

**Knox County Community Health Center
Co-Applicant Board
May 16, 2019
Minutes**

The Knox County Community Health Center Co-Applicant board meeting was held May 16, 2019. The following were in attendance:

Board Members:	Knox County Health Dept. Staff:
Burson, Todd	Lane Belangia, CEO
Cline, Jeremiah	Ashley Phillips, Administrative Assistant
Kurtz, Matthew	Katie Hunter, Administrative Assistant
Lenthe, Jim	Julie Miller, Health Commissioner
Nixon, Jay, President	.
Tazewell, Peg, Secretary	
Tope, Ann	Guests:
White, Bruce	Church, Janice, Consumer
Wythe, Mike, Pro-Tem	Harmer, Jeff, Board of Health
	Hawkins, Todd, Non-Consumer
	Pacetti, David, Consumer

1. Convention

1.1. Call to Order

The meeting was called to order by President, Jay Nixon at 11:36 a.m.

1.2. Acceptance of Agenda

Mike Wythe made a motion to accept the agenda. Jim Lenthe seconded the motion: in the negative; none. The motion was approved.

1.3. Approval of Minutes

1.3.1. Approval of April 18, 2019 KCCHC Board Minutes

Mike Wythe made a motion to approve the April 18, 2019 KCCHC Board Minutes. Ann Tope seconded the motion: in the negative; none. The motion was approved.

1.4. Public Participation

Todd Hawkins, Trust Officer from First Knox National Bank, and Janice Church, a retired professional from Behavioral Healthcare Partners, formerly Moundbuilders, both attended the meeting, introduced themselves and noted they are interested in serving on the Co-Applicant Board.

2. Special Reports

2.1. Marketing / Public Relations Report:

Lane Belangia reported in addition to Alayna Mowry's written report:

- A few staff members participated in Danville's Ladies Night Out event. Had a positive response in the community.
- Determining when to have patient appreciation week and somehow connecting this to the ribbon cutting / opening of the Danville clinic in the Fall.

For more detailed information, see Attachment 1 – Promotional Report

2.2. Clinical Supervisor Report:

No report in addition to the written report.

For more detailed information, see Attachment 2 – Clinical Supervisor Report

2.3. Dental Coordinator Report:

Lane Belangia reported in addition to Laura Nance's written report:

- Dr. Saale is now working, which explains where Laura is at. Since our dentist is on-site, Laura is now able to see patients as well. Dr. Saale will attend the Board meeting next month. He's really taken ownership of how to make the dental clinic run well.
- A dental chair broke this morning.
- Laura Nance, Dental Hygienist, is booked out eight weeks, which is unacceptable for meeting patients' needs. Plans are in place to open positions to suffice the need.

Bruce White: Has the clinic always had nitrous?

Lane Belangia: No and the reason we pursued this is because, on average, we referred 30 patients out and approximately 10-15 of those patients we could've kept in the clinic if we could've performed some sort of sedation measure

Bruce White: Did staff complete specific certification for this?

Lane Belangia: Yes. Dental staff attended a two-day training to receive nitrous oxide certification. Staff also left with sample policies and procedures we will get in place. Dr. Saale and Dr. Cheek already have their nitrous oxide certification. We have a mobile cart with the nitrous on it.

Bruce White: Will there be any additional regulatory oversight?

Lane Belangia: Other than having our policies in place, no. We are annually inspected for x-ray equipment.

Bruce White: Do we have a good, secured area for these tanks?

Lane Belangia: Yes.

Bruce White: This is a great addition to dental services.

Peg Tazewell: Do you have an estimated date that nitrous will begin implementation?

Lane Belangia: Not a definitive date. It's just a matter of obtaining the nitrous tanks.

For more detailed information, see Attachment 3 – Dental Supervisor Report

2.4. CEO Report:

Lane Belangia reported in addition to the written report:

- **CEO Report:**

Clinical Supervisor, Nan Snyder, has expressed interest in UDS and reporting measurers since being exposed to the work. Nan has previously worked on a few UDS projects and reports and the team feels she can produce proper data in a timely manner.

Julie Miller: Cooperatively, we agreed to this position with Nan. This will be an interim position to see how it goes. The UDS QI/QA and the Clinical Supervisor position mesh well and will save both the Center and the Health Department money. I will also be assisting Nan as the interim COO (Chief Operating Officer).

- **Grant applications:**

- The expanding mental health funding grant has been submitted and the \$145,000 will be released by September 1, 2019. This will expand behavioral health and substance use disorder services.
- Oral Health Infrastructure grant: this is a one-time funding opportunity for \$300,000 to replace and refurbish equipment. Grant is due May 22nd.
- Lowell Raison with The Raison Group is assisting in completing both applications without additional fees.

Todd Burson: The finance committee also discussed purchasing a dental chair as our current one broke.

Lane Belangia: We just began a new grant year, so we have the funding to offset fringe and overhead expenses. We can use our project income to fund purchasing a new dental chair. Part of the grant application included a new dental chair, but the other large item was a Pan X machine.

With the Mental Health grant, recipients must at least hire a .5 FTE within the first few months of receiving funding to demonstrate enhancing services. The Health Center plans to hire 2 FTE- one as a case manager and the other as a patient care navigator (someone who can directly link patients through referrals through appointments, enrollment, etc.)

- **Board Governance and Guidance on Sliding Fee Scale:**

- Establishing a suitable sliding fee scale and policy is a common thing for Health Center's to be out of compliance on/with
- The Board should ensure that the structured fee scale doesn't deter patients from receiving care. Is the fee charged for service fair and reasonable? Is the nominal fee reasonable? This information can be gathered from patient satisfaction surveys.

Jay Nixon: *What does our survey say now?*

Lane Belangia: *Our survey reflects pretty positive feedback.*

Peg Tazewell: *I think we talked in prior days that we would revisit the suitability of our sliding fee scale when we get our income on track.*

Lane Belangia: *Yes, that's the goal. With 340B we can, hopefully, attract more people to our clinic to receive the care and medicine that they couldn't before. The sliding fee scale currently goes to 200% based on household income. As a Board, you can choose to increase the percentage.*

Peg Tazewell: *Are people with private primary insurance allowed to use the sliding fee scale, especially if they have a high deductible?*

Lane Belangia: *Yes. The Medicare recipient who is on a fixed income would be a perfect example of this.*

Julie Miller: *There's some hesitancy on an agency's behalf to suggest things, but can always provide the opportunity and awareness.*

Lane Belangia: *We also just received Tri-Care which enables veterans to be seen at our Health Center. We need to determine how to get the word out and what the most effective marketing tool would be.*

Matthew Kurtz: *It seems like there's always confusion around Medicare and the selection time frame. If we could educate people on this, such as going to the Station Break or other public meeting places, this might help us draw them in.*

Bruce White: *We've always seen a need for primary dental care. How do we really grasp and understand what the need is? (i.e. ability to pay, transportation, etc.)*

Lane Belangia: *We are meeting the numbers that we need to for grant requirements, but have we recognized a true need? I feel the location and access point for services plays a huge role. Additionally, we need to bring additional services in scope that will allow us to go off-site and provide services (i.e. to social service agencies).*

Bruce White: *We're thinking that inability to pay isn't the highest negative need for patients.*

Julie Miller: *Access to providers is huge. We don't have enough providers in the area.*

Bruce White: *It was interesting for me to hear Lane speak at the provider meeting. We need to promote the comprehensive and integrated care model that the Community Health Center can provide patients with.*

Julie Miller: *We have more people who can be considered "the working poor" than those who are on Medicaid. Things have shifted in a good way, I agree with you Bruce. We need to determine how to get patients to us.*

Peg Tazewell: *Cultural shifts come into place. If you've been without care for most of your life, you tend to only seek care when you're in crisis mode.*

Janice Church: *Does the Health Center have a psychiatrist in Behavioral Health?*

Lane Belangia: *Not currently. We contract with the Freedom Center to have a Licensed Professional Clinical Counselor on-site 1.5 days. We also have two full-time staff members: a Licensed Professional Clinical Counselor and a Licensed Chemical Dependency Counselor III.*

For more detailed information, see Attachment 4 CEO Report

2.5. Finance Report:

Katie Hunter reported in addition to the written report:

- Revenue decreased due to less AR processing and the “clean up” of older claims
- Cash-on-hand at the end of April accounts for approximately \$25,000. This was a transfer from the Health Department’s general fund to cover costs for salaries and fringes. Essentially, there’s minimal dollars left on hand.
- Average days in AR have decreased yet again to 75 days; April’s average was 84 days. Most claims are within the 0-60 day range which is a good thing.

Todd Burson: Peg noted the budgeted expenses and revenues on Attachment F1 looks as if we’re projecting to lose money. However, this isn’t true as grant periods and fiscal calendars weren’t aligned appropriately.

Lane Belangia: The agency has a new fiscal software and enables us to produce customizable reports. The Board and Finance Committee will start looking at reports based on FQHC grant year, which is April 1 – March 31. We can accurately see what our true grant balance is this way.

Julie Miller: It’s nice that we can do this. Most of our grants have different time periods, so to be able to customize our fiscal reports is huge.

Lane Belangia: Awhile back we had a large amount of AR and we’ve rapidly seen this deplete. We began, on average, at 125 days in AR and now we’re down to 65 as of today. As this number decreases, we will receive less revenue from this source. However, we’ve used these claims coming back in to carry us through not having a dentist. With the grant resetting in April, this will help cover fringe and salary cost. By having a dentist, this will help with all of these items. We’ve started the credentialing process for Dr. Saale so, hopefully, we don’t have to wait as long on credentialing to be finalized as we have with Dr. Cheek. As mentioned before, 60% of the Health Center revenue comes from dental.

Bruce White: Regarding the SUD grant and one-time funding sections, why doesn’t the month of April match the current year actual?

Katie Hunter: Those two grants have a different time period than the overall grant year.

Lane Belangia: We’ve only spent 18% of the one-time funding for SUD. We have until September 1, 2019 to spend the rest of the money. We can’t really draw down this one-time funding until our fiscal report is HRSA-approved. It’s projected that we can spend these grant funds in June July August. After one year of having this grant, this funding will roll into the main grant year cycle, so we won’t have to worry about multiple time periods.

Todd Burson: Yes and the Finance Committee discussed getting all of the finance reports to reflect grant year not calendar year.

For more detailed information, see Attachment 5 – Finance Report

3. New Business

3.1. Finance

3.1.1. Income and Expense

Ann Tope made a motion to accept the KCCHC April 2019 Finance Report. Bruce White seconded the motion: in the negative; none. The motion was approved.

3.2. Contracts

3.2.1. Recommend approval of a contract with CB Practice Solutions for ECW consultation services for the Knox County Community Health Center, \$135/hour plus traveling expenses, effective May 22, 2019 through May 22, 2020.

Peg Tazewell made a motion to recommend approval of a contract with CB Practice Solutions for ECW consultation services for the Knox County Community Health Center, \$135/hour plus traveling expenses, effective May 22, 2019 through May 22, 2020. Ann Tope seconded the motion: in the negative; none. The motion was approved.

Jay Nixon: This contract will provide electronic medical record on-site training.

Todd Burson: Lane, I'm assuming our budget is adequate for this service?

Lane Belangia: Yes.

3.2.2. Recommend approval of a contract pharmacy agreement with Walmart, Inc., for pharmacy services to eligible Community Health Center patients, according to section 340B of the Public Health Service Act, effective May 22, 2019 – ongoing.

Matthew Kurtz made a motion to recommend approval of a contract pharmacy agreement with Walmart, Inc. for pharmacy services to eligible Community Health Center patients, according to section 340B of the Public Health Service Act effective May 22, 2019 and remains ongoing. Jim Lenthe seconded the motion: in the negative; none. The motion was approved.

Lane Belangia: This is the second 340B contract that we've brought to the Co-Applicant Board. Conway's Eastside Pharmacy was the first. Within the next few years, you should also see a contract with Kroger's and CVS for the 340B program.

3.2.3. Recommend approval of a renewed personal service contract with Nick Gotschall, LPCC, to provide quality assurance and peer review of patients receiving Mental and Behavioral Health counseling services at the Knox County Community Health Center, effective June 1, 2019 through May 31, 2020.

Ann Tope made a motion to recommend approval of a renewed personal service contract with Nick Gotschall, LPCC, to provide quality assurance and peer review of patients receiving Mental and Behavioral Health counseling services at the Knox County Community Health Center,

effective June 1, 2019 through May 31, 2020. Mike Wythe seconded the motion: in the negative; none. The motion was approved.

Lane Belangia: This is an ongoing contract that is up for renewal. Nick does Melissa Valentine's peer review.

3.3. Board Approvals

3.3.1. Approval of Credentialing and Granting Privileges to practice in the Knox County Community Health Center for Paul Hart Ruthenback, LCDC III

Ann Tope made a motion for approval of Credentialing and Granting Privileges to practice in the Knox County Community Health Center for Paul Hart Ruthenback, LCDC III. Jim Lenthe seconded the motion: in the negative; none. The motion was approved.

Lane Belangia: The process for credentialing and privileging providers within the Health Center begins with the CEO granting that provider temporary privileges to practice for 120 days. In that time, we verify proper documentation, education, competencies, etc. are in place and current. Dr. Reed, Medical Director, then signs off and the Co-Applicant Board ultimately approves and grants permanent privileges. This is good for two years. At that time, documents would be reviewed and it would go back to the Co-Applicant Board for a renewal of privileges.

3.3.2. Approval of Credentialing and Granting Privileges to practice in the Knox County Community Health Center for John Cheek, DDS, Oral Surgeon

Matthew Kurtz made a motion for approval of Credentialing and Granting Privileges to practice in the Knox County Community Health Center for John Cheek, DDS, Oral Surgeon. Ann Tope seconded the motion: in the negative; none. The motion was approved. D

Lane Belangia: This follows the same process as mentioned above.

3.3.3. Approval to grant CEO permission to evaluate the enhancement of hours of operation for the Community Health Center main site

Peg Tazewell made a motion for approval to grant CEO permission to evaluate the enhancement of hours of operation for the Community Health Center main site. Ann Tope seconded the motion: in the negative; none. The motion was approved.

Lane Belangia: Dr. Saale, the new dentist, prefers to work Monday-Thursday 7:30a-5p and Friday's 7:30-11a. I must submit a request to HRSA to enhance and change our hours of operation. Now, as I have permission, we will look at expanding late night clinic hours, adding

in other hours of operation, etc. Examining things we can do to eliminate barriers for access to care.

3.3.4. Accept Todd Burson's resignation from the Knox County Community Health Center Co-Applicant Board, effective May 31, 2019

Ann Tope made a motion to accept Todd Burson's resignation from the Knox County Community Health Center Co-Applicant Board, effective May 31, 2019. Bruce White seconded the motion: in the negative; Jim Lenthe. The motion was approved.

Jay Nixon: Todd, we appreciate your contribution and wealth of financial knowledge you've given us. We are sad to see you go and thank you for your contribution.

Bruce White: Thanks for helping us get the ball rolling and getting started.

Lane Belangia: Yes, we appreciate your support. You got us where we wanted to be.

3.4. Board Information

3.4.1. Board Training

- Outreach Efforts & Expanding Hours of Operation Update:

- To stay in compliance, board trainings need to occur a few times throughout the year
- Board decided to do a training regarding expanding hours of operation as it fit well with the dentist coming on board

Julie Miller: Each member of the Board of Health must complete 2 hours of continuing education. We do this in 15 minute increments every other month. I need to see if this also applies to the Co-Applicant Board since we're directly affiliated.

Peg Tazewell: I remember when the on-site team asked about how we were trained and how it was documented.

3.4.2. CEO has granted temporary privileges for Dr. Saale, DDS, to practice for 120 days in the Community Health Center, commencing May 13, 2019.

Lane Belangia: Appropriate documents will be collected and reviewed according to our credentialing and privileging policy procedure.

3.4.3. President appointment to Personnel Committee

- New by-laws were approved last month establishing a personnel committee.
- Matthew Kurtz, Mike Wythe, and Jay Nixon will serve on the committee
- The committee needs to complete a mid-year review for Lane; Julie will email the agency's mid-year review form for the personnel committee to complete

Todd Hawkins exited the meeting at 12:32 p.m.

3.4.4. New Board Member Application Discussion: Todd Hawkins

Mike Wythe made a motion to appoint Todd Hawkins to the Co-Applicant Board, effective June 1, 2019. Bruce White seconded the motion: in the negative; none. The motion was approved.

Jay Nixon: Todd would be a great addition to the Board. He has close to 15 years of experience in financials at First Knox National Bank.

Peg Tazewell: Todd also serves on the Knox County Head Start Board.

Lane Belangia: Todd has demonstrated a commitment to serve the community where he can, he has a fiscal background, the Co-Applicant Board meeting time works, and he's willing to learn what we do and assist with what he can.

Bruce White: He's a stellar addition to the Board.

4. Health Commissioner – Board of Health Update

Julie Miller, Health Commissioner, reported:

- The Governor is focusing on vulnerable populations (i.e. kids and adults at risk); busy determining the state budget
- Julie was before the Senate Finance Committee on Tuesday to promote Public Health
- A measles outbreak in Ohio is expected to happen sooner than later. Ohio is determining a consistent message about what citizens should do.

Peg Tazewell: There are concerns about people who were vaccinated within a certain date range. Will there be guidance?

Julie Miller: There's guidance available now. Clients can call in and we can give them appropriate information. It doesn't hurt to get a booster vaccine.


5. Adjournment

Being no further business, Jim Lenthe made a motion to adjourn the meeting. Matthew Kurtz seconded the motion; in the negative, none. The motion was approved.

The meeting adjourned at 12:43 p.m.

Jay Nixon

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Peg Tazewell

President

Secretary

1. The Board of Directors has reviewed the minutes of the meeting held on [Date] and has approved the same.

2. The Board of Directors has reviewed the financial statements for the period ending [Date] and has approved the same.

3. The Board of Directors has reviewed the annual report for the year ending [Date] and has approved the same.

4. The Board of Directors has reviewed the proposed dividend for the year ending [Date] and has approved the same.

5. The Board of Directors has reviewed the proposed changes to the articles of association and has approved the same.

6. The Board of Directors has reviewed the proposed changes to the memorandum of association and has approved the same.

7. The Board of Directors has reviewed the proposed changes to the directors' remuneration policy and has approved the same.

8. The Board of Directors has reviewed the proposed changes to the directors' appointments and has approved the same.

9. The Board of Directors has reviewed the proposed changes to the directors' powers and has approved the same.

10. The Board of Directors has reviewed the proposed changes to the directors' duties and has approved the same.

11. The Board of Directors has reviewed the proposed changes to the directors' powers and has approved the same.

12. The Board of Directors has reviewed the proposed changes to the directors' duties and has approved the same.

[Handwritten signatures and names of the President and Secretary]