demonstrate a capacity to track its financial performance for the purposes of monitoring financial stability?:

: Yes

: No

If No, an explanation is required:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

**Demonstrating Compliance Element: b. Documenting Use of Federal Funds**

**NOT APPLICABLE FOR LOOK-ALIKES**

Description

The health center's financial management system is able to account for all federal award(s) (including the federal award made under the Health Center Program) in order to identify the source<sup>5</sup> (receipt) and application (expenditure) of funds for federally-funded activities in whole or in part. Specifically, the health center's financial records contain information and related source documentation pertaining to authorizations, obligations, unobligated balances, assets, expenditures, income, and interest under the federal award(s).

<sup>5</sup> Federal program and federal award identification would include, as applicable, the Catalog of Federal Domestic Assistance (CFDA) title and number, federal award identification number and year, name of the HHS awarding agency, and name of the **pass-through entity**, if any.

6. Based on the sample, does the health center have a financial management system that is able to account for the Health Center Program federal award and related expenditures (for example, in chart of accounts) made under the award? Specifically, do the health center's financial records contain relevant information and related source documentation?:

: Yes

: No

: Not Applicable

If No, an explanation is required:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

: Not Applicable

**Demonstrating Compliance Element: c. Drawdown, Disbursement and Expenditure Procedures**

**NOT APPLICABLE FOR LOOK-ALIKES**

Description

The health center has written procedures for:

- Drawing down federal award funds in a manner that minimizes the time elapsing between the transfer of the federal award funds from HRSA and the disbursement of these funds by the health center; and

- Assuring that expenditures of federal award funds are allowable in accordance with the terms and conditions of the federal award and with the federal cost principles<sup>6</sup> in 45 CFR Part 75 Subpart E.

<sup>6</sup> The cost principles are set forth in 45 CFR Part 75, Subpart E.

**7. Does the health center have written procedures for drawing down federal funds?:**

- : Yes  
: No  
: Not Applicable

**If No was selected, an explanation is required:**

**8. Does the health center have written procedures with provisions or steps that:**

**8.1 Limit the drawdown to minimum amounts needed to cover allowable project costs?:**

- : Yes  
: No  
: Not Applicable

**8.2 Time drawdowns in a manner that minimizes the time elapsing between the transfer of the federal award funds from HRSA and the disbursement of these funds by the health center?:**

- : Yes  
: No  
: Not Applicable

**If No was selected for any of the above, an explanation is required:**

**9. Does the health center have written procedures with specific provisions or steps that ensure all expenditures utilizing federal award funds are allowable in accordance with:**

**9.1 The terms and conditions of the federal award, including those that limit the use of federal award funds?<sup>7</sup>**

Footnote: <sup>7</sup> For more information on legislative mandates related to annual appropriations that limit the use of funds from HRSA awards, visit: [HRSA Grants Policies, Regulations, and Guidance website.](#)

- : Yes  
: No  
: Not Applicable

**9.2 The federal cost principles in 45 CFR Part 75 Subpart E?:**

- : Yes  
: No  
: Not Applicable

**If No was selected for any of the above, an explanation is required:**

**HRSA/BPHC Determination: Compliance Demonstrated?:**

- : Yes  
: No  
: Not Applicable

**Demonstrating Compliance Element: d. Submitting Audits and Responding to Findings**

**Description**

If a health center expends **\$750,000 or more in award funds from all federal sources** during its fiscal year, the health center ensures a single or program-specific audit is conducted and submitted for that year in accordance with the provisions of 45 CFR Part 75, Subpart F: Audit Requirements and ensures that subsequent audits demonstrate corrective actions have been taken to address all findings, questioned costs, reportable conditions, and material weaknesses cited in the previous audit report, if applicable.

**10. Did the health center expend \$750,000 or more in federal award funds during its last complete fiscal year?:**

- : Yes  
: No

**11. IF YES: Has (i.e., audit is complete at the time of site visit) or will (i.e., audit is in progress at the time of site visit) the health center ensure an audit is conducted in accordance with federal audit requirements?:**

- : Yes  
: No  
: Not Applicable

**If No, an explanation is required:**

12. Based on review of the most recent audit and management letter, were there any findings, questioned or unallowable costs, reportable conditions, material weaknesses, or significant deficiencies, including any cited in the previous audit report?:

: Yes

: No

: Not Applicable

13. IF YES: Has the health center either completed corrective actions to address the finding(s) or was the health center able to document steps it is currently taking to address the finding(s)?:

: Yes

: No

: Not Applicable

If No, an explanation is required:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

#### Demonstrating Compliance Element: e. Documenting Use of Non-Grant Funds

Description

The health center can document that any non-grant funds generated from Health Center Program project activities, in excess of what is necessary to support the HRSA-approved total Health Center Program project budget, were utilized to further the objectives of the project by benefiting the current or proposed patient population and were not utilized for purposes that are specifically prohibited by the Health Center Program.

14. In the last complete fiscal year, did the health center generate revenue from health center activities that was then used for activities outside the scope of the project?:

: Yes

: No

15. IF YES: Was the health center able to document that these funds were used:

15.1 To support activities that benefit the current patient population?:

: Yes

: No

: Not Applicable

15.2 For purposes that are not specifically prohibited by the Health Center Program?:

: Yes

: No

: Not Applicable

If No was selected for any of the above, an explanation is required:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

## Billing and Collections

### Authority

Authority

Section 330(k)(3)(E), (F), and (G) of the Public Health Service (PHS) Act; and 42 CFR 51c.303(e), (f), and (g) and 42 CFR 56.303(e), (f), and (g)

### Related Considerations

Health Center Program Compliance Manual Related Considerations

### Overall Compliance Demonstrated

Overall Compliance Demonstrated:

: Yes

: No

### Summary of Findings

#### Demonstrating Compliance Element: a. Fee Schedule for In-Scope Services

Description

The health center has a fee schedule for services that are within the HRSA-approved **scope of project** and are typically billed for in the local health care market.

1. Does the fee schedule(s) include fees for all in-scope services typically billed for in the local health care market?:

: Yes

: No

Note:

Services (for example, transportation, translation, other non-clinical services) on Form 5A that are not billed for in the local health care market may be excluded from the health center's fee schedule(s).

If No, an explanation is required:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

#### Demonstrating Compliance Element: b. Basis for Fee Schedule

Description

The health center uses data on locally prevailing rates and actual health center costs to develop and update its fee schedule.

2. Did the health center use data on locally prevailing rates and actual health center costs to develop its current fee schedule(s)?:

: Yes

: No

If No, an explanation is required:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

#### Demonstrating Compliance Element: c. Participation in Insurance Programs

Description

The health center participates in Medicaid, CHIP, Medicare, and, as appropriate, other public or private assistance programs or health insurance.

3. Does the health center have documentation of its participation in Medicaid, CHIP, and Medicare?:

: Yes

: No

If No, an explanation is required:

4. Does the health center participate in other public or private assistance programs or health insurance? :

: Yes

: No

If No, an explanation is required, including the justification that the health center provided as to why it is not appropriate to participate in any other programs or insurance plans:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

**Demonstrating Compliance Element: d. Systems and Procedures**

**Description**

The health center has systems, which may include operating procedures, for billing and collections that address:

- Educating patients on insurance and, if applicable, related third-party coverage options available to them;
- Billing Medicare, Medicaid, CHIP, and other public and private assistance programs or insurance in a timely manner, as applicable;<sup>1</sup> and
- Requesting applicable payments from patients, while ensuring that no patient is denied service based on inability to pay.

<sup>1</sup> For information on Federal Tort Claims Act (FTCA) coverage in cases where health centers are using alternate billing arrangements in which the covered provider is billing directly for services provided to covered entity patients, refer to the [FTCA Health Center Policy Manual](#), Section I: E. Eligibility and Coverage, Coverage Under Alternate Billing Arrangements.

**5. Was the health center able to explain how it educates patients on the availability of insurance coverage options?:**

: Yes

: No

**If No, an explanation is required:**

**6. Does the health center have systems in place for billing Medicare, Medicaid, CHIP and other public and private assistance programs or insurance?:**

: Yes

: No

**If No, an explanation is required:**

**7. Does the health center have a system(s) in place for collecting balances owed by patients?:**

: Yes

: No

**If No, an explanation is required:**

**8. When requesting payment(s) from patients, do the health center's billing and collections systems/procedures ensure that no patient is denied service based on inability to pay? :**

: Yes

: No

**If Yes OR No, an explanation is required, including describing the systems or procedures:** The health center's billing and collection policy includes the following statement: "Harris Health System's Health Care for the Homeless program will not deny services to individuals based solely on inability to pay."

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

**Demonstrating Compliance Element: e. Procedures for Additional Billing or Payment Options**

**Description**

If a health center elects to offer additional billing options or payment methods (for example, payment plans, grace periods, prompt or cash payment incentives), the health center has operating procedures for implementing these options or methods and for ensuring they are accessible to all patients regardless of income level or sliding fee discount pay class.

**9. Does the health center offer additional billing options or payment methods (for example, payment plans, grace periods, prompt or cash payment incentives)?:**

: Yes

: No

**If Yes, an explanation is required specifying what additional billing options or payment methods are offered by the health center:**

**10. IF YES: Does the health center have operating procedures for implementing these options or methods? :**

: Yes

: No

: Not Applicable

**If No, an explanation is required:**

**11. Does the health center ensure these options or methods are accessible to all patients regardless of income level or sliding fee discount pay class?:**

: Yes

: No

: Not Applicable



If No, an explanation is required:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

#### Demonstrating Compliance Element: f. Timely and Accurate Third Party Billing

Description

The health center has billing records that show claims are submitted in a timely and accurate manner to the third-party payor sources with which it participates (Medicaid, CHIP, Medicare, and other public and private insurance) in order to collect reimbursement for its costs in providing health services<sup>2</sup> consistent with the terms of such **contracts** and other arrangements.

<sup>2</sup> This includes services that the health center provides directly (**Form 5A: Services Provided**, Column I) or provides through a formal written contract/agreement (Form 5A: Services Provided, Column II).

**12. Does the health center submit claims within 14 business days from the date of service?:**

: Yes

: No

If No, an explanation is required stating the timeline for claims submissions and how the health center ensures timely submission of claims to third-party payors:

**13. Was the health center able to document that it corrects and resubmits claims that have been rejected due to accuracy? :**

: Yes

: No

If No, an explanation is required, including specifying any cases in which Medicaid, CHIP, Medicare, or any other third-party payor has suspended payments to the health center and why:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

#### Demonstrating Compliance Element: g. Accurate Patient Billing

Description

The health center has billing records or other forms of documentation that reflect that the health center:

- Charges patients in accordance with its fee schedule and, if applicable, the sliding fee discount schedule (SFDS);<sup>3</sup> and
- Makes reasonable efforts to collect such amounts owed from patients.

<sup>3</sup> See [Health Center Program Compliance Manual] **Chapter 9: Sliding Fee Discount Program** for more information on the SFDS.

**14. Are patients billed for services in accordance with the health center's fee schedule(s) and are the correct discounts applied to these charges (if applicable)?:**

: Yes

: No

If No, an explanation is required:

**15. Does the health center attempt to collect amounts owed for charges, co-pays, nominal charges, or discounted fees (for example, health center sends statements for outstanding balances, makes phone calls)?:**

: Yes

: No

If No, an explanation is required:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

#### Demonstrating Compliance Element: h. Policies or Procedures for Waiving or Reducing Fees

Description

The health center has and utilizes board-approved policies, as well as operating procedures, that include the specific circumstances when the health center will waive or reduce fees or payments required by the center due to any patient's inability to pay.

**16. Does the health center have a provision(s) in policy and procedure that addresses circumstances or criteria related to a patient's inability to pay (regardless of patient income level) to ensure that fees or payments will be waived or reduced?:**

: Yes

: No

If Yes OR No, an explanation is required, including specifying whether the health center waives or reduces fees or payments: The health center has a provision in its billing and collections policies that address circumstances related to a patient's inability to pay, regardless of patient income level, to ensure that fees or payments

will be waived.

17. Does the health center follow the provision(s) in its policies and procedures for waiving or reducing fees or payments? :

: Yes

: No

: Not Applicable

If No, an explanation is required:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

#### Demonstrating Compliance Element: i. Billing for Supplies or Equipment

Description

If a health center provides supplies or equipment that are related to, but not included in, the service itself as part of prevailing standards of care<sup>4</sup> (for example, eyeglasses, prescription drugs, dentures) and charges patients for these items, the health center informs patients of such charges ("out-of-pocket costs") prior to the time of service.<sup>5</sup>

<sup>4</sup> These items differ from supplies and equipment that are included in a service as part of prevailing standards of care and are reflected in the fee schedule (for example, casting materials, bandages).

<sup>5</sup> See [Health Center Program Compliance Manual] [Chapter 15: Financial Management and Accounting Systems](#) for related information on revenue generated from such charges.

18. Does the health center provide and charge patients for supplies and equipment related to but not included in the service itself (for example, eyeglasses, dentures)?:

: Yes

: No

19. IF YES: Does the health center have a method for notifying patients about out-of-pocket costs for such supplies and equipment, in advance of service provision? :

: Yes

: No

: Not Applicable

If No, an explanation is required:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

#### Demonstrating Compliance Element: j. Refusal to Pay Policy

Description

If a health center elects to limit or deny services based on a patient's refusal to pay, the health center has a board-approved policy that distinguishes between refusal to pay and inability to pay and notifies patients of:

- Amounts owed and the time permitted to make such payments;
- Collection efforts that will be taken when these situations occur (for example, meeting with a financial counselor, establishing payment plans); and
- How services will be limited or denied when it is determined that the patient has refused to pay.

20. Does the health center limit or deny services to patients who refuse to pay? :

: Yes

: No

21. IF YES: Does the health center have a refusal to pay policy?:

: Yes

: No

: Not Applicable

If No, an explanation is required:

22. Does the health center:

22.1 Distinguish between refusal to pay and inability to pay? :

: Yes

: No

: Not Applicable

22.2 Notify patients of amounts owed and the time permitted to make such payments? :

: Yes

: No

: Not Applicable

---

**22.3 Notify patients of collection efforts that will be taken when these situations occur (for example, meeting with a financial counselor, establishing payment plans)? :**

: Yes

: No

: Not Applicable

---

**22.4 Notify patients how services will be limited or denied when it is determined that the patient has refused to pay? :**

: Yes

: No

: Not Applicable

---

**If Yes OR No, an explanation is required, including specifying whether the health center has a policy or procedure that addresses these areas:**

**23. In cases where the health center has limited or denied services to a patient(s) due to refusal to pay, was the determination consistent with health center policy or procedure? :**

: Yes

: No

: Not Applicable

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**If Yes OR No, an explanation is required, including how the determination was made:**

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

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## Budget

### Authority

Authority

Section 330(e)(5)(A) and Section 330(k)(3)(l)(i) of the Public Health Service (PHS) Act; and 45 CFR 75.308(a) and 45 CFR 75 Subpart E

### Related Considerations

Health Center Program Compliance Manual Related Considerations

### Overall Compliance Demonstrated

Overall Compliance Demonstrated:

: Yes

: No

### Summary of Findings

#### Demonstrating Compliance Element: a. Annual Budgeting for Scope of Project

Description

The health center develops and submits to HRSA (for new or continued funding or designation from HRSA) an annual budget, also referred to as a “total budget,”<sup>1,2</sup> that reflects projected costs and revenues necessary to support the health center’s proposed or HRSA-approved **scope of project**.

<sup>1</sup> A health center’s “total budget” includes the Health Center Program **federal award** funds and all other sources of revenue in support of the health center **scope of project**.

<sup>2</sup> Any aspects of the requirement that relate to the use of Health Center Program federal award funds are not applicable to **look-alikes**.

1. Has the health center developed an annual operating budget that is reflective of the projected costs and revenues necessary to support the health center’s HRSA-approved scope of project (i.e., reflects revenue and expenses for all sites, services, and activities within the scope of project)?:

: Yes

: No

If No, an explanation is required

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

#### Demonstrating Compliance Element: b. Revenue Sources

Description

In addition to the Health Center Program award, the health center’s annual budget includes all other projected revenue sources that will support the Health Center Program project, specifically:

- Fees, premiums, and third-party reimbursements and payments that are generated from the delivery of services;
- Revenues from state, local, or other **federal grants** (for example, Ryan White, Healthy Start) or contracts;
- Private support or income generated from contributions; and
- Any other funding expected to be received for purposes of supporting the Health Center Program project.

Note:

**N/A** – HRSA assesses whether the health center has demonstrated compliance with this element through its review of the competing continuation application (SAC or RD). No review of this element is required through the site visit.

#### Demonstrating Compliance Element: c. Allocation of Federal and Non-Federal Funds

Description

The health center’s annual budget identifies the portion of projected costs to be supported by the federal Health Center Program award. Any proposed costs supported by the federal award are consistent with the federal cost principles<sup>3</sup> and the terms and conditions<sup>4</sup> of the award.

<sup>3</sup> See 45 CFR Part 75 Subpart E: Cost Principles.

<sup>4</sup> For example, health centers may not use HHS federal award funds to support salary levels above the salary limitations on federal awards.

**Note:** N/A – HRSA assesses whether the health center has demonstrated compliance with this element through its review of the competing continuation application (SAC or RD). No review of this element is required through the site visit.

### Demonstrating Compliance Element: d. Other Lines of Business

**Description** If the health center organization conducts other lines of business (i.e., activities that are not part of the HRSA-approved scope of project), the costs of these other activities are not included in the annual budget for the Health Center Program project.<sup>5</sup>

<sup>5</sup> As these other lines of business are not included in the health center's total budget, they are not subject to Health Center Program requirements and not eligible for related Health Center Program benefits (for example, payment as a Federally Qualified Health Center (FQHC) under Medicare/Medicaid/CHIP, 340B Drug Pricing Program eligibility, Federal Tort Claims Act (FTCA) coverage).

**2. Does the health center engage in any other lines of business (i.e., the health center serves other populations or operates sites, services, or activities that are NOT within the HRSA-approved scope of project)?:**

: Yes

: No

**3. IF YES:**

**3.1 Can the health center document that these other lines of business are fully supported by non-health center project revenues? :**

: Yes

: No

: Not Applicable

**3.2 Can the health center document that all expenses from such other lines of business are *excluded* from the annual operating budget for the health center project?:**

: Yes

: No

: Not Applicable

**If No, was selected for any of the above, an explanation is required**

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

## Program Monitoring and Data Reporting Systems

### Authority

Authority

Section 330(k)(3)(l)(ii) of the Public Health Service (PHS) Act; 42 CFR 51c.303(j) and 42 CFR 56.303(j); and 45 CFR 75.342(a) and (b)

### Related Considerations

Health Center Program Compliance Manual Related Considerations

### Overall Compliance Demonstrated

Overall Compliance Demonstrated:

: Yes

: No

### Summary of Findings

#### Demonstrating Compliance Element: a. Collecting and Organizing Data

Description

The health center has a system in place for overseeing the operations of the federal award-supported activities to ensure compliance with applicable federal requirements and for monitoring program performance. Specifically:

- The health center has a system in place to collect and organize data related to the HRSA-approved **scope of project**, as required to meet HHS reporting requirements, including those data elements for **Uniform Data System (UDS)** reporting; and
- [The health center submits timely, accurate, and complete UDS reports in accordance with HRSA instructions and submits any other required HHS and Health Center Program reports.]

**Note:** HRSA assesses whether the health center has demonstrated compliance with the portion of element “a” in brackets through HRSA’s review of timely, accurate, and complete UDS report submissions based on internal HRSA UDS reporting information. No review of the portion of element “a” in brackets is required through the site visit.

In responding to the question(s) below, please note:

*Findings related to financial management and accounting systems capacity or quarterly Quality Improvement/Quality Assurance assessments are to be assessed and documented within the **Financial Management and Accounting Systems** requirement and **Quality Improvement/Assurance** requirement, respectively, and do NOT need to be repeated here.*

1. Does the health center have systems or methods in place to collect and organize data, including ensuring the integrity of such data, for the purposes of overseeing the health center project and for monitoring and reporting on program performance? :

: Yes

: No

If No, an explanation is required, including specifying any deficiencies in the health center’s methods or safeguards for ensuring the integrity of data:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

#### Demonstrating Compliance Element: b. Data-Based Reports

Description

The health center produces data-based reports on: patient service utilization; trends and patterns in the patient population;<sup>1</sup> and overall health center performance, as necessary to inform and support internal decision-making and oversight by the health center’s key management staff and by the governing board.

<sup>1</sup> Examples of data health centers may analyze as part of such reports may include patient access to and satisfaction with health center services, patient demographics, quality of care indicators, and health outcomes.

2. Do the health center’s program data reporting systems or methods result in the production of relevant reports that can inform and support internal decision-making and oversight by key

management staff and the governing board? This would include, but is not limited to, the production of reports regarding:

**2.1 Patient service utilization?:**

: Yes

: No

**2.2 Trends and patterns in the patient population?:**

: Yes

: No

**2.3 Overall health center clinical, financial, or operational performance?:**

: Yes

: No

If No was selected for any of the above, an explanation is required:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

## Board Authority

### Authority

Authority

Section 330(k)(3)(H) of the Public Health Service (PHS) Act; 42 CFR 51c.303(i), 42 CFR 56.303(i), 42 CFR 51c.304(d), and 42 CFR 56.304(d); and 45 CFR 75.507(b)(2)

### Related Considerations

Health Center Program Compliance Manual Related Considerations

### Overall Compliance Demonstrated

Overall Compliance Demonstrated:

: Yes

: No

: Not Applicable

### Board Authority

1. Is the health center operated by an Indian tribe, tribal group, or Indian organization under the Indian Self-Determination Act or an Urban Indian Organization under the Indian Health Care Improvement Act?<sup>1</sup>:

: Yes

: No

Footnote:

<sup>1</sup> The governing board of a health center operated by Indian tribes, tribal groups, or Indian organizations under the Indian Self-Determination Act or Urban Indian Organizations under the Indian Health Care Improvement Act is exempt from the specific board authority requirements discussed in [Health Center Program Compliance Manual **Chapter 19: Board Authority**]. Section 330(k)(3)(H) of the PHS Act.

### Summary of Findings

#### Demonstrating Compliance Element: a. Maintenance of Board Authority Over Health Center Project

Description

The health center's organizational structure, articles of incorporation, bylaws, and other relevant documents ensure the health center governing board maintains the authority for oversight of the Health Center Program project, specifically:

- The organizational structure and documents do not allow for any other individual, entity or committee (including, but not limited to, an executive committee authorized by the board) to reserve approval authority or have veto power over the health center board with regard to the required authorities and functions;<sup>2</sup>
- In cases where a health center collaborates with other entities in fulfilling the health center's HRSA-approved **scope of project**, such collaboration or agreements with the other entities do not restrict or infringe upon the health center board's required authorities and functions; and
- For public agencies with a **co-applicant** board,<sup>3</sup> the health center has a co-applicant agreement that delegates the required authorities and functions to the co-applicant board and delineates the roles and responsibilities of the public agency and the co-applicant in carrying out the Health Center Program project.

<sup>2</sup> This does not preclude an executive committee from taking actions on behalf of the board in emergencies, on which the full board will subsequently vote.

<sup>3</sup> Public agencies are permitted to utilize a co-applicant governance structure for the purposes of meeting Health Center Program governance requirements. Public centers may be structured in one of two ways to meet the program requirements: 1) the public agency independently meets all the Health Center Program governance requirements based on the existing structure and vested authorities of the public agency's governing board; or 2) together, the public agency and the co-applicant meet all Health Center Program requirements.

In responding to the question(s) below, please note:

*In a public agency/co-applicant health center arrangement, the public agency is not considered to be an outside entity as it is the award recipient.*



2. Do health center documents and agreements confirm that:

2.1 No other individual, entity, or committee (including, but not limited to, an executive committee authorized by the board) reserves or has approval/veto power over the health center board with regard to the required authorities and functions?:

: Yes

: No

2.2 The health center's collaborations or agreements with other entities do not restrict or infringe upon the health center board's required authorities and functions?:

: Yes

: No

If No was selected for any of the above, an explanation is required:

3. FOR PUBLIC AGENCIES WITH A CO-APPLICANT BOARD: Does the health center have a co-applicant agreement that:

3.1 Delegates the required authorities and functions to the co-applicant board?:

: Yes

: No

: Not Applicable

3.2 Delineates the required roles and responsibilities of the public agency and the co-applicant in carrying out the health center project?:

: Yes

: No

: Not Applicable

If No was selected for either of the above, an explanation is required:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

### Demonstrating Compliance Element: b. Required Authorities and Responsibilities

Description

The health center's articles of incorporation, bylaws, or other relevant documents outline the following required authorities and responsibilities of the governing board:

- Holding monthly meetings;<sup>4,5</sup>
- Approving the selection (and termination or dismissal, as appropriate) of the health center's Project Director/CEO;
- Approving the annual Health Center Program project budget and applications;
- Approving health center services and the location and hours of operation of health center sites;
- Evaluating the performance of the health center;
- Establishing or adopting policy<sup>6</sup> related to the operations of the health center; and
- Assuring the health center operates in compliance with applicable federal, state, and local laws and regulations.

<sup>4</sup> Where geography or other circumstances make monthly, in-person participation in board meetings burdensome, monthly meetings may be conducted by telephone or other means of electronic communication where all parties can both listen and speak to all other parties.

<sup>5</sup> Boards of organizations receiving a Health Center Program award/designation only under [section 330\(g\)](#) may meet less than once a month during periods of the year, as specified in the bylaws, where monthly meetings are not practical due to health center patient migration out of the area. 42 CFR 56.304(d)(2).

<sup>6</sup> The governing board of a health center is generally responsible for establishing and/or approving policies that govern health center operations, while the health center's staff is generally responsible for implementing and ensuring adherence to these policies (including through operating procedures).

4. Do the health center's articles of incorporation, bylaws (either for the health center board or, if applicable, the co-applicant health center board), or other corporate documents (for example, co-applicant agreement) outline the following required health center authorities and responsibilities:

4.1 Holding monthly meetings? :

: Yes

: No

4.2 Approving the selection (and termination or dismissal, as appropriate) of the health center's Project Director/CEO? :

: Yes

: No

4.3 Approving the health center's annual budget and applications? :

: Yes

: No

4.4 Approving health center services and the location and hours of operation of health center sites? :

: Yes

: No

4.5 Evaluating the performance of the health center? :

: Yes

: No

4.6 Establishing or adopting policy related to the operations of the health center?:

: Yes

: No

4.7 Assuring the health center operates in compliance with applicable federal, state, and local laws and regulations?:

: Yes

: No

If No was selected for any of the above, an explanation is required, including specifying which authorities/responsibilities are not addressed in such documents:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

**Demonstrating Compliance Element: c. Exercising Required Authorities and Responsibilities**

Description

The health center's board minutes and other relevant documents confirm that the board exercises, without restriction, the following authorities and functions:

- Holding monthly meetings where a quorum is present to ensure the board has the ability to exercise its required authorities and functions;
- Approving the selection, evaluation and, if necessary, the dismissal or termination of the Project Director/CEO from the Health Center Program project;
- Approving applications related to the Health Center Program project, including approving the annual budget, which outlines the proposed uses of both Health Center Program award and non-federal resources and revenue;
- Approving the Health Center Program project's sites, hours of operation and services, including decisions to subaward or contract for a substantial portion of the health center's services;
- Monitoring the financial status of the health center, including reviewing the results of the annual audit, and ensuring appropriate follow-up actions are taken;
- Conducting long-range/strategic planning at least once every 3 years, which at a minimum addresses financial management and capital expenditure needs; and
- Evaluating the performance of the health center based on quality assurance/quality improvement assessments and other information received from health center management,<sup>7</sup> and ensuring appropriate follow-up actions are taken regarding:
  - Achievement of project objectives;
  - Service utilization patterns;
  - Quality of care;
  - Efficiency and effectiveness of the center; and
  - Patient satisfaction, including addressing any patient grievances.

<sup>7</sup> For more information related to the production of reports associated with these topics, see [Health Center Program Compliance Manual] [Chapter 18: Program Monitoring and Data Reporting Systems](#), [Chapter 15: Financial Management and Accounting Systems](#), and [Chapter 10: Quality Improvement/Assurance](#).

5. Do board minutes document that the board met monthly for the past 12 months and had a quorum (quorum is determined by the health center) present that enabled the board to carry out its required authorities and functions?:

: Yes

: No

Note:

For look-alike initial designation applicants and newly-funded health centers that did not have 12 months of board agendas and minutes, determine whether the board met monthly based on the board minutes provided.

If No, an explanation is required:

6. Based on your review of board minutes, board agendas, other relevant documents, and interviews conducted with the Project Director/CEO and board members, were there examples of how the board exercises the following authorities and functions:

6.1 Approving the selection of, evaluating, and, if necessary, approving the dismissal or termination of the Project Director/CEO from the health center project? :

: Yes

: No

6.2 Approving applications related to the health center project, including approving the annual budget, which outlines the proposed uses of both federal Health Center Program award and non-federal resources and revenue?:

: Yes

: No

6.3 Approving the health center project's sites, hours of operation, and services, including (if applicable) decisions to subaward or contract for a substantial portion of the health center's services?:

: Yes

: No

6.4 Monitoring the financial status of the health center, including reviewing the results of the annual audit and ensuring appropriate follow-up actions are taken? :

: Yes

: No

6.5 Conducting long-range/strategic planning at least once every 3 years, which at a minimum addresses financial management and capital expenditure needs?:

: Yes

: No

If No was selected for any of the above, an explanation is required, including specifying any restrictions on the board in carrying out these authorities and functions:

7. Based on your review of board minutes, board agendas, other relevant documents, and interviews conducted with the Project Director/CEO and board members, were there examples of how the board evaluates the performance of the health center based on quality assurance/quality improvement assessments and other information received from health center management?:

: Yes

: No

If No, an explanation is required:

8. IF YES: Based on these performance evaluations, were there also examples of follow-up actions reported back to the board regarding:

Note:

*Only select "Not Applicable" for an item below if follow-up action was not necessary.*

8.1 Achievement of project objectives?:

: Yes

: No

: Not Applicable

8.2 Service utilization patterns? :

: Yes

: No

: Not Applicable

8.3 Quality of care? :

: Yes

: No

: Not Applicable

8.4 Efficiency and effectiveness of the center? :

: Yes

: No

: Not Applicable

8.5 Patient satisfaction, including addressing any patient grievances?:

: Yes

: No

: Not Applicable

If No OR Not Applicable was selected for any of the above, an explanation is required:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

**Demonstrating Compliance Element: d. Adopting, Evaluating, and Updating Health Center Policies**

Description	The health center board has adopted, evaluated at least once every 3 years, and, as needed, approved updates to policies in the following areas: <b>Sliding Fee Discount Program (SFDP), Quality Improvement/Assurance, and Billing and Collections.</b> <sup>8</sup>
	<sup>8</sup> Policies related to billing and collections that require board approval include those that address the waiving or reducing of amounts owed by patients due to inability to pay, and, if applicable, those that limit or deny services due to refusal to pay.

9. Within the last 3 years, has the board adopted or evaluated health center policies in the following areas:

9.1 SFDP?:

: Yes

: No

9.2 Quality Improvement/Assurance Program?:

: Yes

: No

9.3 Billing and Collections (policy for waiving or reducing patient fees and, if applicable, refusal to pay)?:

: Yes

: No

If No was selected for any of the above, an explanation is required:

10. Was the health center able to provide one to two examples, if applicable, of how it has modified or updated its policies as a result of these evaluations?:

: Yes

: No

: Not Applicable

If No OR Not Applicable, an explanation is required:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

**Demonstrating Compliance Element: e. Adopting, Evaluating, and Updating Financial and Personnel Policies**

Description	The health center board has adopted, evaluated at least once every 3 years, and, as needed, approved updates to policies that support financial management and accounting systems and personnel policies. However, in cases where a public agency is the <b>recipient</b> of the Health Center Program federal award or designation and has established a co-applicant structure, the public agency may establish and retain the authority to adopt and approve policies that support financial management and accounting systems and personnel policies.
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In responding to the question(s) below, please note: *The content and extent of a health center's financial management and personnel policies may vary. For example, some financial management policies may address procurement, but the lack thereof does not indicate non-compliance. Assessing compliance with respect to procurement procedures is addressed in **Contracts and Subawards.***

11. Within the last 3 years, has the board evaluated health center policies that support the following areas:

Note: *For health centers where the public agency retains the authority to adopt and approve the policies listed, select "Not Applicable."*

11.1 Financial management and accounting systems? :

: Yes

: No

: Not Applicable

---

**11.2 Personnel? :**

: Yes

: No

: Not Applicable

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If No was selected for any of the above, an explanation is required:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

---

## Board Composition

### Authority

Authority

Section 330(k)(3)(H) of the Public Health Service (PHS) Act; and 42 CFR 51c.304 and 42 CFR 56.304

### Related Considerations

[Health Center Program Compliance Manual Related Considerations](#)

### Overall Compliance Demonstrated

Overall Compliance Demonstrated:

: Yes

: No

: Not Applicable

### Board Composition

1. Is the health center operated by an Indian tribe, tribal group, or Indian organization under the Indian Self-Determination Act or an Urban Indian Organization under the Indian Health Care Improvement Act?<sup>1</sup>:

: Yes

: No

Footnote:

<sup>1</sup> The governing board of a health center operated by Indian tribes, tribal groups, or Indian organizations under the Indian Self-Determination Act or Urban Indian Organizations under the Indian Health Care Improvement Act is exempt from the specific board composition requirements discussed in [the [Health Center Program Compliance Manual](#)]. Section 330(k)(3)(H) of the PHS Act.

### Summary of Findings

#### Demonstrating Compliance Element: a. Board Member Selection and Removal Process

Description

The health center has bylaws or other relevant documents that specify the process for ongoing selection and removal of board members. This board member selection and removal process does not permit any other entity, committee or individual (other than the board) to select either the board chair or the majority of health center board members,<sup>2</sup> including a majority of the non-patient board members.<sup>3</sup>

<sup>2</sup> An outside entity may only remove a board member who has been selected by that entity as an organizational representative to the governing board.

<sup>3</sup> For example, if the health center has an agreement with another organization, the agreement does not permit that organization to select either the chair or a majority of the health center board.

2. Do the bylaws or other documentation specify an ongoing selection and removal process for board members?:

: Yes

: No

If No, an explanation is required:

3. Do the bylaws or other documentation confirm that the health center board selects or removes its own members without any limitations? Specifically, the health center board has no limitations in selecting or removing any of the following:

3.1 The board chair?:

: Yes

: No

3.2 The majority of health center board members?:

: Yes

: No

3.3 The majority of the non-patient board members?:

: Yes

: No

If No was selected for any of the above, an explanation is required describing how the health center board is limited in its board member selection or removal process:

HRSA/BPHC Determination: Compliance Demonstrated?:

: Yes

: No

**Demonstrating Compliance Element: b. Required Board Composition**

Description

The health center has bylaws or other relevant documents that require the board to be composed<sup>4</sup> as follows:

- Board size is at least 9 and no more than 25 members,<sup>5</sup> with either a specific number or a range of board members prescribed;
- At least 51 percent of board members are patients served by the health center. For the purposes of board composition, a patient is an individual who has received at least one service in the past 24 months that generated a health center visit, where both the service and the **site** where the service was received are within the HRSA-approved **scope of project**;
- Patient members of the board, as a group, represent the individuals who are served by the health center in terms of demographic factors, such as race, ethnicity, and gender;
- Non-patient members are representative of the community served by the health center or the health center's **service area**;
- Non-patient members are selected to provide relevant expertise and skills such as:
  - Community affairs;
  - Local government;
  - Finance and banking;
  - Legal affairs;
  - Trade unions and other commercial and industrial concerns; and
  - Social services;
- No more than one-half of non-patient board members derive more than 10 percent of their annual income from the health care industry;<sup>6</sup> and
- Health center employees<sup>7,8,9</sup> and immediate family members (i.e., spouses, children, parents, or siblings through blood, adoption, or marriage) of employees may not be health center board members.

<sup>4</sup> For public agencies that elect to have a **co-applicant**, these board composition requirements apply to the co-applicant board.

<sup>5</sup> For the purposes of the Health Center Program, the term "board member" refers only to voting members of the board.

<sup>6</sup> Per the regulations in 42 CFR 56.304, for health centers awarded/designated solely under **section 330(g)** of the PHS Act, no more than **two-thirds** of the non-patient board members may derive more than 10 percent of their annual income from the health care industry.

<sup>7</sup> For the purposes of health center board composition, an employee of the health center would include an individual who would be considered a "common-law employee" or "statutory employee" according to the Internal Revenue Service (IRS) criteria, as well as an individual who would be considered an employee for state or local law purposes.

<sup>8</sup> In the case of public agencies with co-applicant boards, this includes employees or immediate family members of either the co-applicant organization or the public agency component in which the Health Center Program project is located (for example, department, division, or sub-agency within the public agency).

<sup>9</sup> While no board member may be an employee of the health center, 42 CFR 51c.107 permits the health center to use **federal award** funds to reimburse board members for these limited purposes: 1) reasonable expenses actually incurred by reason of their participation in board activities (for example, transportation to board meetings, childcare during board meetings); or 2) wages lost by reason of participation in the activities of such board members if the member is from a family with an annual family income less than \$10,000 or if the member is a single person with an annual income less than \$7,000. For section 330(g)-only awarded/designated health centers, 42 CFR 56.108 permits the use of grant funds for certain limited reimbursement of board members as follows: 1) for reasonable expenses actually incurred by reason of their participation in board activities (for example, transportation to board meetings, childcare during board meetings); 2) for wages lost by reason of participation in the activities of such board members. Health centers may wish to consult with their legal counsel and auditor on applicable state law regarding reimbursement restrictions for

non-profit board members and implications for IRS tax-exempt status.

<sup>10</sup> Per the regulations in 42 CFR 56.304, for health centers awarded/designated solely under section 330(g) of the PHS Act, no more than two-thirds of the non-patient board members may derive more than 10 percent of their annual income from the health care industry.

4. Do the bylaws or other corporate or governing documentation include provisions that ensure:

4.1 Board size is at least 9 and no more than 25 members, with either a specific number or a range of board members prescribed?:

: Yes

: No

4.2 At least 51 percent of board members are patients served by the health center?:

: Yes

: No

: Not Applicable

Note: Select "Not Applicable" only if the health center has an approved waiver.

4.3 Patient members of the board, as a group, represent the individuals who are served by the health center in terms of demographic factors, such as race, ethnicity, and gender?:

: Yes

: No

4.4 Non-patient members are representative of the community served by the health center or the health center's service area?:

: Yes

: No

4.5 Non-patient members are selected to provide relevant expertise and skills such as community affairs, local government, finance and banking, legal affairs, trade unions and other commercial and industrial concerns, and social services?:

: Yes

: No

4.6 No more than one-half of non-patient board members derive more than 10 percent of their annual income from the health care industry?<sup>10</sup>:

: Yes

: No

4.7 Health center employees and immediate family members (i.e., spouses, children, parents, or siblings through blood, adoption, or marriage) of employees may not be health center board members?:

: Yes

: No

If No was selected for any of the above, an explanation is required: There are no patient board members; therefore, the appropriate answer to 4.3 is no because it asks if patient board members represent the patient population.

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

### Demonstrating Compliance Element: c. Current Board Composition

Description

The health center has documentation that the board is composed of:

- At least 9 and no more than 25 members;
- A patient<sup>11</sup> majority (at least 51 percent);
- Patient board members, as a group, represent the individuals who are served by the health center in terms of demographic factors, such as race, ethnicity, and gender, consistent with the demographics reported in the health center's **Uniform Data System (UDS)** report;<sup>12</sup>
- Representative(s) from or for each of the **special population(s)**<sup>13</sup> for those health centers that receive any award/designation under one or more of the special populations section 330 subparts, 330(g), (h), and/or (i); and
- As applicable, non-patient board members:
  - Who are representative of the community in which the health center is located, either by living or working in the community, or by having a demonstrable connection to the community;
  - With relevant skills and expertise in areas such as community affairs, local government, finance and banking, legal affairs, trade unions, other commercial and industrial concerns, or social services within the community; and
  - Of whom no more than 50 percent earn more than 10 percent of their annual income from the health care industry.<sup>14</sup>



<sup>11</sup> A legal guardian of a patient who is a dependent child or adult, a person who has legal authority to make health care decisions on behalf of a patient, or a legal sponsor of an immigrant patient may also be considered a patient of the health center for purposes of board representation. Students who are health center patients may participate as board members subject to state laws applicable to such non-profit board members.

<sup>12</sup> For health centers that have not yet made a **UDS** report, this would be assessed based on demographic data included in the health center's application.

<sup>13</sup> Representation could include advocates for the health center's section 330 (g), (h), or (i) patient population (for example, those who have personally experienced being a member of, have expertise about, or work closely with the current special population). Such advocate board members would count as "patient" board members only if they meet the patient definition set forth in the [Health Center Program Compliance Manual] **Chapter 20: Board Composition**.

<sup>14</sup> For example, in a 9 member board with 5 patient board members, there could be 4 non-patient board members. In this case, no more than 2 non-patient board members could earn more than 10 percent of their income from the health care industry.

<sup>15</sup> Per the regulations in 42 CFR 56.304, for health centers awarded/designated solely under section 330(g) of the PHS Act, no more than two-thirds of the non-patient board members may derive more than 10 percent of their annual income from the health care industry.

**5. Is the health center board currently composed of at least 9 and no more than 25 members?:**

: Yes

: No

**If No, an explanation is required, including specifying the number of total board members:**

**6. Are at least 51 percent of health center board members classified by the health center as patients?:**

: Yes

: No

: Not Applicable

**Note:**

*Select "Not Applicable" only if the health center has an approved waiver.*

**If No, an explanation is required, including specifying the number of total board members and how many (if any) are current patients of the health center:**

**7. Were you able to confirm that individuals classified by the health center as patient board members have actually received at least one in-scope service at an in-scope site within the past 24 months that generated a health center visit?:**

: Yes

: No

**If No, an explanation is required:** The health center serves homeless individuals and has a waiver allowing for no patient board members.

**8. FOR HEALTH CENTERS WITH SPECIAL POPULATIONS FUNDING/DESIGNATION: Was the health center able to identify one or more board member(s) who serves as a representative from or for each of the health center's funded/designated special population(s) (individuals experiencing homelessness, migratory and seasonal agricultural workers, residents of public housing)? :**

: Yes

: No

: Not Applicable

**If No, an explanation is required:**

**9. Are patient board members as a group representative of the health center's patient population in terms of race, ethnicity, and gender consistent with the demographics reported in the health center's UDS report?:**

: Yes

: No

: Not Applicable

**Note:**

*Select "Not Applicable" only if the health center has an approved waiver AND no patient board members.*

**If No, an explanation is required regarding why patient board members as a group are not representative of the health center's patient population and what efforts the health center has made to evaluate board composition and recruit representative patient board members based on the health center's UDS data:**

**10. For the health center's non-patient board members, do all such board members either live or work in the community where the health center is located?:**

: Yes

: No

**If No, for each non-patient board member who does not live or work in the community, an explanation is required describing that board member's connection(s) to the community:**

**11. Do the non-patient board members have relevant skills and expertise in a variety of areas that support the board's governance and oversight role (for example, community affairs, local government, finance, banking, legal affairs, trade unions, major local employers or businesses, social services)?:**

: Yes

: No

If No, an explanation is required:

12. Do any non-patient board members earn more than 10 percent of their annual income from the health care industry?<sup>15</sup>:

: Yes

: No

Note: *The health center determines how to define "health care industry" and how to determine the percentage of annual income of each non-patient board member derived from the health care industry.*

If Yes, an explanation is required that includes the number of non-patient board members who earn more than 10 percent of their annual income from the health care industry and the total number of non-patient board members: The health center has nine non-patient board members, and of those non-patient board members, two non-patient board members earn more than 10 percent of their annual income from the healthcare industry.

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

### Demonstrating Compliance Element: d. Prohibited Board Members

Description The health center verifies periodically (for example, annually or during the selection or renewal of board member terms) that the governing board does not include members who are current employees of the health center, or immediate family members of current health center employees (i.e., spouses, children, parents, or siblings through blood, adoption, or marriage).

<sup>16</sup> For the purposes of health center board composition, an employee of the health center would include an individual who would be considered a "common-law employee" or "statutory employee" according to the IRS criteria, as well as an individual who would be considered an employee for state or local law purposes.

<sup>17</sup> In the case of public agencies with co-applicant boards, this includes employees or immediate family members of both the co-applicant organization and the public agency component (for example, department, division, or sub-agency) in which the Health Center Program project is located.

13. Has the health center verified that the current board does not include any members who are:

Note: *The health center board determines whether to include non-voting, ex-officio members such as the Project Director/CEO or community members on the board, consistent with what is permitted under other applicable laws.*

13.1 Employees of the health center?<sup>16,17</sup>:

: Yes

: No

13.2 Immediate family members of current health center employees (i.e., spouses, children, parents, or siblings through blood, adoption, or marriage)?:

: Yes

: No

If No was selected for any of the above, an explanation is required:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

### Demonstrating Compliance Element: e. Waiver Requests

Description In cases where a health center receives an award/designation under section 330(g), 330(h) and/or 330(i), does not receive an award/designation under section 330(e), and requests a waiver of the patient majority board composition requirements, the health center presents to HRSA for review and approval:

- "Good cause" that justifies the need for the waiver by documenting:
  - The unique characteristics of the population (**homeless, migratory or seasonal agricultural worker**, and/or **public housing** patient population) or service area that create an undue hardship in recruiting a patient majority; and
  - Its attempt(s) to recruit a majority of special population board members within the past 3 years; and
- Strategies that will ensure patient participation and input in the direction and ongoing governance of the organization by addressing the following elements:
  - Collection and documentation of input from the special population(s);
  - Communication of special population input directly to the health center governing board; and

- o Incorporation of special population input into key areas, including but not limited to: selecting health center services;<sup>18</sup> setting hours of operation of health center sites;<sup>19</sup> defining budget priorities;<sup>20</sup> evaluating the organization's progress in meeting goals, including patient satisfaction;<sup>21</sup> and assessing the effectiveness of the sliding fee discount program.<sup>22</sup>

<sup>18</sup> See [Health Center Program Compliance Manual] [Chapter 4: Required and Additional Health Services](#) for more information on providing services within the HRSA-approved scope of project.

<sup>19</sup> See [Health Center Program Compliance Manual] [Chapter 6: Accessible Locations and Hours of Operation](#) for more information on health center service sites and hours of operation.

<sup>20</sup> See [Health Center Program Compliance Manual] [Chapter 17: Budget](#) for more information on the Health Center Program project budget.

<sup>21</sup> See [Health Center Program Compliance Manual] [Chapter 19: Board Authority](#) for more information on the health center board's required authorities.

<sup>22</sup> See [Health Center Program Compliance Manual] [Chapter 9: Sliding Fee Discount Program](#) for more information on requirements for health center SFDPs.

**Note:** N/A - HRSA assesses whether the health center has demonstrated compliance with this element through its review of the competing continuation application (SAC or RD). No review of this element is required through the site visit.

### Demonstrating Compliance Element: f. Utilization of Special Population Input

**Description** For health centers with approved waivers, the health center has board minutes or other documentation that demonstrates how special population patient input is utilized in making governing board decisions in key areas, including but not limited to: selecting health center services; setting hours of operation of health center sites; defining budget priorities; evaluating the organization's progress in meeting goals, including patient satisfaction; and assessing the effectiveness of the SFDP.

**14. FOR HEALTH CENTERS WITH APPROVED WAIVERS ONLY: Does the health center collect and document input from the special population(s)?:**

: Yes

: No

: Not Applicable

**Note:** Select "Not Applicable" only if the health center does not have an approved waiver.

**If No, an explanation is required:**

**15. Was the health center able to provide at least one example of how special population input has impacted board decision-making (for example, selecting health center services; setting hours of operation of health center sites; defining budget priorities; evaluating the organization's progress in meeting goals, including patient satisfaction; or assessing the effectiveness of the SFDP)?:**

: Yes

: No

: Not Applicable

**If No, an explanation is required:**

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

: Not Applicable

## Federal Torts Claims Act (FTCA) Deeming Requirements

### Authority

Authority

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

### Related Considerations

[Health Center Program Compliance Manual Related Considerations](#)

### Federal Torts Claims Act (FTCA)

■ Please find below observations regarding the review of FTCA requirements regarding Risk and Claims Management.

The FTCA Program uses the site visit report to support programmatic decisions, including but not limited to FTCA deeming decisions, and to identify technical assistance needs for FTCA deemed health centers. In circumstances where the site visit report contains FTCA risk and claims management findings that require follow-up, the FTCA Program may develop and share a Corrective Action Plan (CAP) with the health center. HRSA expects the health center to respond to the CAP and address findings.

Unresolved Health Center Program conditions related to Clinical Staffing and/or Quality Improvement/Assurance requirements that apply to both Health Center Program and FTCA deeming may impact FTCA deeming if they are not resolved by the time that HRSA makes annual FTCA deeming decisions.

Health centers that have questions regarding the FTCA Program or FTCA deeming requirements may contact [Health Center Program Support](#) or call 1-877-464-4772.

1. Is the health center currently deemed under the Health Center Federal Tort Claims Act (FTCA) Program?:

: Yes

: No

## Promising Practices

### Authority

Authority

45 CFR 75.301

### Promising Practices



Definition of Promising Practice: A promising practice refers to an activity, procedure, approach, or policy that leads to, or is likely to lead to, improved outcomes or increased efficiency for health centers.

1. Were any promising practices identified as part of this site visit?:

: Yes

: No

Thursday, March 23, 2023

Executive Session

Recommendation for Approval of Funding Relating to The Harris Center for Mental Health and IDD's  
Permanent Housing Apartment Community.

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Pursuant to Community's Bylaws, Recommendation is made for approval of Harris Health System's Board of Trustees for funding relating to The Harris Center for Mental Health and IDD's Permanent Housing Apartment Community.

Thank you.

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