

## MINUTES

### SOUTHERN NEVADA COMMUNITY HEALTH CENTER GOVERNING BOARD MEETING

April 15, 2025 – 2:30 p.m.

Meeting was conducted In-person and via Microsoft Teams

Southern Nevada Health District, 280 S. Decatur Boulevard, Las Vegas, NV 89107

Red Rock Trail Rooms A and B

#### MEMBERS PRESENT:

Donna Feliz-Barrows, Chair  
Jasmine Coca, First Vice Chair  
Sara Hunt, Second Vice Chair  
Scott Black  
Erin Breen  
Marie Dukes  
Blanca Macias-Villa  
Jose Melendrez

#### ABSENT:

Brian Knudsen  
Ashley Brown  
Luz Castro

#### ALSO PRESENT

#### LEGAL COUNSEL:

Heather Ander-Fintak – General Counsel  
Edward Wyner, Associate General Counsel

#### CHIEF EXECUTIVE OFFICER:

Randy Smith

#### STAFF:

Emily Anelli, Tawana Bellamy, Todd Bleak, Donna Buss, Robin Carter, Maria Calito, Andria Cordovez Mulet, Xavier Gonzales, Richard Hazeltine, David Kahananui, Ryan Kelsch, Cassius Lockett, Cassondra Major, Keanu Medina, Bernadette Meily, Kimberly Monahan, Emma Rodriguez, Kim Saner, Justin Tully, Donnie Whitaker, Edward Wynder, Merylyn Yegon

#### I. CALL TO ORDER and ROLL CALL

The Chair called the Southern Nevada Community Health Center (SNCHC) Governing Board Meeting to order at 2:30 p.m. A quorum was not established.

#### II. RECOGNITION

##### 1. Southern Nevada Health District – March Employee of the Month

- Keanu Medina
- Maria Calito

Chair Feliz-Barrows recognized Keanu Medina, a Community Health Worker and Maria Calito, a Medical Assistant, for receiving the Southern Nevada Health District's April Employee of the Month. Ms. Bellamy read an excerpt of their nominations into the record. On behalf of the SNCHC Governing Board, the Chair congratulated Mr. Medina and Ms. Calito.

Member Coca shared that she was touched by the stories shared for each person recognized. Member Coca further shared It shows the importance, and it is good for the board members to see the people and hear their stories. Member Coca thanked Mr. Medina and Ms. Calito for their hard work, it is really amazing.

*Member Macias-Villa joined the meeting at 2:32 p.m.*

*Member Dukes joined the meeting at 2:33 p.m.*

*Member Black joined the meeting at 2:34 p.m.*

Chair Feliz-Barrows shared that during one of the HRSA sessions with the board members, she felt that by being online she was not able to fully participate. Chair Feliz-Barrows further shared that it made her think of the board members who participate online. Chair Feliz-Barrows wants to make sure board members feel they are being heard and acknowledged and ask them to let her or Mr. Smith know if they are not.

Member Black thanked Chair Feliz-Barrows for acknowledgement and awareness of board members participating online.

Tawana Bellamy, Senior Administrative Specialist, administered the roll call and confirmed a quorum. Ms. Bellamy provided clear and complete instructions for members of the general public to call in to the meeting to provide public comment, including a telephone number and access code.

### **III. PLEDGE OF ALLEGIANCE**

Heard out of order.

### **IV. FIRST PUBLIC COMMENT:** A period devoted to comments by the general public about those items appearing on the agenda. Comments will be limited to five (5) minutes per speaker. Please clearly state your name and address and spell your last name for the record. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote.

Ms. Bellamy provided clear and complete instructions for members of the general public to call in to the meeting to provide public comment, including a telephone number and access code.

Seeing no one, the Chair closed the First Public Comment period.

### **V. ADOPTION OF THE APRIL 15, 2025, MEETING AGENDA** *(for possible action)*

Chair Feliz-Barrows called for questions or changed to the agenda. There were none.

*A motion was made by Member Coca, seconded by Member Black, and carried unanimously to approve the April 15, 2025 meeting agenda, as presented.*

**VI. CONSENT AGENDA:** Items for action to be considered by the Southern Nevada Community Health Center Governing Board which may be enacted by one motion. Any item may be discussed separately per Board Member request before action. Any exceptions to the Consent Agenda must be stated prior to approval.

1. **APPROVE MINUTES – SNCHC GOVERNING BOARD MEETING:** March 18, 2025 *(for possible action)*
2. **Approve the Re-Credentialing and Renewal of Privileges for Providers;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
  - Alireza Farabi, MD, PC
  - Jerry Cade, MD
3. **Approve CHCA-035 Accessibility and Responsiveness of Services Policy;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
4. **Approve CHCA-036 Infection Prevention and Control Policy;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
5. **Approve the Federal Poverty Level (FPL) guidelines;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Chair Feliz-Barrows called for questions or changed to the agenda. There were none.

*A motion was made by Member Coca, seconded by Member Breen, and carried unanimously to approve the Consent Agenda, as presented.*

**VII. REPORT / DISCUSSION / ACTION**

1. **Review, Discuss and Approve the Plan to Correct Findings Identified from the HRSA Operational Site Visit (OSV);** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Randy Smith, Chief Executive Officer, FQHC provided an overview of the HRSA OSV Response Plan.

Mr. Smith thanked the board members who were able to participate in the entrance and exit conference, as well as the lunch with the reviewers. Mr. Smith also thanked the health center's leadership team and staff involved in preparing for the HRSA audit. Mr. Smith further thanked Dr. Lockett, District Health Officer and the executive leadership team, Ms. Whitaker, Chief Financial Officer and her team, and Ms. Anderson-Fintak, General Counsel

Mr. Smith advised that it was an excellent visit and the HRSA review team was highly complimentary of the visit and acknowledged how well the audit was. Mr. Smith shared that there were over four hundred elements the reviewer audited, and they found the health center to be out of compliance with only six of them.

Mr. Smith shared the following findings with the corrective action plan and expected completion date.

<b>Chapter/Area</b>	<b>Element</b>	<b>Description of Deficiency</b>	<b>Corrective Action</b>	<b>Completion Date</b>
Required and Additional Health Services	A	Providing and documenting services within the scope of project.	Review HRSA required and additional services and update FORM 5a. Obtain board approval to complete Change in Scope (CIS) requests. Submit CIS requests through the EHB.	April 30, 2025
Clinical Staffing	C	Procedures for reviewing credentialing.	Revise board approved Credentialing and Privileging policy to include the completion of all required credentialing items for LIPs, OLCs, and OCS.	July 31, 2025
	E	Credentialing and privileging records.	Update employee files and tracking spreadsheet for LIPs, OLCs, and OCS to include all required credentialing and privileging documentation.	July 31, 2025
	F	Credentialing and privileging of contracted referral providers.	Revise and approve new agreements with SimonMed Imaging and Access Nurse PM, LLC with required privileging language.	July 31, 2025
Billing and Collections	G	Accurate Patient Billing	Conduct an initial follow-up training session for the front office around the correct procedures for accurate patient billing (e.g., sliding fee charges, POC discounts, & co-pays). Establish a standard operating procedure and implement an annual training program.	June 30, 2025
Board Authority	C	Exercises required authorities and responsibilities.	Review HRSA FORM 5b. Discuss and seek board approval of the health center's sites and hours of operation. Calendar this activity to occur every 12 months with the governing board.	April 30, 2025

Mr. Smith further shared HRSA's process and what happens after the review team's report is submitted to HRSA and sent back to the health center.

Member Coca shared that the HRSA review team indicated that she asks a lot of questions during board meetings. Member Coca noted that they really had read everything. Member Coca commented that considering all of the questions and documents the reviewers had to read, there were very limited findings, and they were very impressed with our health center. Member Coca commended the health center on what staff have done and that she has confidence that the findings will be taken care of.

Member Breen echoed Member Coca's comments and added that the HRSA reviewers were very complementary to the staff.

Chair Feliz-Barrows commented that everyone has done an incredible job. Even to the staff that feel what they do does not matter, because it is everyone doing their jobs correctly that there were limited findings. Chair Feliz-Barrows shared how incredibly proud she was of everyone and that it is an honor to be the chair.

Chair Feliz-Barrows called for further questions or comments and there were none.

*A motion was made by Member Coca, seconded by Member Black, and carried unanimously to approve the Plan to Correct Findings Identified from the HRSA Operational Site Visit, as presented.*

**2. Review, Discuss and Approve Services on Form 5A and Change in Scope;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

David Kahananui, FQHC Administrative Manager, provided an overview of the health center's services. The HRSA Form 5A was reviewed. Mr. Kahananui reviewed the three different types of services; required, additional, and specialty services. A review of the three different modes of delivery service was provided. They include the health center:

- Provides the service directly – Column 1
- Pays for the service on behalf of the patient - Column 2
- Has a formal referral agreement with an outside organization and the patient pays for the service. - Column 3

Mr. Kahananui discussed the review that occurred during the OSV and the identified corrections needed to bring the health center's services in alignment with Form 5A. Additionally, Mr. Kahananui reviewed the Change in Scope process for requesting updates to the health center's approved scope of work as recorded on Form 5A.

*Member Melendrez joined the meeting at 2:56 p.m.*

Mr. Kahananui further reviewed the specifically required changes needed on Form 5A and brought forward the proposed Changes in Scope to correct the OSV compliance findings.

Chair Feliz-Barrows called for questions and there were none.

*A motion was made by Member Coca, seconded by Member Breen, and carried unanimously to approve the Services on Form 5A and Change in Scope, as presented.*

**3. Review, Discuss and Approve Form 5B - Locations and Hours of Operations;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Kahananui presented the health center's Form 5B – Locations and Hours of Operations on record and advised that the review of the information on an annual basis is a HRSA requirement, regardless of whether or not any changes are needed. Mr. Kahananui provided an overview of the information contained in the Form 5B for the Southern Nevada Health District's Decatur and Fremont locations and the Mobile Unit. A review of the health center's site locations and hours of operations was provided. Mr. Kahananui also reviewed the service area zip codes assigned to each location.

Further to an inquiry from Member Coca about the serving zip codes 89030 not listed for the Decatur location but is for the mobile clinic. Mr. Kahananui advised there are different sets of zip codes for each location and 89030 is listed at the Fremont location. Mr. Kahananui further advised that the mobile unit covers the entire area for both locations.

Further to an inquiry from Member Coca, Mr. Kahananui advised that there are plans to increase the utilization of the mobile clinic.

Chair Feliz-Barrows called for further questions and there were none.

*A motion was made by Member Coca, seconded by Member Melendrez, and carried unanimously to approve Form 5B - Locations and Hours of Operations, as presented.*

**4. Receive, Discuss and Accept the February 2025 Year to Date Financial Report;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

Donnie (DJ) Whitaker, Chief Financial Officer, presented the February 2025 Year to Date Financial Report with the following highlights.

Revenue

- General Fund revenue (Charges for Services & Other) was \$23.07M compared to a budget of \$21.98M, a favorable variance of \$1.09M.
- Special Revenue Funds (Grants) were \$4.44M compared to a budget of \$5.42M, an unfavorable variance of \$980K.
- Total Revenue was \$27.52M compared to a budget of \$27.40M, a favorable variance of \$120K.

Expenses

- Salary, Tax, and Benefits was \$9.09M compared to a budget of \$9.43M, a favorable variance of \$347K.
- Other Operating Expense was \$18.84M compared to a budget of \$18.61M, an unfavorable variance of \$239K.
- Indirect Cost/Cost Allocation was \$5.35M compared to a budget of \$5.65M, a favorable variance of \$304K.
- Total Expense was \$33.28M compared to a budget of \$33.69M, a favorable variance of \$412K.

Net Position: was negative \$5.77M compared to a budget of negative \$6.29M, a favorable variance of \$528k.

Ms. Whitaker further reviewed the following:

- Percentage of Revenues and Expenses by Department
- Revenues by Department - Budget to actuals
- Expenses by Department - Budget to actuals
- Patient Encounters by Department and by Clinic
- Year to Date Month to Month Comparison by Department and by Type (Revenue, Expense and Transfer)

Chair Feliz-Barrows called for questions and there were none.

*A motion was made by Member Black, seconded by Member Breen, and carried unanimously to accept the February 2025 Year to Date Financial Report, as presented.*

**5. Receive, Discuss and Accept the FY26 Budget;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Ms. Whitaker presented the FY26 Budget, covering July 1, 2025 to June 30, 2026, with the following highlights.

Staffing:

- Staff for FY26 is projected to be 126.5 FTEs compared to FY25 augmented budget of 121.7 FTEs.

Revenue:

- General Fund revenue is projected at \$39.1M in FY26, an increase of \$6.1M from the FY25 augmented budget.
- Special Revenue Fund (Grants) is projected at \$7.6M in FY26, a decrease of \$500K from FY25 augmented budget.

Expense:

- FQHC combined expenditures for FY26 budget is \$61.3M compared to \$51.6M from FY25 augmented budget.

Revenues - General & Special Revenue Fund Summary

General Fund:

- Total Charges for Services revenue is proposed at \$37.5M, an increase of \$6.1M, compared to \$31.4M from FY25 augmented budget.
  - \*Major component of Charges for Services revenue was Pharmacy which continues to increase at \$35.2M compared to \$29.1M from FY25 augmented budget.

Special Revenue Fund

- Federal (Grants) revenue decreases from \$8.1 in the FY25 augmented budget to \$7.6M proposed.

Expenditures General & Special Revenue Fund Summary

- Primary Care's combined expenses increased from \$6.5M in the FY25 augmented budget to \$8.0M in FY26 proposed budget. This was primarily due to an increase in salaries & Benefits of \$687k and cost allocations of \$619k from FY25 augmented budget.
- Ryan White combined expenses increased from \$3.9M in the FY25 augmented budget to \$5.4M in FY26 proposed budget. This was primarily due to an increase in salaries & benefits of \$1.1M and cost allocations of \$500K. In FY26, Ryan White increased their FTE from 26.6 to 32, an increase of 5.4.
- General Fund Pharmacy total expenses are projected at \$37.1M. Pharmacy medication expenses increased from \$23.9M to \$28.4M, a \$4.5M increase from FY25 augmented budget.
- Total salaries and benefits for General & Grants funds is \$16.6M, 27.1% of total FQHC expenditures. More than 38.9% of personnel expense are supported by grants. FY26 budget includes a full year of salaries and benefits for vacant positions that were partially accounted for in the FY25 Augmented budget. Additionally, FY26 proposed budget includes a 4% COLA, 2.5% Merit and the impact of the 3.25% PERS increase that is effective July 1, 2025 (1/2 of the PERS increase is paid by SNHD)

Staffing FY2026

- Total 2024/2025 Adopted – 121
- Total 2024/2025 Amended – 121.7

- Total 2025/2026 Estimated – 126.5
- Total FTE Change (FY25 vs FY 26) – 4.8

Chair Feliz-Barrows called for questions and there were none.

*A motion was made by Member Melendrez, seconded by Member Coca, and carried unanimously to accept the FY26 Budget, as presented.*

**6. Receive, Discuss and Approve the Clinical Sliding Fee Schedules;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Smith presented the Clinical Sliding Fee Schedules and advised of the HRSA Sliding Fee Program requirements. Mr. Smith provided an overview of how the Sliding Fee Program works, noting that all patients are seen regardless of their ability to pay, and patients are not sent to collections to recover outstanding payments.

Mr. Smith advised that a Point of Care Discount of 50 percent is offered to patients who do not qualify for the Sliding Fee Discount and are charge the full fee at the time of their visit. Mr. Smith shared that the intent is to remove access barriers for patients who may forgo receiving care based on the communicated full charges and to also generate income from patients who are able to pay.

Mr. Smith further provided an overview a market analysis that was done to compare the health centers fees with other federally qualified health centers in Nevada.

Mr. Smith reviewed the sliding fee schedules for each program, and he is not recommending any fee changes.

Chair Feliz-Barrows called for questions and there were none.

*A motion was made by Member Coca, seconded by Member Melendrez, and carried unanimously to approve the Clinical Sliding Fee Schedules, as presented.*

**7. Receive, Discuss and Approve the Sliding Fee Policy;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Smith presented the Sliding Fee Policy and shared the following changes:

- Updated titles
- Updated links in references.
- Added a new item under IV. Procedure, E, Other to cover patients under the integrated care model.
  - For patients who are using the sliding fee schedule, and who are receiving more than one service in a day, the first sliding fee charge will be imposed and any additional sliding fee charges for that day's services will be waived.

Chair Feliz-Barrows called for questions and there were none.

*A motion was made by Member Breen, seconded by Member Black, and carried unanimously to approve the Sliding Fee Policy, as presented.*



**8. Receive, Discuss and Approve the Clinical Master Fee Schedule;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Ms. Whitaker presented the Clinical Master Fee Schedule and advised the billing fee schedule is reviewed annually to add new fees or adjust existing fees. Ms. Whitaker further advised the annual review of fees allows for changes on an ongoing basis to stay consistent with the local medical community's prevailing rates. These regular fee updates position Southern Nevada Health District (SNHD) to maximize allowable reimbursement from contracted insurances and Medicare. Ms. Whitaker advised uninsured patients will see minimal, or no impact based on the availability of the sliding fee and point of care discounts. Ms. Whitaker further advised the changes would go into effective May 1, 2025, if approved.

Chair Feliz-Barrows called for questions and there were none.

*A motion was made by Member Coca, seconded by Member Melendrez, and carried unanimously to approve the Clinical Master Fee Schedule, as presented.*

*Member Black left the meeting at 4:02 p.m. and did not return.*

**9. Review, Discuss and Approve the CY24 Annual Risk Management Report and CY25 Goals;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Kahananui presented the CY24 Annual Risk Management Report and CY25 Goals. Mr. Kahananui advised that FTCA requires an annual risk management report that covers all activity for the previous year be presented to the board. Mr. Kahananui further advised that the report is included in the application process.

Mr. Kahananui shared the Quarterly Risk Assessments conducted in CY2024.

- Q1 Risk Assessment - Ambulatory Medical and Dental Risk Management Assessment (ECRI Tool)
- Q2 Risk Assessment – HIPAA Risk Assessment (SNHD Compliance Tool)
- Q3 Risk Assessment – Infection Prevention and Control (ECRI Tool)
- Q4 Risk Assessment – Obstetric Services Risk Assessment (ECRI Tool)

Mr. Kahananui further provided an overview of the activities and data for CY2024:

- Incident Reporting and Peer Reviews
- FTCA Required Annual Training Compliance
  - Annual Risk Training was not conducted in 2024.
  - Discovery of this gap happened during a HRSA FTCA clinic training.
  - The Risk Training Plan was amended to include a regular review of the training tracker by the leadership team to prevent any gaps in training.
  - Contacted HRSA for guidance and they advised transparency regarding the training gap, along with submitting a corrective action plan with the application.
  - FTCA required training was immediately provided to staff and was completed in March of 2025.
  - Ensured staff was trained and was upholding the standards necessary to qualify for FTCA.
- Risk and Patient Safety Activities
- Credentialing and Privileging Tracker

- Claims Management

Mr. Kahananui further presented the CY2025 Risk Management goals.

Chair Feliz-Barrows called for questions and there were none.

*A motion was made by Member Coca, seconded by Member Melendrez, and carried unanimously to approve the CY24 Annual Risk Management Report and CY25 Goals, as presented.*

**10. Review, Discuss and Approve the Submittal of the CY26 FTCA Re-Deeming Application;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Kahananui advised of the submission process for the CY26 FTCA Re-Deeming Application. Mr. Kahananui shared the FTCA Application is the annual Federal Tort Claims Act Deeming application that qualifies the health center for Deemed Public Service Employment with liability protections under the Federal Tort Claims Act (FTCA).

Mr. Kahananui shared that most of the application requests documentation demonstrating the health center's risk management policies, practices, and activities to prevent and mitigate potential risks, and promote patient safety. Mr. Kahananui further shared that the FTCA deeming status saves costs, reduces liabilities by establishing practices that create and maintain a safer environment for patients and staff. Mr. Kahananui advised that application is due on June 27, 2025, for calendar year 2026 coverage.

*A motion was made by Member Coca, seconded by Member Breen, and carried unanimously to approve the Submittal of the CY26 FTCA Re-Deeming Application, as presented.*

**11. Receive, Discuss and Approve a New Board Member Candidate;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Smith provided an overview of a new board member candidate. Mr. Smith further shared that the new board member would be to fill Member Knudsen's position. Mr. Smith advised that Member Knudsen has expressed the need to resign, as this meeting time conflicts with another standing meeting obligation.

Chair Feliz-Barrows called for questions and there were none.

*A motion was made by Member Breen, seconded by Member Coca, and carried unanimously to approve the New Board Member Candidate, as presented.*

**VII. BOARD REPORTS:** The Southern Nevada District Board of Health members may identify and comment on Health District related issues. Comments made by individual Board members during this portion of the agenda will not be acted upon by the Southern Nevada District Board of Health unless that subject is on the agenda and scheduled for action. *(Information Only)*

Chair Feliz-Barrows called for board reports. There were none.

*Member Coca left the meeting at 4:12 p.m. and returned at 4:13 p.m.*

**IX. CEO & STAFF REPORTS** (*Information Only*)

- CEO Comments

Mr. Smith shared that he would follow up with Member Knudsen to receive his formal resignation from the board.

Mr. Smith highlighted the following updates:

- The Nevada Family Planning program site visit is scheduled for April 30, 2025.
- The Title X Family Planning site visit is scheduled for September 2 to September 4, 2025.
- The Title X Family Planning grant has been funded for an additional year at 45 percent of last year's amount. The availability of additional funding is unknown.
- The health center has been notified by the pharmacy company Gilead that changes are being made to their program effective May 5, 2025, concerning several drugs used for HIV treatment and STD prevention.
- SNHD has implemented a hiring freeze. The following positions are on hold.
  - 1.0 FTE Medical Director
  - 1.0 FTE Administrative Assistant
  - 2.0 Medical Assistant

Chair Feliz-Barrows called for questions and there were none.

**X. INFORMATIONAL ITEMS**

- Community Health Center (FQHC) March 2025 Monthly Report

**XI. SECOND PUBLIC COMMENT:** A period devoted to comments by the general public, if any, and discussion of those comments, about matters relevant to the Board's jurisdiction will be held. Comments will be limited to five (5) minutes per speaker. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote.

Seeing no one, the Chair closed the Second Public Comment period.

**XII. ADJOURNMENT**

The Chair adjourned the meeting at 4:17 p.m.

Randy Smith  
Chief Executive Officer - FQHC

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