

BOARD OF TRUSTEES

HRSA Special Call Board

Thursday, November 14, 2024
8:30 A.M.

BOARDROOM
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

I. Call to Order and Record of Attendance	Dr. Andrea Caracostis	1 min
II. Public Comment	Dr. Andrea Caracostis	3 min
III. Announcements / Special Presentations	Dr. Andrea Caracostis	5 min
A. Board Member Announcements Regarding Board Member Advocacy and Community Engagements	Dr. Andrea Caracostis	
• New Member of the Harris Health Board of Trustees		
IV. Item(s) Related to Health Care for the Homeless Program	Dr. Andrea Caracostis	15 min
A. Review and Acceptance of the Following Reports 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 to Provide Health Services to Persons Experiencing Homelessness under Section 330(h) of the Public Health Service Act – Dr. Jennifer Small and Ms. Tracey Burdine		(14 min)
• HCHP November 2024 Operational Update, Including a Presentation Regarding the Health Resources and Services Administration (HRSA) Annual Compliance Training		
B. Consideration of Approval of HCHP Bylaws – Dr. Jennifer Small and Ms. Tracey Burdine		(1 min)
V. Adjournment	Dr. Andrea Caracostis	1 min

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 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. 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 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.
 - 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 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.

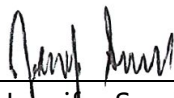
Thursday, November 14, 2024

Review and Acceptance of the Following Report 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 to Provide Health Services to Persons Experiencing Homelessness under Section 330(h) of the Public Health Service Act

Attached for review and acceptance:

- HCHP October Operational Update, including a presentation regarding the Health Resources and Services Administration (HRSA) Annual Compliance Training

Administration recommends that the Board accept 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.



Jennifer Small

Executive Vice President – Ambulatory Care Services

Health Care for the Homeless Program Monthly Update Report November 2024

Jennifer Small AuD, MBA, CCC-A, Executive Vice President, Ambulatory Care Services

Tracey Burdine, Director, Health Care for the Homeless Program

HARRISHEALTH



Agenda

- Operational Update
 - HCHP Bylaws Annual Review
 - HRSA Compliance Annual Training

Operational Update

Annual Review of HCHP Board Bylaws

The Health Care for the Homeless Program Board Bylaws are supposed to be reviewed annually and updated as needed. The Harris Health legal department and HCHP management have reviewed the HCHP Board Bylaws and recommend no changes.

Harris County Hospital District d/b/a Harris Health System (“Harris Health”) is a designated health center (“Health Center”) and the recipient of a Federal award under Section 330(h) of the Public Health Service Act, which authorizes grants to health centers that provide services to a special medically underserved population composed of homeless individuals. The HCHP Bylaws ensure compliance with HRSA requirements, such as:

1. The Program shall be under the management, direction, and control of the Harris Health Board of Trustees.
2. The Board shall have full power and authority to oversee and provide direction regarding the affairs of the Program.
3. The Board has the authority to establish and adopt policies for the conduct of the Program
4. The Board holds regularly scheduled monthly meetings where a quorum is present and maintaining records and minutes that verify Board attendance and document the Board's deliberations, key actions, and decisions.

Health Care for the Homeless Services:

- Primary Health Care since 1988
- Mental Health services
- Substance Abuse services
- Dental services
- Health Promotion and Prevention services
- Case Management/Social Work
- Eligibility Assistance
- HIV services
- Class D Pharmacy

Federally Qualified Health Centers: An Overview

- Non-profit health centers located in medically underserved areas that provide comprehensive primary care, behavioral health and dental services to all individuals regardless of their ability to pay
- Offer a sliding fee scale based on income for the uninsured
- Receive a federal grant to finance the care for the uninsured
- Receive a special rate for Medicaid services
- Accept most forms of private insurance
- Governed by a community board composed of a majority (51% or more) of health center patients who represent the population served.

Overview of Key Health Center Program Requirements

There are 19 Key Health Center Program Requirements

Requirements are divided into four categories:

- Need
- Services
- Management & Finance
- Governance

Health Center Program Requirements

1. Needs Assessment

Requirement:

- Health center demonstrates and documents the needs of its target population, updating its service area, when appropriate.
- Needs Assessment is conducted every 3 years.

2. Required Services

Requirement:

- Health center provides all required primary, preventive, enabling health services and additional health services as appropriate and necessary, either directly or through established written arrangements and referrals.

Health Center Program Requirements

3. Staffing Requirement

Requirement:

- Health center maintains a core staff as necessary to carry out all required primary, preventive, enabling health services and additional health services as appropriate and necessary, either directly or through established arrangements and referrals. Staff must be appropriately credentialed and licensed.
- Staffing should be culturally and linguistically appropriate for the population being served.

4. Accessible Hours of Operation

Requirement:

- Health center provides services at times and locations that assure accessibility and meet the needs of the population to be served.

Health Center Program Requirements

5. After Hours Coverage

Requirement:

- Health center provides professional coverage during hours when the center is closed.
- Includes the provision, through clearly defined arrangements, for access of health center patients to professional coverage for medical emergencies after the center's regularly scheduled hours.

6. Hospital Admitting Privileges

Requirement:

- Health center physicians have admitting privileges at one or more referral hospitals, or other such arrangement to ensure continuity of care. In cases where hospital arrangements (including admitting privileges and membership) are not possible, health center must firmly establish arrangements for hospitalization, discharge planning, and patient tracking.

Health Center Program Requirements

7. Sliding Fee Discounts

Requirement:

- Health center has a system in place to determine eligibility for patient discounts adjusted on the basis of the patient ability to pay.
- Individuals at or below 100% FPL must receive a full discount on fees for services, however a nominal fee may be charged.
- The fee schedule must slide/provide varying discount levels on charges to individuals between 101% and 200% of the FPL.
- The fee schedule must be based on the most recent Federal Poverty Level/Guidelines.

8. Quality Improvement

Requirement:

- Health center has an ongoing Quality Improvement/Quality Assurance (QI/QA) program that includes clinical services and management, and that maintains the confidentiality of patient records.

Health Center Program Requirements

9. Key Management Staff

Requirement:

- Health center maintains a fully staffed health center management team as appropriate for the size and needs of the center. Prior review by HRSA of final candidates for Project Director/Executive Director/CEO position is required.

10. Contractual/Affiliation Agreements

Requirement:

- Health center exercises appropriate oversight and authority over all contracted services, including assuring that any subrecipient(s) meets Health Center Program requirements.

Health Center Program Requirements

11. Collaborative Relationships

Requirement:

- Health center makes effort to establish and maintain collaborative relationships with other health care providers, including other health centers, in the service area of the center. The health center secures letter(s) of support from existing health centers (section 330 grantees and FQHC Look-Alikes) in the service area or provides an explanation for why such letter(s) of support cannot be obtained.

12. Financial Management

Requirement:

- Health center maintains accounting and internal control systems appropriate to the size and complexity of the organization reflecting Generally Accepted Accounting Principles (GAAP) and separates functions appropriate to organizational size to safeguard assets and maintain financial stability.

Health Center Program Requirements

13. Billing and Collections

Requirement:

- Health center has systems in place to maximize collections and reimbursement for its costs in providing health services, including written billing, credit and collection policies and procedures.
- Health centers must bill Medicare, Medicaid, CHIP, and other applicable public or private third party payors.

14. Budget

Requirement:

- Health center has developed a budget that reflects the costs of operations, expenses, and revenues (including the Federal grant) necessary to accomplish the service delivery plan, including the number of patients to be served.

Health Center Program Requirements

15. Program Data Reporting Systems

Requirement:

- Health center has systems which accurately collect and organize data for program reporting and which support management decision making.

16. Scope of Project

Requirement:

- Health center maintains its funded scope of project (sites, services, service area, target population, and providers), including any increases based on recent grant awards.

Health Center Program Requirements

17. Board Authority

Requirement:

- Health center governing board maintains appropriate authority to oversee the operations of the center.

18. Board Composition

Requirement:

- The health center governing board is composed of individuals, a majority (at least 51%) of whom are being served by the center and, who as a group, represent the individuals being served by the center in terms of demographic factors such as race, ethnicity, and sex.
- No more than 50% of the non-consumer board members may derive more than 10% of their annual income from the health care industry.
- HCHP granted HRSA approved waiver for Board composition.

Health Center Program Requirements

19. Conflict of Interest Policy

Requirement:

- Health center bylaws or written corporate board approved policy include provisions that prohibit conflict of interest by board members, employees, consultants, and those who furnish goods or services to the health center.