



SAMUEL U. RODGERS
HEALTH CENTER

NEW BOARD MEMBER
ORIENTATION

Mission

**To provide high quality, compassionate
and affordable healthcare for all.**

Vision

Healthy People in a healthy community

Values

Kindness, Integrity, Professionalism, Excellence

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SAMUEL U. RODGERS
HEALTH CENTER

Samuel U. Rodgers Health Center, Inc. Legacy and Timeline

2013 Samuel U. Rodgers Health Center (Sam Rodgers) seeks to become recognized as a “Patient Centered Medical Home” by the National Council on Quality Assurance after several years of preparation. Sam Rodgers negotiates with Saint Luke’s Health System to acquire the Cabot Westside Medical and Dental Center located at 2121 Summit Street in Kansas City, Missouri. Sam Rodgers would provide medical and dental services for Cabot’s 7,000 patients; 80% of Cabot’s patients are Spanish speakers. Sam Rodgers closes its Independence Family Dental Practice office and consolidates those services into the Downtown Campus dental practice services.

2012 Sam Rodgers moves into its new building. A first ever Gala celebration is held at the new Health Center with a ribbon cutting ceremony, to introduce it to the community. The former structure is demolished to make way for Samuel U. Rodgers Legacy Park. A new dental office is opened in Clay County Public Health Center in Liberty, Missouri, to serve adults and children in the Northland.

2011 Sam Rodgers’ new building, located on land adjacent to the previous structure, is completed. The enlarged facility has the capacity to provide care to an additional 7,200 patients. Sam Rodgers opens a new dental practice in J.A. Rogers Elementary School, located within an economically disadvantaged area in Kansas City, Missouri.

2010 A federal stimulus grant in the amount of \$8.2 million completes the capital campaign. The Health Center receives a \$1.5 million earmark from Senator Bond to support its capital campaign. McCoy Elementary Dental is closed and will transition to J.A. Rogers Elementary School.

2009 The Health Center improves health services with the installation of digital x-ray, mammogram, and sonogram machines. New programs are started with the Mexican Consulate and the Somali Foundation to help welcome the newest members of our community to health care services. Two new medical practice offices are opened in the Northland – one at North Oak Trafficway and the other at Clay County Public Health Center in Liberty. Sam Rodgers receives a \$384,000 earmark from Congressman Cleaver to support the capital campaign.

2008 The Health Center launches a \$25.1 million capital campaign to build a new 68,000 square foot facility. “The Building Healthy Lives for a Health Future” campaign will raise \$25.1 million to replace its main facility at 825 Euclid Avenue.

2007 The Health Center receives an \$11.5 million state of Missouri appropriation to support capital expenses.

2006 Rodgers-Lafayette Dental and Health Center moves into the 4 Life Center, a new facility in Lexington, MO.

2005 Ms. Hilda Fuentes, MPA, joins the Health Center as the Chief Executive Officer in September.

2004 Rogers – Independence Dental Center opens in February, providing comprehensive dental care for students of the Independence School District.

2003 The Health Center expands school-based clinic at McCoy Elementary to include comprehensive dental care.

2001 The Health Center expands to serve rural communities and the Farmworkers' Project with the opening of a primary medical and comprehensive dental facility in Lexington, Missouri.

1999 The entire Health Center family and people in Kansas City communities suffer a great loss in the passing of founder, Samuel U. Rodgers, M.D., M.P.H. on December 19.

1996 Dr. Rodgers becomes Executive Director Emeritus of the Health Center. Medical Director Rita Rodgers-Stanley, M.D. becomes Interim Executive Director.

1995 The Health Center begins providing counseling for compulsive gamblers through a contract with the Missouri Department of Health and Senior Services.

1993 The Health Center opens an Adult Day Care Center at the Palestine Senior Citizen Activity Center. The T.B. Watkins Initiative Program begins to provide substance abuse prevention and counseling service for residents of public housing.

1992 The Comprehensive Substance Abuse and Rehabilitation (C-STAR) program begins to provide non-residential care.

1991 A women's support group meets at the Health Center for the first time to help victims of abuse.

1990 Primary healthcare is provided to families of drug users to help combat the spread of HIV/AIDS. An expanded substance abuse treatment program is located at 31st and Montgall and is named Rodgers – South.

1989 The Health Center and the American Cancer Society co-sponsor the dedication of the Health Center's new mammography unit for prevention and early detection of breast cancer.

1988 Wayne Minor Health Center (WMHC) is renamed Samuel U. Rodgers Health Center in honor of its founder and Executive Director, Dr. Samuel U. Rodgers. The Health Center

establishes HIV counseling and testing services. A new perinatal program opens to improve access to care for pregnant women.

1985 More than 450 people attend WMHC's first city wide Cancerama Health Fair. The fair featured free cancer and cardiovascular screening tests.

1984 A school-based clinic opens at Northeast High School. This program encourages regular preventive health care and provides education to reduce excessive and unnecessary emergency room visits.

1980 WMHC is the first center in Missouri to become accredited by the Joint Commission of Hospitals. Home health services provides care to homebound patients.

1977 More than 98,000 patient visits are recorded this year with a total patient population of 32,000 people.

1975 WMHC launches "Reachin' Out", an adolescent health program that provides primary care, teenage pregnancy prevention, and counseling on substance abuse, sexuality issues, and other teen concerns.

1973 For the first time, WMHC receives funding to provide hospitalization for its patients at private hospitals. WMHC records 103,000 patient encounters, and a group of physicians from China visit to learn about community health outreach service.

1972 Podiatry and physical therapy services are added to WMHC. More than 18,000 people are registered as patients.

1971 WMHC moves to 825 Euclid Avenue, a new 47,000 square foot facility designed specifically for healthcare services. It is directly across the street from the former Wayne Minor Housing Project.

1970 WMHC is selected to become a healthcare project for underserved populations through the U.S. Department of Health, Education and Welfare.

1968 Dr. Rodgers opens the 4th community health center in the nation, the first in the state of Missouri, in the 911 Michigan building of the Wayne Minor Housing Project. The housing development and the Health Center were named after a Black soldier, Pvt. Miner was killed three hours before World War I ended, Nov. 18th, 1918. He is reported to be one of the last Americans killed in the war.

1951 Samuel U. Rodgers, an African American, became a medical doctor in the U.S. Army. He fought in the Korean War and was only allowed to serve African American patients. During that time, African American doctors were not allowed to practice specialty medicine (OB/GYN, Internal Medicine, etc.) Dr. Rodgers returned from the war with determination to change these

standards. His plan of action worked, as Dr. Rodgers became one of the first African American physicians to be certified as an OB/GYN.

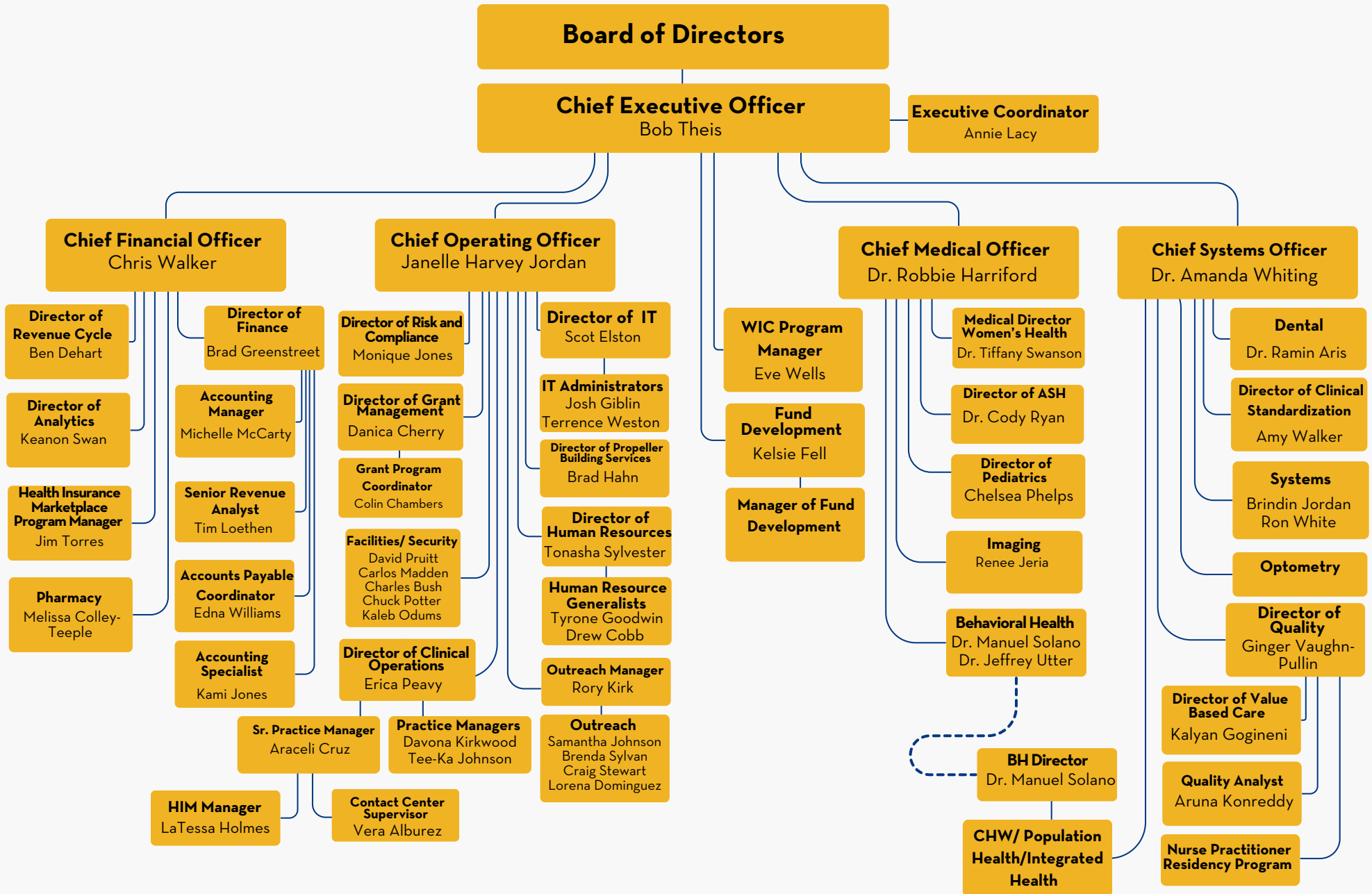
Our symbol, the pelican...

Throughout its long and proud history, Sam Rodgers continues to be represented by the pelican. According to ancient mythology, the pelican is a symbol of compassion. It represents the vision of Samuel U. Rodgers, MD, who spent a lifetime providing quality, compassionate, and affordable health care to the Kansas City community. That vision and mission is still alive today in the healing work of Samuel U. Rodgers Health Center.

Vision: *Healthy people in a healthy community.*

Mission: *To provide high quality, compassionate and affordable healthcare for all.*

Organizational Chart



TENTH AMENDED AND RESTATED BYLAWS OF
SAMUEL U. RODGERS HEALTH CENTER, INC.

A Missouri Not-for-Profit Corporation (hereinafter referred to as "Corporation")

ARTICLE I

Office and Seal

Section 1. General Office. The general and principal office of the Corporation shall be in Kansas City, Jackson County, Missouri.

Section 2. Corporate Seal. The corporation shall have no seal.

ARTICLE II

Purposes and Mission

The Corporation is organized exclusively for charitable, and educational purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under Section 501(c) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Internal Revenue law), and to provide hospital, medical, clinical, paramedical, dental, pharmaceutical, mental and related treatment and services to those persons who are sick, injured, convalescent, and aged, including those who are medically indigent and members of the neighborhoods comprising the community served by the Samuel U. Rodgers Health Center, in Kansas City, Missouri and to implement a Community Action Program with special emphasis upon the conduct, organization, and administration of the Samuel U. Rodgers Health Center ("Health Center"), in its entirety; and to neighborhoods comprising said community, and for such additional purposes as are more fully described in the Articles of Incorporation of the Corporation.

The mission of the Corporation is to provide high quality, compassionate and affordable health care for all.

ARTICLE III

Dissolution

The Corporation may be dissolved at any time by the written consent of not less than two-thirds of the members. In the event of the dissolution other than for purposes of reorganization of the

Corporation whether voluntary, involuntary, or by operation of law, none of the property of the Corporation nor any proceeds thereof nor any assets of the Corporation shall be distributed to any members of the Corporation. After payment of the debts of the Corporation, its property and assets shall be given in accordance with the Articles of Incorporation.

ARTICLE IV

Board of Directors

Section 1. Powers and Duties. The Board of Directors of the Corporation shall have the power to supervise, control, and direct the property, finances, affairs, and activities of the Corporation. The Board of Directors of the Corporation shall have the power to determine and establish the policies of the Corporation and shall actively pursue and control its corporate purposes or objectives. The Board of Directors shall have discretion in the disbursement of the monies and property of the Corporation for the purposes set out in the Articles of Incorporation and these Bylaws; and all monies, income, and property shall be devoted only to the nonprofit charitable, civic, and educational purposes set out therein.

The Board of Directors of the Corporation, and the Chief Executive Officer employed by such Board, shall have the responsibility for maintaining rapport between the Corporation's staff officials and the members of the community served by the Corporation. Assuring maximum utilization of the Health Center facilities and development of a comprehensive plan designed to promote and maintain the efficiency of the services performed by the Corporation.

In addition, to the foregoing authorities and responsibilities, the Board of Directors shall have specific responsibility for:

- (a) Holding monthly meetings where a quorum is present to ensure the Board can exercise its required authorities and functions.
- (b) Approval of the selection (and termination or dismissal, as appropriate) of the Health Center's Chief Executive Officer.
- (c) Establish general policies and procedures for the Corporation that are consistent with program and grant management requirements.
- (d) Establishing personnel policies and procedures, including selection and dismissal procedures, codes of conduct, salary and benefit scales, employees' grievance procedures, and equal opportunity practices.
- (e) Adopting a policy for financial management practices, including a system to assure accountability for Corporation's resources, approval of the annual budget, center priorities, fee schedules for services, eligibility for services, including, but not limited to, criteria for partial payment schedule, criteria for sliding fee discounts and long-range financial planning.
- (f) Measuring and evaluating the Corporation's progress in meeting its annual and long-term productivity, programmatic, service utilization patterns, and financial goals; and developing plans for the long-range viability of the organization by engaging in strategic planning, ongoing review of the Corporation's mission and bylaws,

evaluating patient satisfaction, and monitoring organizational assets and performance and resolving patient grievances.

- (g) Adopting health care policies, including scope and availability and mode of services, location and hours of services, quality of care audit procedures.
- (h) On occasion, setting parameters for all contracts or agreements or arrangements, which may be approved by the Chief Executive Officer without prior approval by the Board of Directors. All other contracts must be approved by the Board of Directors.
- (i) Assuring the Health Center operates in compliance with applicable federal, state, and local laws and regulations.

Section 2. Board of Directors and Membership. The Board of Directors shall consist of at least (9) members, but not more than (21) members, constituted as follows, plus the Chief Executive Officer who shall serve as a non-voting ex-officio member of the Board:

- (a) 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; and who, as a group, represent the individuals being or to be served in terms of demographic factors, such as race, ethnicity, and sex.
- (b) No more than half of non-patient members of the Board shall be individuals who derive more than (10%) of their annual income from the health care industry.
- (c) The remaining members of the Board shall be representative of the community in which the Corporation's catchment area is located and shall be selected for their expertise in community affairs, local government, financing, banking, legal affairs, trade unions, and other commercial and industrial concerns, or social service agencies within the community.
- (d) Health Center employees, and immediate family members (i.e., spouses, domestic partners or cohabitation relationship, children, parents, grandparent, aunt or uncle or siblings through blood, adoption, or marriage) of employees may not be Health Center Board members.

Section 3 Terms of Office of Board Members. Members of the Board of Directors may be elected to up to two (2) three 3-year terms by the sitting Board of Directors. No Director may serve more than two (2) consecutive three 3-year terms. However(a) in the event a Current Chair's second three (3) year term expires prior to the Current Chair's term as Chair, then the Chair will be allowed to continue serving on the Board until such time as the Chair's term as Chair expires and the Immediate Past Chair may serve an additional one (1) year term. Directors may be re-elected after a two (2) year hiatus from the Board. Once elected, a director's term begins the year in which they attend their first Board meeting as a director. Directors who are eligible for re-election to a second consecutive three (3) year term will stand for re-election at the December Board meeting, which is the Annual Meeting, of the year that concludes their first term. A Director will be asked to remain

on the Board until an additional member is elected if their departure will cause the Corporation to be in violation of Federal Regulations.

Section 5. Election of the Directors. Directors shall be nominated and elected during any Meeting of the Board of Directors to fill any Board positions. To be elected, a nominee must receive the votes of the majority of Directors at a Board meeting where a quorum is present. When multiple nominees for a Board position are being voted on, voting will proceed as follows. If no nominee is elected on the first round of voting for a position, there will be subsequent voting for such position involving only the eligible candidates who received the highest and second highest number of votes on the first balloting. If no candidate is elected to a position after three (3) rounds of voting for such a position, the position shall be deemed unfilled. The election process will continue until each position has been filled or has been deemed unfilled as above provided.

Section 6. Resignation or Removal of Directors.

A. Resignation. A Director may resign at any time by giving written notice of such resignation to the Board or to the Board's Chair.

B. Removal Due to Reasonable Cause. A member of the Board of Directors may be removed from office in the event of such acts of dishonesty, fraud, misrepresentation, breach of confidentiality, or other reasonable causes as would prevent the effective performance of his/her duties on the Board of Directors.

1. A Director's removal must be precipitated by a signed request from not less than three members of the Board of Directors. Such a request shall set forth the relevant facts and reasons to be investigated and considered by the Board. The Chair or Vice Chair may then appoint an Ad Hoc Committee to investigate and promptly report to the Board of Directors. The Committee shall comprise of three (3) Directors, one of whom shall be an individual who initially requested the removal.

2. The process for removal of any member of the Board of Director shall be as follows:

(i) Notice shall be provided to the Director whose removal is being sought, which outlines the basis for removal and signed by the Chair or Vice Chair. The notice shall also contain a statement which reflects the conditions for removal required under subsection (ii) herein has been satisfied and provide notice to the Board member of the date of a special called meeting of the Board of Directors at which the removal will be considered. The notice shall be sent to the Director's last known address, by U.S. Postal Service, with proof of mailing and emailed to the Director's last known email address.

(ii) At the special meeting of the Board of Directors the Ad Hoc Committee shall report its findings and recommendations, if any and the Board of Directors shall consider the basis for the removal and information from the Ad Hoc Committee and the Director whose removal is being considered; and

(iii) Following the consideration, there shall be a vote of the members of the of Directors at a Board meeting where a quorum is present, except for the member whose removal is being sought, and a vote of two-thirds (2/3) majority of those eligible to vote shall be required to remove the member from the Board of Directors.

Section 7. Nomination and Election to Fill Board Vacancies. Any vacancy created in respect to a member of the Board shall be filled by the then existing Board in the same manner as provided for other elections of Board Members.

ARTICLE V

Officers and Committees

Section 1. Officers. The Officers of the Board of Directors of the Corporation shall include a Chair, Immediate Past Chair, Vice Chair, Treasurer, a Secretary, and such other officers shall be elected biannually for a period of two (2) years. The Chair, Vice-Chair, Treasurer, and Secretary shall be chosen from among the Board of Directors. In the event a Current Officer's second three (3) year term expires prior to the completion of the Officer's two-year role, then the officer will be allowed to continue serving on the Board until such time as the Officer's two-year term expires. No person shall be elected to more than one office of the Board of Directors. All officers, except for the Immediate Past Chair, shall be elected at the Annual Meeting of the Board every other year, or as needed.

Section 2. Chair. The Chair shall preside at all meetings of the Board of Directors and, through the Chief Executive Officer, shall see that all orders and resolutions of the Board of Directors are fulfilled. Unless otherwise so designated by the Board of Directors, the Chair shall be elected for a period of two (2) years and no individual may serve more than one (1) term as Chair. The Chair or Chair elect is responsible for appointing Board Committee Chairs and membership, subject to approval by a majority of the Board of Directors at a meeting where a quorum is present.

Section 3. Immediate Past Chair. The Immediate Past Chair may serve at the direction and discretion of the Board of Directors if the Board of Directors, by a majority vote when a quorum is present, agrees that the Immediate Past Chair may serve. The Immediate Past Chair may serve for a one (1) year term following the end of his/her term as Chair of the Board of Directors.

Section 4. Vice-Chair. In the absence or disability of, or upon delegation by, the Chair, the Vice-Chair shall be vested with all the powers to perform all of the duties of the Chair and shall have such additional powers and perform such additional duties as may be ordered by the Board of Directors. Unless otherwise designated by the Board of Directors, the Vice Chair shall be elected for a period of two (2) years, and no individual may serve more than two (2) consecutive terms as Vice Chair.

Section 5. Secretary. The Secretary shall give or cause to be given all required notices of meetings of Directors, except as otherwise provided in these Bylaws, and shall record all proceedings of the meetings of the Board of Directors; and he/she shall perform such other duties as may be designated to him/her by the Chair and by the Board of Directors. Upon approval of the Board of Directors, the Secretary may delegate to the appropriate staff members of the Corporation the recording and preparation of the minutes of the meetings, record-keeping, and other tasks to facilitate business operations of the Corporation. Unless otherwise designated by the Board of Directors, the Secretary shall be elected for a

period of two (2) years, and no individual may serve more than two (2) consecutive terms as Secretary.

Section 6. Treasurer. In general, the Treasurer shall act in an advisory capacity for the Board of Directors in all matters pertaining to the financial, budgetary, and fiscal affairs of the Corporation, and he/she shall have such other powers and duties as assigned to him by the Board of Directors. The Treasurer shall give or cause to be given custody of all monies, securities, files, papers, and documents of the Corporation as directed by the Board of Directors to the Chief Financial Officer, a full-time staff member of the Corporation who shall keep or cause to be kept a book or books setting forth a true record of the receipts, expenditures, and assets of the Corporation, and when required by the Chair of the Board of Directors, shall render a statement of the financial condition of the Corporation. He/she shall perform all of such duties with reference to the keeping of the financial records, receipts and custody and expenditure of funds in such manner as shall be prescribed by the Board of Directors of the Corporation. Unless otherwise designated by the Board of Directors, the Treasurer shall be elected for a period of two (2) years, and no individual may serve more than two (2) consecutive terms as Treasurer.

Section 7. Executive Committee. The Executive Committee shall comprise the Chair, Vice Chairs, Secretary, Treasurer, and health care professional as well as other Directors and may be elected as needed by the Board of Directors. At all times at least one member of the Executive Committee must be a health care professional. The Chair and Vice Chair of the Board of Directors shall serve respectively as Chair and Vice Chair of the Executive Committee.

Section 8. Executive Committee Authority and Review. During the intervals between meetings of the Board of Directors, the Executive Committee shall possess and may exercise all powers of the Board of Directors in the management of the affairs of the Corporation in such manner as said Committee shall deem to be in the best interest of the Corporation, subject to any such discretion or limitation as may be prescribed by the Board of Directors. All actions of the Executive Committee shall be approved by a majority of the members of the Committee, shall be reported to the Board of Directors at the next succeeding meeting of the Board, and shall be subject to ratification or alteration by the Board of Directors, provided that no rights of third parties shall be affected by such revision or alteration.

Section 9. Finance Committee. The Finance Committee shall consist of not less than three (3) members of the Board of Directors who may be appointed by the Chair as needed with the majority approval of the Board of Directors where a quorum is present. The Treasurer shall serve as Chair of the Committee. This Committee will have the general duty of monitoring the financial affairs of the Corporation.

Section 10. Quality and Professional Relations Committee. The Quality and Professional Relations Committee shall consist of not less than three (3) members of the Board of Directors who may be appointed by the Chair as needed with the approval of a majority of the Board of Directors where a quorum is present. The committee shall be chaired by a Member of the Board of Directors who is a health care professional with at least five years of experience. The Chief Clinical Officer and/or Chief Medical Officer, or similar role, from the Corporation's staff shall be nonvoting members of the Committee. The Committee shall provide general oversight of the Corporation's quality assurance and improvement, review recruitment and retention, credentialing, privileging, provider productivity, and managed care activities for the Health Center. The Committee shall meet at least quarterly or as necessary to carry out its duties; shall maintain records of its procedures and activities; and shall submit reports of the Committee meetings to the Board of Directors.

Section 11. Governance and Nominating Committee. The Governance and Nominating Committee shall consist of not less than three (3) members of the Board of Directors who may be appointed by the Chair or Chair elect, as needed with approval of a majority of the Board of Directors where a quorum is present. The Chair of the Governance and Nominating Committee shall be the Secretary of the Board. It is the duty of this committee to nominate candidates for director positions as prescribed in Article IV *Board of Directors*, Section 5. *Election of the Directors*. The Governance and Nominating Committee is also charged with maintaining the Bylaws of the Corporation and assisting with their amendment or revision as needed.

Section 12. Audit Committee. The Treasurer shall serve as the Chair of the Audit Committee. The Audit Committee will make recommendations to the Board of Directors of the Corporation regarding the financial reporting process, the system of internal control, the audit process and the Corporation's process for monitoring compliance with financial, tax and accounting laws and regulations. The Committee will consist of no fewer than three people, at least two of whom should be an elected member of the Board of Directors.

Section 13. Other Committees. The Board of Directors, by majority vote of those present at any meeting where a quorum is present may designate such further and additional standing or temporary committees and determine their duties and functions as the Board of Directors may from time to time consider appropriate. Committee members need not be employees, officers, or directors of the Corporation. Committee members who are not Directors may be invited to attend Board meetings and may make recommendations but shall not make a motion or vote. Corporate actions that arise from non-standing or ad-hoc committees must be brought to the board with approval of a majority of the Board of Directors where a quorum is present.

ARTICLE VI

Chief Executive Officer

Section 1. The Board of Directors, by majority vote of those present at a Board Meeting where a quorum is present, shall select a Chief Executive Officer, who shall be designated as the Chief Executive Officer to serve under a written contract. The Chief Executive Officer shall conduct the affairs of the Corporation under the direction of the Board of Directors and such policies and regulations as may be adopted by the Board of Directors and shall have such further or additional qualifications and duties as may be prescribed by the Board of Directors. It shall be the duty of the Board of Directors to regularly evaluate, at least annually, the performance of the Chief Executive Officer. The Chief Executive Officer may only serve as a non-voting ex officio member of the Board of Directors.

Section 2. The Chief Executive Officer shall be responsible for making all staff assignments for Board Committees that contain staff members of the Corporation.

Section 3. The Chief Executive Officer is not authorized to sign real estate contracts or borrow funds on behalf of the Corporation without prior Board approval.

Section 4. The Chief Executive Officer shall be paid an annual salary in such an amount as in the opinion of the Board of Directors shall fairly compensate him/her for his/her services. The Board shall review the salary and compensation of the Chief Executive Officer annually. The Board

shall maintain documentation on how it established and approved salary and compensation for the Chief Executive Officer.

ARTICLE VII

Meetings of the Board of
Directors

Section 1. The Annual Meeting of the Board of Directors shall be held at the principal office of the Corporation in Kansas City, Missouri, or at an otherwise agreed location, during the month of December each year.

Section 2. The monthly meeting of the Board of Directors shall be held once a month, at a time and location as designated by the chair.

Section 3. Special meetings of the Board of Directors may be called by the Chair or upon request of any two (2) Directors.

Section 4. Written notice of each annual or regular meetings of the Board of Directors shall be emailed by the Corporation's designated staff member to each Director not less than five (5) business days prior to the date of the meeting, stating the time and place and purpose of such meeting. Written notice for each special meeting of the Board of Directors shall be emailed by the Corporation's designated staff member or other designated Director to each Director not less than two (2) days prior to the time of the meeting, stating the time, place, and purpose of such a meeting.

Section 5. For transacting business, a quorum of the Board of Directors shall consist of one-third of the Directors holding the office of the Director at the time of the meeting.

Section 6. At any meeting of the Board of Directors, the following may be discussed during the meeting:

- (a) Roll call
- (b) Declaration of a quorum or lack thereof
- (c) Presentment and approval of minutes of the last meeting
- (d) Presentation and approval of the consent agenda
- (e) Report on Standing Committees
- (f) Action Items if appropriate
- (g) Old business
- (h) New business

(i) Adjournment

All meetings should be conducted in accordance with regularly established parliamentary procedure. *Roberts' Rules of Order (Revised)* shall govern the procedure for the conduct of business as far as they do not conflict with these Bylaws. Staff members may be invited to attend Board or committee meetings and may make recommendations but shall not vote.

Minutes shall be taken by written note, and, where appropriate by electronic means. Minutes shall then be promptly transcribed and distributed to the Board of Directors at or before the next Board Meeting. Minutes that are approved by the Board of Directors shall be stored at the principal office of the Corporation in written electronic format.

Section 7. As needed, the Board shall elect such Officers as shall be prescribed by the Bylaws, and at the meeting may elect additional Officers, prescribe their duties, and may require from them security for faithful service or for the security of money or property coming into their custody, control, or possession.

Section 8. Directors may vote in person or as otherwise indicated, in accordance with Missouri Revised Statutes §351.335, RSMo.

Section 9. The Board of Directors may hold an Executive Session at any meeting upon affirmative vote by the majority of members present at a Board Meeting where a quorum is present. Only members of the Board shall be present at an Executive Session and other people invited by the Chair to attend for part or all of the session. At the adjournment of the Executive Session, the Chair may enter into the minutes of the meeting such matters as the Chair deems appropriate regarding the Executive Session.

ARTICLE VIIIGeneral

Section 1. Neither Directors nor Officers of the Board of Directors shall receive any salary or compensation for their services as Directors or Officers of the Board of Directors. Directors and Officers shall, however, be entitled to such reasonable and necessary expenses incurred on behalf of the Corporation as shall be approved by the Board of Directors.

Section 2. Each Director or Officer or former Director or Officer of this Corporation and his legal representatives shall be indemnified by this Corporation against liabilities, expenses, counsel fees, and costs reasonably incurred by him or his estate in connection with, or arising out of, any action, suit, proceeding, or claim in which he is made a party by reason of his being, or having been, such Trustee or Officer; provided that no such case shall the Corporation indemnify such Director or Officer with respect to any matters as to which he/she shall finally adjudged in any such action, suit or proceeding to have been liable for the negligence or misconduct in the performance of his duties as such Director or Officer. The indemnification herein provided for; however, shall apply also in respect to any amount paid in compromise of any such action, suit, proceeding, or claim asserted against such Director or Officer (including expenses, counsel fees, and costs reasonably incurred in connection therewith) provided the Board of Directors of the Corporation shall have first approved such compromise settlement and determined that the Director or Officer was not guilty of negligence or misconduct; but in taking such action, any Director or Officer was guilty of negligence or misconduct

in relation to such matters, the Board of Directors may rely conclusively upon an opinion of independent legal counsel selected by such Board. Any compromise settlement authorized herein shall not be effective until submitted to and approved by a Court of competent authority. The right to indemnification provided shall not be exclusive of any other rights to which such Director or Officer may be lawfully entitled.

The Board of Directors shall further be authorized, at its discretion, to produce liability insurance for the protection and indemnification of Directors and Officers, at the expense of the Corporation.

Section 3. All checks, drafts, bonds, notes, or other obligations for the payment of money and all contracts and official documents executed on behalf of the Corporation shall be signed in a manner as may be designated by the Board of Directors.

Section 4. At any meeting of the Board of Directors, the Chair who is designated by these Bylaws to preside over such meetings shall have the right to vote.

Section 5. An annual audit and additional audits as the Board of Directors may require shall be made of the financial records of the Corporation by a disinterested auditor or firm of auditors approved by the Board of Directors.

ARTICLE IX

Conflict of Interest

It is incumbent upon members of the Board of Directors that they perform their duties and conduct themselves in such a manner that avoids in fact or appearance of a conflict of interest. A conflict of interest exists when a member of the Board of Directors, or member of the immediate family of such Director, is an employee of the Corporation or has a financial interest in an agency, organization, or business endeavor that would be affected by his/her actions on the Board of Directors. Immediate family members include a spouse/domestic partner, parent, sibling, and child, a spouse/domestic partner's parent, sibling or child, a sibling's spouse, and the spouse of siblings of a spouse/domestic partner. The Chair of the Board of Directors shall require prompt notification of any situation that might give rise to a conflict of interest; ensure that all policies regarding bidding and negotiations are followed by bidders; duly record all Board actions in Board Minutes; physically exclude the interested person(s) from all Board discussions of the contract(s) in which she/he has a financial interest; restrict voting on contracts to only those Board members who do not stand to gain directly or indirectly from the ultimate award; require immediate notification of any violation of bidding procedure, including, but not limited to, soliciting or accepting gratuities, favors, or anything of monetary value from third parties, except for those unsolicited items of less than Twenty-Five Dollars (\$25.00), or of any act on the part of a Board member, employee, consultant, or relative of same that undermines the integrity of the Board of Directors. The Board of Directors shall be subject to the conflict-of-interest provision of the Missouri Revised Statutes §355-416. No Members of the Board may at any time violate federal or state laws and regulations relating to kickbacks or fraud and abuse.

No member of the Board shall be eligible for hire as executive personnel/employees of the Corporation within a six (6) month period of the termination of such member's term on the Board.

ARTICLE X

Confidentiality of Information

All matters to come before the Board shall be treated with the utmost confidentiality and discretion unless the Board deems them appropriate for public dissemination. In no event shall a Director divulge personal health, financial or employment information about any Health Center employee or patient without expressing authorization. Any Director violating any provision of this Article VIII may be removed upon the affirmative vote of a majority of the remaining Directors, either in person or by proxy, at a regular meeting of the Board.

ARTICLE XI

Amendment of Bylaws

These Bylaws may be altered, amended, or repealed by the affirmative vote of a majority of Directors then in office at any annual, regular, or special meeting of the Board of Directors insofar as such action is not in conflict with the limitations imposed by the Articles of Incorporation, provided that at least five (5) days' written notice of the time and purpose (including a statement of the substance of any proposed amendment of the Bylaws) of the meeting has been given to all of the Directors.

ARTICLE XII

Previous Bylaws Superseded

These Tenth Amended and Restated Bylaws, as revised, supersede all provisions of any previous Samuel U. Rodgers Health Center Bylaws.

Dated: December 11, 2024



Print Name: Elizabeth Bordenave

Title: Chairwoman

To Be Filed in Duplicate
Filing Fee \$4.00

FORM NP-A

FILED AND CERTIFICATE
ISSUED

ARTICLES OF AMENDMENT
TO THE
ARTICLES OF INCORPORATION
UNDER THE

DEC 11 1986

GENERAL NOT FOR PROFIT CORPORATION ACT

Roy D. Blunt

Corporation Dept. SECRETARY OF STATE

To SECRETARY OF STATE, JEFFERSON CITY, MISSOURI:

The undersigned corporation, for the purpose of amending its Articles of Incorporation and pursuant to the provisions of Section 355.075 of the "General Not For Profit Corporation Act" of the State of Missouri, hereby executes the following Articles of Amendment:

1. The name of the corporation is Wayne Miner Health Center, Inc.

2. There are no members, having voting rights with respect to amendments;
(Insert "no" or "some")

(Strike paragraphs (a), (b), or (c) when not applicable)

~~3. (a) At a meeting of members, at which a quorum was present, held on _____, 19____, same receiving at least two-thirds (2/3) of the votes entitled to be cast by the members of the corporation present or represented by proxy at such meeting,~~

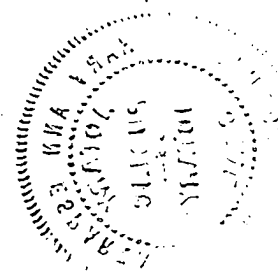
~~(b) By a consent in writing signed by two-thirds (2/3) of all the members of the corporation entitled to vote with respect thereto,~~

(c) At a meeting of directors (members having no voting rights with respect to amendments) held on August 15, 1986, same receiving the votes of a majority of the directors then in office,

the following amendment or amendments were adopted in the manner prescribed by the "General Not For Profit Corporation Act" of the State of Missouri.

4. Article number V and VI are amended to read as follows:

See attached.



IN WITNESS WHEREOF, the undersigned corporation has caused these Articles of Amendment to be executed in its name by its _____ President, and its Asst. Secretary, this 8th day of December, 1986.

WAYNE MINER HEALTH CENTER, INC.
(Exact Corporate Title)

Place
(CORPORATE SEAL)
Here



By [Signature]
In _____ President
[Signature]
In _____ Secretary

STATE OF MISSOURI
COUNTY OF JACKSON } ss.

I, MARY ANN ESPARZA, a Notary Public, do hereby certify that on the 8th day of December, 1986, Lowella Catalano
(Acknowledgment by either officer is sufficient)

personally appeared before me and, being first duly sworn by me, acknowledged that _____ he signed as his free act and deed the foregoing document in the capacity therein set forth and declared that the statements therein contained are true, to his knowledge and belief.

IN WITNESS WHEREOF, I have hereunto set my hand and seal the day and year before written.

Place
(NOTARIAL SEAL)
Here

[Signature]
Notary Public.

My commission expires 3-7-87

ARTICLES OF AMENDMENT
to the
ARTICLES OF INCORPORATION
of

Filing Fee \$5.00

ARTICLE V

1. The corporation is organized for charitable, scientific and educational purposes exclusively, to provide hospital, medical, clinical, paramedical, dental, pharmaceutical, and related treatment and services to those persons, who are sick, injured, convalescent and aged and who are medically indigent and members of the neighborhoods comprising the community served by the Wayne Miner Health Center, in Kansas City, Missouri, and to implement a Community Action Program, with special emphasis upon the conduct, organization and administration of the Wayne Miner Health Center, in its entirety; and to conduct a program of education relating to health and the health needs of the members of the neighborhoods comprising said community.

2. In furtherance of the foregoing purposes, the corporation is formed for the additional purposes:

(a) To establish and provide (through lease or purchase), and to construct, acquire, extend, improve, furnish, equip, operate, maintain, regulate and administer adequate land, buildings and facilities for a health center and clinic, to include rooms for consultation and treatment, and also such laboratories, dispensaries, training schools for medical and paramedical personnel, and such other facilities as shall be needed for the treatment and care of the medically indigent on an in-patient and out-patient basis.

(b) To provide, through contract or agreement, for necessary personnel to conduct the following activities:

(i) Health, medical, paramedical, dental, public health, nursing, and social work; disease control, rehabilitation, homecare, laboratory, pharmaceutical and ambulance services; and other related services and disciplines.

(ii) Training, research, and educational programs which may relate to the services or disciplines, mentioned in this paragraph (b).

(c) To hire, retain and employ, under written contract or otherwise, agents, employees, independent contractors and professional persons, including architects, contractors, accountants, attorneys, and medical, paramedical and pharmaceutical personnel and consultants, and to delegate to them such duties and authority as the Board of Directors of this corporation, under the corporation's bylaws, shall determine.

(d) To enjoy and exercise solely and in furtherance of the purposes stated herein, all of the rights, powers and privileges of not-for-profit corporations permitted by the laws and statutes of Missouri, including but not by way of limitation, those set forth in Section 355.090, R.S.Mo., 1959, as amended.

3. This corporation shall be a non-profit organization. No part of the activities or facilities of the corporation shall include the use of space for political purposes, the carrying on of propaganda, or the attempting to influence legislation. No part of the corporation's property, assets, or operating income shall inure to the

benefit of any director, employee, firm, corporation or other individual, regardless of the interest of such person, firm or corporation in the corporation, except that reasonable allowance may be made for salaries and allowable expenses, for services rendered, by officers or employees as approved by the Board of Directors.

4. No part of the assets of this corporation or the income derived therefrom shall be given to any corporation, organization or agency not exempt under Subtitle A of the Internal Revenue Code of the United States of America.

ARTICLE VI

The Articles of Incorporation and the bylaws of the corporation may be repealed or amended from time to time in any and all respects, in such manner and upon such minimum vote as may then be prescribed by the laws of the State of Missouri then in effect, except that same shall not be done which would change the purposes of the corporation to include purposes that would not be exclusively charitable, scientific or educational within the meaning of the income tax laws of the United States, or would violate any of the laws of the United States of America or of the State of Missouri.



STATE OF MISSOURI

ROY D. BLUNT, Secretary of State

CORPORATION DIVISION

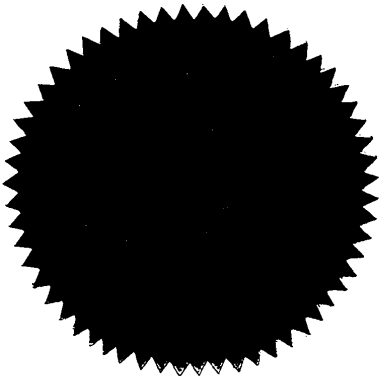
Certificate of Amendment of a General Not For Profit Corporation

WHEREAS, WAYNE MINER HEALTH CENTER, INC.

a corporation organized under The General Not For Profit Corporation Law of Missouri has delivered to me duplicate originals of Articles of Amendment of its Articles of Incorporation and has in all respects complied with the requirements of law governing the amendment of Articles of Incorporation under The General Not For Profit Corporation Law of Missouri.

NOW, THEREFORE, I, ROY D. BLUNT, Secretary of State of the State of Missouri, do hereby certify that I have filed said Articles of Amendment as provided by law, and that the Articles of Incorporation of said corporation are amended in accordance therewith.

IN TESTIMONY WHEREOF, I hereunto set my hand and affix the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 11th day of December, 19 86.



Roy D. Blunt
Secretary of State

RECEIVED OF: WAYNE MINER HEALTH CENTER, INC.

FIVE DOLLARS-----Dollars, \$ 5.00

For Credit of General Revenue Fund, on Account of Amendment Fee.

ARTICLES OF INCORPORATION

OF

WAYNE MINER NEIGHBORHOOD HEALTH CENTER, INC.

TO THE SECRETARY OF STATE, JEFFERSON CITY, MISSOURI:

<u>Name</u>	<u>Number & Street</u>	<u>City and State</u>
Victor Battle (A Representative of the Kansas City Apothecaries Society)	2903 East 39th	Kansas City, Missouri 64128
Howard Nelson (A Representative of the Greater Kansas City Dental Society)	3317 East 31st	Kansas City, Missouri 64109
V. L. Dixon (A Representative of the Kansas City Medical Society)	2202 East 18th	Kansas City, Missouri 64113
Richardson K. Noback (A Representative of the Kansas City Area Hospital Association)	24th and Cherry	Kansas City, Missouri 64108
Charles C. Scott (A Representative of an Official Public Health Agency)	2317 McCoy	Kansas City, Missouri 64108
Clarence Bates (A Representative of persons eligible for services in HRC Area II)	1415 East 12th	Kansas City, Missouri 64106
Victoria Munoz (A Representative of persons eligible for services in HRC Area I)	2027 Belleview	Kansas City, Missouri 64108
Ernestine Stinson (A Representative at Large of persons eligible for services)	3515 East 25th	Kansas City, Missouri 64127
Fannie Walker (A Representative of persons eligible for services in HRC Area III)	2011 East 10th	Kansas City, Missouri 64127

being natural persons of the age of twenty-one years or more and citizens of the United States, for the purpose of forming a corporation under the "General Not For Profit Corporation Act," Chapter 355, R.S.Mo., 1959, as amended, do adopt the following Articles of Incorporation.

ARTICLE I

The name of this corporation is:

WAYNE MINER NEIGHBORHOOD HEALTH CENTER, INC.

ARTICLE II

The period of duration of the corporation is perpetual.

ARTICLE III

The address of its initial Registered Office is 911 Michigan Street, Kansas City, Jackson County, Missouri, and the name of its original Registered Agent is Bill J. Smith.

ARTICLE IV

The corporation and its affairs shall be managed by a Board of Directors. The first Board of Directors shall be nine (9) in number, their names and address being as follows:

<u>Name</u>	<u>Number and Street</u>	<u>City and State</u>
Victor Battle	2903 East 39th	Kansas City, Mo. 64128
Howard Nelson	3317 East 31st	Kansas City, Mo. 64109
V. L. Dixon	2202 East 18th	Kansas City, Mo. 64113
Richardson K. Noback	24th and Cherry	Kansas City, Mo. 64108
Charles C. Scott	2317 McCoy	Kansas City, Mo. 64108
Clarence Bates	1415 East 12th	Kansas City, Mo. 64106
Victoria Munoz	2027 Belleview	Kansas City, Mo. 64108
Ernestine Stinson	3315 East 25th	Kansas City, Mo. 64127
Fannie Walker	2011 East 10th	Kansas City, Mo. 64127

After the first meeting of directors, the number of directors may be changed by amendment to the bylaws; provided that the number of directors shall not be reduced below three (3).

ARTICLE V

1. The corporation is organized for charitable, scientific and educational purposes exclusively, to provide hospital, medical, clinical, paramedical, dental, pharmaceutical, and related treatment and services to those persons, as defined in the rules and regulations of the Office of Economic Opportunity, who are sick, injured, convalescent and aged and who are medically indigent and members of the neighborhoods comprising the community served by the Wayne Miner Neighborhood Health Center, in Kansas City, Missouri, and to implement a Community Action Program, with special emphasis upon the conduct, organization and administration of the Wayne Miner Neighborhood Health Center, in its entirety; and to conduct a program of education relating to health and the health needs of the members of the neighborhoods comprising said community.

2. In furtherance of the foregoing purposes, the corporation is formed for the following additional purposes:

(a) To establish and provide (through lease or purchase), and to construct, acquire, extend, improve, furnish, equip, operate, maintain, regulate and administer adequate land, buildings and facilities for a health center and clinic, to include rooms for consultation and treatment, and also such laboratories, dispensaries, training schools for medical and paramedical personnel, and such other facilities as shall be needed for the treatment and care of the medically indigent on an in-patient and out-patient basis.

(b) To provide, through contract or agreement, for necessary personnel to conduct the following activities:

(i) Health, medical, paramedical, dental, public health, nursing, and social work; disease control, rehabilitation, homecare, laboratory, pharmaceutical and ambulance services; and other related services and disciplines.

(ii) Training, research, and educational programs which may relate to the services or disciplines, mentioned in this paragraph (b).

(c) To hire, retain and employ, under written contract or otherwise, agents, employees, independent contractors and professional persons, including architects, contractors, accountants, attorneys, and medical, paramedical and pharmaceutical personnel and consultants, and to delegate to them such duties and authority as the Board of Directors of this corporation, under the corporation's bylaws, shall determine.

(d) To enjoy and exercise solely and in furtherance of the purposes stated herein, all of the rights, powers and privileges of not for profit corporations permitted by the laws and statutes of Missouri, including, but not by way of limitation, those set forth in Section 355.090, R.S.Mo., 1959, as amended.

3. This corporation shall be a non-profit organization. No part of the activities or facilities of the corporation shall include the

use of space for political purposes, the carrying on of propaganda, or the attempting to influence legislation. No part of the corporation's property, assets, operating income, or grant moneys received from the Office of Economic Opportunity or any federal or other agency shall inure to the benefit of any director, employee, firm, corporation or other individual, regardless of the interest of such person, firm or corporation in the corporation, except that reasonable allowance may be made for salaries and allowable expenses, for services rendered, by officers or employees as approved by the Board of Directors under the terms of the grants received from the Office of Economic Opportunity, and other governmental and charitable agencies.

The activities of the corporation are to be financed by moneys received from grants from the Office of Economic Opportunity, a federal agency, and from such income as it receives from or on behalf of any paying patient, or from grants received from the state, or from local governmental or charitable agencies, all of same to be used for the purposes herein stated and for no other purposes.

4. No part of the assets of this corporation or the income derived therefrom shall be given to any corporation, organization or agency not exempt under Subtitle A of the Internal Revenue Code of the United States of America.

ARTICLE VI

The Articles of Incorporation and the bylaws of the corporation may be repealed or amended from time to time in any and all respects, in such manner and upon such minimum vote as may then be prescribed by the laws of the State of Missouri then in effect, except that same shall not be done which would change the purposes of the corporation to include purposes that would not be exclusively charitable, scientific or educational within the meaning of the income tax laws of the United States, or would violate any of the laws of the United States of America or of the State of Missouri, or would violate the rules and regulations of the Office of Economic Opportunity.

ARTICLE VII

In the event of dissolution of this corporation, all of its

remaining property and assets shall be paid over and transferred to a corporation, fund, foundation, trust, society or organization of the type described in Section 501(c)(3) of the 1954 Internal Revenue Code, or the comparable provisions of the Internal Revenue Code then in effect, which such organizations are engaged in charitable, scientific or educational activities.

IN WITNESS WHEREOF, we have hereunto set our hands this 20th day of June, 1968.

Victor Battle
Victor Battle

Clarence B Bates
Clarence Bates

Howard Nelson
Howard Nelson

Victoria Munoz
Victoria Munoz

V. L. Dixon
V. L. Dixon

Ernestine Stinson
Ernestine Stinson

Richardson K. Noback
Richardson K. Noback

Fannie Walker
Fannie Walker

Charles C. Scott
Charles C. Scott

STATE OF MISSOURI)
) ss.
County of Jackson)

I, Celestine M. Schmitt, a Notary Public, do hereby certify that on the 20th day of June, 1968, personally appeared before me, Victor Battle, Howard Nelson, V. L. Dixon, Richardson K. Noback, Charles C. Scott, Clarence Bates, Victoria Munoz, Ernestine Stinson and Fannie Walker, who being by me first duly sworn, severally declared that they are the persons who signed the foregoing document as incorporators, and that the statements therein contained are true.

Celestine M. Schmitt
Notary Public

My Commission expires:
March 13, 1971

JUN 21 1968



STATE of MISSOURI

JAMES C. KIRKPATRICK, Secretary of State

Corporation Department

Certificate of Incorporation A General Not For Profit Corporation

WHEREAS, duplicate originals of Articles of Incorporation of
WAYNE MENZEL NEIGHBORHOOD HEALTH CENTER, INC.

have been received and filed in the office of the Secretary of State and which Articles, in all respects, comply with the requirements of The General Not For Profit Corporation Law of Missouri:

NOW, THEREFORE, I, JAMES C. KIRKPATRICK, Secretary of State of the State of Missouri, by virtue of the authority vested in me, do hereby certify and declare
WAYNE MENZEL NEIGHBORHOOD HEALTH CENTER, INC.

a body corporate, duly organized this day, that it is entitled to all rights and privileges granted corporations organized under The General Not For Profit Corporation Law of Missouri; that the address of its initial Registered Office in Missouri is
911 Michigan Street, Kansas City,

and that its period of existence is Perpetual

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the GREAT SEAL of the State of Missouri, at the City of Jefferson, this 21st day of June, 1963

James Kirkpatrick
Secretary of State
T R Cloud
Deputy Secretary of State

RECEIVED OF: WAYNE MENZEL NEIGHBORHOOD HEALTH CENTER, INC.
Ten and no/100 Dollars, \$ 10.00

For Credit of General Revenue Fund, on Account of Incorporation Tax and Fee.



[Redacted Signature]
Deputy Collector of Revenue

Michael Reeve

IN WITNESS WHEREOF, the undersigned corporation has caused these Articles of Amendment to be executed in its name by its Chairman ~~President~~ and its ASST. Secretary, this 6th day of February, 19 69.

Wayne Miner Neighborhood Health Center,
(Exact Corporate Title) Inc.

Place
(CORPORATE SEAL)
Here

By Howard Nelson Jr. D.D.S.
Its ~~President~~ Chairman
J F Harkins
Its ASST. Secretary

STATE OF MISSOURI }
COUNTY OF JACKSON } ss.

I, B. G. Smith, a Notary Public, do hereby certify that on the 6th day of February, 1969, Joseph F. Harkins
(Acknowledgment by either officer is sufficient)

personally appeared before me and, being first duly sworn by me, acknowledged that..... he signed as his free act and deed the foregoing document in the capacity therein set forth and declared that the statements therein contained are true, to his knowledge and belief.

IN WITNESS WHEREOF, I have hereunto set my hand and seal the day and year before written.

Place
(NOTARIAL SEAL)
Here

B. G. Smith
Notary Public.

My commission expires 6-24-70

ARTICLES OF AMENDMENT

to the

ARTICLES OF INCORPORATION

of

Wayne Miner Neighborhood Health Center, Inc.

FILED AND CERTIFICATE
ISSUED

FEB 14 1969

James G. Patrick
Corporation Dept. SECRETARY OF STATE

Filing Fee \$5.00

Article V, Subparagraph 1 was amended to read as follows:

The corporation is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Internal Revenue Law), and to provide hospital, medical, clinical, paramedical, dental, pharmaceutical, and related treatment and services to those persons, as defined in the rules and regulations of the Office of Economic Opportunity, who are sick, injured, convalescent and aged and who are medically indigent and members of the neighborhoods comprising the community served by the Wayne Miner Neighborhood Health Center, in Kansas City, Missouri, and to implement a Community Action Program, with special emphasis upon the conduct, organization and administration of the Wayne Miner Neighborhood Health Center, in its entirety; and to conduct a program of education relating to health and the health needs of the members of the neighborhoods comprising said community.

A new Article V, Subparagraph 2(e) was added providing as follows:


(e) Notwithstanding any other provision of these articles, the corporation shall not carry on any other activities not permitted to be carried on (1) by a corporation exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Internal Revenue Law) or (2) by a corporation, contributions to which are deductible under section 170(c)(2) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Internal Revenue Law).

Article VII was amended to read as follows:

In the event of dissolution of this corporation, all of its remaining property and assets shall be disposed of in such manner, or to such organization or organizations organized and operated exclusively for charitable, educational, religious, or scientific purposes as shall at the time qualify as an exempt organization or organizations under section 501(c)(3) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Internal Revenue Law), as the Board of Directors shall determine.

FILED AND CERTIFICATE
ISSUED

FEB 14 1969


Corporation Dept. SECRETARY OF STATE



STATE of MISSOURI
JAMES C. KIRKPATRICK, Secretary of State

Corporation Department

Certificate of Amendment
of a
General Not For Profit Corporation

WHEREAS, WAYNE MINER NEIGHBORHOOD HEALTH CENTER, INC.

a corporation organized under The General Not For Profit Corporation Law of Missouri has delivered to me duplicate originals of Articles of Amendment of its Articles of Incorporation and has in all respects complied with the requirements of law governing the amendment of Articles of Incorporation under The General Not For Profit Corporation Law of Missouri.

NOW, THEREFORE, I, JAMES C. KIRKPATRICK, Secretary of State of the State of Missouri, do hereby certify that I have filed said Articles of Amendment as provided by law, and that the Articles of Incorporation of said corporation are amended in accordance therewith.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the GREAT SEAL of the State of Missouri, at the City of Jefferson, this 14th day of February, 19 69

James Kirkpatrick
Secretary of State

Deputy Secretary of State

RECEIVED OF: WAYNE MINER NEIGHBORHOOD HEALTH CENTER, INC.

Five and 00/100 Dollars \$ 5.00

For Credit of General Revenue Fund, on Account of Amendment Fee.

NP-5387

Deputy Collector of Revenue

No.



To Be Filed in Duplicate
Filing Fee \$5.00

FORM NP-A

ARTICLES OF AMENDMENT
TO THE
ARTICLES OF INCORPORATION
UNDER THE
GENERAL NOT FOR PROFIT CORPORATION ACT

To SECRETARY OF STATE, JEFFERSON CITY, MISSOURI:

The undersigned corporation, for the purpose of amending its Articles of Incorporation and pursuant to the provisions of Section 355.075 of the "General Not For Profit Corporation Act" of the State of Missouri, hereby executes the following Articles of Amendment:

- 1. The name of the corporation is WAYNE MINER NEIGHBORHOOD HEALTH CENTER, INC.
- 2. There are no members, having voting rights with respect to amendments;
(Insert "no" or ~~XXXX~~)
(Strike paragraphs (a), (b), or (c) when not applicable)

3. ~~(a) At a meeting of members, at which a quorum was present held on XXXXXXXXXXXXXXXXXXXXXXXX, same receiving at least two-thirds (2/3) of the votes entitled to be cast by the members of the corporation present or represented by proxy at such meeting.~~

~~(b) By a consent in writing signed by members (2/3) of all the members of the corporation entitled to vote with respect thereto.~~

(c) At a meeting of directors (members having no voting rights with respect to amendments) held on December 19, 1969, same receiving the votes of a majority of the directors then in office,

the following amendment or amendments were adopted in the manner prescribed by the "General Not For Profit Corporation Act" of the State of Missouri.

Article V was amended by adding a new Subparagraph 2(f) providing as follows:

The corporation shall be authorized to execute promissory notes and also to execute mortgages or deeds of trust on any property owned by the corporation. The corporation shall also be authorized to enter into a Regulatory Agreement, being FHA Form No. 2466-GT.

Article VI was amended by adding the following sentence:

These Articles of Incorporation shall not be amended without the approval of the Federal Housing Administration.

FILED AND CERTIFICATE
ISSUED
JAN 15 1970
James Grantpatrick
Corporation Dept. SECRETARY OF STATE

(OVER)

IN WITNESS WHEREOF, the undersigned corporation has caused these Articles of Amendment to be executed in its name by its Chairman ~~President~~, and its asst Secretary, this 5th day of January, 1970.

WAYNE MINER NEIGHBORHOOD HEALTH CENTER, INC.
(Exact Corporate Title)

Place
(CORPORATE SEAL)
Here

By Howard Nelson Jr. D.D.S.
Its ~~President~~ Chairman
Harry R. Gumbly
Its Asst Secretary

STATE OF MISSOURI }
COUNTY OF JACKSON } ss.

I, B. J. Smith, a Notary Public, do hereby certify that on the 5th day of January, 1970, Harry R. Gumbly (Acknowledgment by either officer is sufficient)

personally appeared before me and, being first duly sworn by me, acknowledged that he signed as his free act and deed the foregoing document in the capacity therein set forth and declared that the statements therein contained are true, to his knowledge and belief.

IN WITNESS WHEREOF, I have hereunto set my hand and seal the day and year before written.

Place
(NOTARIAL SEAL)
Here

Smith
Notary Public.

My Commission Expires June 23, 1973

My commission expires _____

ARTICLES OF AMENDMENT
to the
ARTICLES OF INCORPORATION
of
WAYNE MINER NEIGHBORHOOD
HEALTH CENTER, INC.

NP-8387
FILED AND CERTIFICATE
ISSUED
JAN 15 1970
James C. ...
Corporation ...

Filing Fee \$5.00



STATE of MISSOURI
JAMES C. KIRKPATRICK, Secretary of State

Corporation Department

Certificate of Amendment
of a
General Not For Profit Corporation

WHEREAS, WAYNE MINER NEIGHBORHOOD HEALTH CENTER, INC.
a corporation organized under The General Not For Profit Corporation Law of Missouri has
delivered to me duplicate originals of Articles of Amendment of its Articles of Incorporation
and has in all respects complied with the requirements of law governing the amendment of Arti-
cles of Incorporation under The General Not For Profit Corporation Law of Missouri.

NOW, THEREFORE, I, JAMES C. KIRKPATRICK, Secretary of State of the State of Missouri,
do hereby certify that I have filed said Articles of Amendment as provided by law, and that
the Articles of Incorporation of said corporation are amended in accordance therewith.

IN TESTIMONY WHEREOF, I have hereunto set my hand and
affixed the GREAT SEAL of the State of Missouri, at the City
of Jefferson, this 15th day of JANUARY, 19 70

James Kirkpatrick
Secretary of State

Deputy Secretary of State

RECEIVED OF: WAYNE MINER NEIGHBORHOOD HEALTH CENTER, INC.

Five and 00/100 Dollars \$ 5.00

For Credit of General Revenue Fund, on Account of Amendment Fee.



Donathynae Miller

Deputy/Collector of Revenue



State of Missouri . . . Office of Secretary of State

JAMES C. KIRKPATRICK, Secretary of State

ARTICLES OF AMENDMENT TO THE ARTICLES OF INCORPORATION OF A GENERAL NOT FOR PROFIT CORPORATION

FILED AND CERTIFICATE ISSUED NOV 01 1982

Handwritten signature and circular stamp of the Secretary of State's office.

(To be submitted in duplicate by an Attorney)

HONORABLE JAMES C. KIRKPATRICK SECRETARY OF STATE STATE OF MISSOURI JEFFERSON CITY, MISSOURI 65101

The undersigned corporation, for the purpose of amending its Articles of Incorporation and pursuant to the provisions of the "General Not For Profit Corporation Law" of the State of Missouri, hereby executes the following Articles of Amendment:

- 1. The name of the corporation is Wayne Miner Neighborhood Health Center, Inc.
2. There are no members, having voting rights with respect to amendments; (Insert "no" or "some")

(Strike paragraphs (a), (b) or (c) when not applicable)

3. (a) At a meeting of members, at which a quorum was present, held on 10, same receiving at least two-thirds (2/3) of the votes entitled to be cast by the members of the corporation present or represented by proxy at such meeting, the following amendments were adopted.

(b) By a consent in writing signed by two-thirds (2/3) of all the members of the corporation entitled to vote with respect thereto, the following amendments were adopted,

(c) At a meeting of directors (members having no voting rights with respect to amendments) held on July 16, 1982, same receiving the votes of a majority of the directors then in office, the following amendment or amendments were adopted;

- 4. Article number I is amended to read as follows;

The name of this corporation shall be Wayne Miner Health Center, Inc.

(OVER)

IN WITNESS WHEREOF, the undersigned corporation has caused these Articles of Amendment to be executed in its name by its President, and its Secretary, this ..26th..... day ofOctober....., 1982...

WAYNE MINER NEIGHBORHOOD HEALTH CENTER, INC.

(Exact Corporate Title)

(CORPORATE SEAL)

By

William J. Lantz

President

Jefferson Sasser

Jefferson Sasser

STATE OF MISSOURI }
COUNTY OF JACKSON } ss.

I,Celestine M. Schmitt....., a Notary Public, do hereby certify that on the26th. day ofOctober....., 1982.....,
William J. Lantz (Acknowledgment by either officer is sufficient)
personally appeared before me and, being first duly sworn by me, acknowledged that he signed as his free act and deed the foregoing document in the capacity therein set forth and declared that the statements therein contained are true, to his knowledge and belief.

IN WITNESS WHEREOF, I have hereunto set my hand and seal the day and year before written.

(NOTARIAL SEAL)

My commission expires March 13, 1983

Celestine M. Schmitt

CELESTINE M. SCHMITT
Notary Public - State of Missouri
Commissioned in Jackson County
My Commission Expires March 13, 1983

STATE of MISSOURI
JAMES C. KIRKPATRICK, Secretary of State

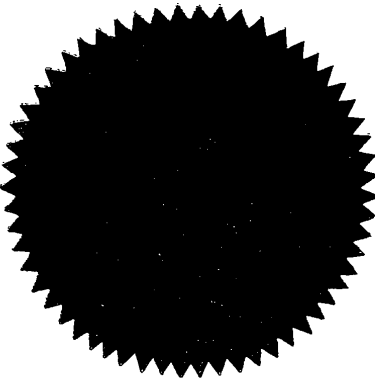


Corporation Division

Certificate of Amendment
of a
General Not For Profit Corporation

WHEREAS, WAYNE MINER HEALTH CENTER, INC. (FORMERLY: WAYNE MINER NEIGHBORHOOD HEALTH CENTER, INC.)
a corporation organized under The General Not For Profit Corporation Law of Missouri has delivered to me duplicate originals of Articles of Amendment of its Articles of Incorporation and has in all respects complied with the requirements of law governing the amendment of Articles of Incorporation under The General Not For Profit Corporation Law of Missouri.

NOW, THEREFORE, I, JAMES C. KIRKPATRICK, Secretary of State of the State of Missouri, do hereby certify that I have filed said Articles of Amendment as provided by law, and that the Articles of Incorporation of said corporation are amended in accordance therewith.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the GREAT SEAL of the State of Missouri, at the City of Jefferson, this 1 day of November, 1982.

James Kirkpatrick
Secretary of State

RECEIVED OF: WAYNE MINER HEALTH CENTER, INC.
FIVE DOLLARS----- Dollars \$ 5.00

For Credit of General Revenue Fund, on Account of Amendment Fee.

N0N00008387.....



State of Missouri . . . Office of Secretary of State

ROY D. BLUNT, Secretary of State

Articles of Amendment
to the
Articles of Incorporation
of a
General Not For Profit Corporation

(To be submitted in duplicate by an attorney.)

FILED AND CERTIFICATE
ISSUED
JUN 06 1988

Roy D. Blunt
Corporation Dept. SECRETARY OF STATE

HONORABLE ROY D. BLUNT
SECRETARY OF STATE
STATE OF MISSOURI
P.O. BOX 778
JEFFERSON CITY, MO 65102

The undersigned corporation, for the purpose of amending its Articles of Incorporation and pursuant to the provisions of the "General Not For Profit Corporation Law" of the State of Missouri, hereby executes the following Articles of Amendment:

1. The name of the corporation is WAYNE MINER HEALTH CENTER, INC.

2. There are no members, having voting rights with respect to amendments;
(Insert "no" or "some")

(Strike paragraphs (a), (b) or (c) when not applicable)

~~3. (a) At a meeting of members, at which a quorum was present, held on _____, 19____, same receiving at least two-thirds (2/3) of the votes entitled to be cast by the members of the corporation present or represented by proxy at such meeting, the following amendments were adopted.~~

(c) At a meeting of directors (members having no voting rights with respect to amendments) held on February 19, 1988, same receiving the votes of a majority of the directors then in office, the following amendment or amendments were adopted:

4. Article number I is amended to read as follows:

The name of this corporation is:

SAMUEL U. RODGERS HEALTH CENTER, INC.



IN WITNESS WHEREOF, the undersigned corporation has caused these Articles of Amendment to be executed in its name by its ~~President or Vice President~~ ^{Chairman & President}, and its ~~Secretary or Assistant Secretary~~, this 24th day of February, 1988.

CORPORATE SEAL
(If no seal, state "None")

WAYNE MINER HEALTH CENTER, INC.

(Exact Corporate Title)

By Rhonda Holman
Its President or Vice-President
Rhonda Holman, Chairman of the Board
and President

By Louella Catalano
Its Secretary or Assistant Secretary
Louella Catalano, Assistant Secretary

State of MISSOURI
County of JACKSON } ss

I, _____ the undersigned _____, a Notary Public, do hereby certify that on the 24th day of February, 19 88, Louella Catalano (Acknowledgement by either officer is sufficient) personally appeared before me and being first duly sworn by me, acknowledged that she signed as her free act and deed the foregoing document in the capacity therein set forth and declared that the statements therein contained are true, to his knowledge and belief.

IN WITNESS WHEREOF, I have hereunto set my hand and seal the day and year before written.

(NOTARIAL SEAL)

M. Victoria Worrel
Notary Public

My commission expires _____
M. VICTORIA WORREL
Notary Public - State of Missouri
Commissioned in Clay County
My Commission Expires July 15, 1989



STATE OF MISSOURI

ROY D. BLUNT, Secretary of State

CORPORATION DIVISION

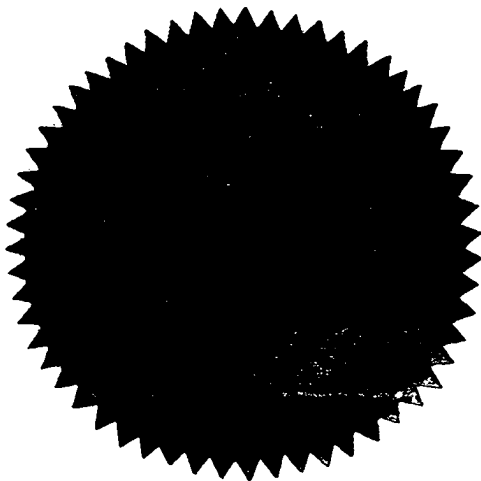
Certificate of Amendment of a General Not For Profit Corporation

WHEREAS, SAMUEL U. RODGERS HEALTH CENTER, INC. (FORMERLY: WAYNE MINER HEALTH CENTER, INC.)

a corporation organized under The General Not For Profit Corporation Law of Missouri has delivered to me duplicate originals of Articles of Amendment of its Articles of Incorporation and has in all respects complied with the requirements of law governing the amendment of Articles of Incorporation under The General Not For Profit Corporation Law of Missouri.

NOW, THEREFORE, I, ROY D. BLUNT, Secretary of State of the State of Missouri, do hereby certify that I have filed said Articles of Amendment as provided by law, and that the Articles of Incorporation of said corporation are amended in accordance therewith.

IN TESTIMONY WHEREOF, I hereunto set my hand and affix the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 6th day of June, 19 88.



Roy D. Blunt
Secretary of State

Fee \$ 5.00

Position Title:	Chair for the Board of Directors	Revision Date:	1/2026
Length of Term:	Two year term	Reports To:	Entire Board of Directors

The Board of Directors is legally and ethically responsible for all activities of the Corporation. To the end it:

1. Determines how the Corporation will carry out its mission through long and short-range planning.
2. Adopts an annual budget and provides fiscal oversight.
3. Recruits, orients, and develops board members.
4. Approves the selection, evaluation of the performance, and if necessary, the dismissal of the Chief Executive Officer.
5. Evaluates its performance and overall performance of the organization in achieving the mission.
6. Establish general policies and procedures for the Corporation that are consistent with program and grant management requirements.

Chair Responsibilities:

- Preside at all meetings of the Board of Directors.
- Through the Chief Executive Officer, shall see that all orders and resolutions of the Board of Directors are fulfilled.

General Responsibilities:

- Understand and promote the organization’s mission.
- Be familiar with the organization’s programs, policies, and operations.
- Attend board meetings and appropriate committee meetings.
- Actively serve on at least one committee and offer to take on special assignments.
- Review agenda and supporting documents prior to meetings.
- Participate in fund raising activities and special events.
- Keep current on healthcare issues and developments in program areas.
- Strictly adhere to conflict of interest policies.
- Strictly adhere to confidentiality policies.

Time Demands (approximate):

- Attend and actively participate in at least 75% of board meetings - 12 monthly board meetings, approximately 1 and 1/2 hours in length.
- Attend and actively participate in at least 75% of committee meetings and related work. (1-3 hours per month as determined by the committee)
- Attend and actively participate in the annual planning retreat. (1 week day or weekend day)
- Attend and actively participate in the annual meeting. (approx. 2 hours)
- Attend special events such as fundraisers and groundbreaking ceremonies. (2 fundraisers per year recommended)

- Meet with potential donors/funders to make a case for funding the organization, answer questions, etc. (approx. 4 hours annually)

Financial and Resource Development Expectations:

- Make an annual gift “commensurate or significant according to your circumstance” to the organization. (in order to achieve 100% board giving)
- Sell tickets to fundraising events.
- Recruit sponsors as needed.
- Identify and cultivate potential donors.

Position Title:	Vice Chair for the Board of Directors	Original Date:	01/2026
Length of Term:	Two-year term	Reports To:	Entire Board of Directors

The Board of Directors is legally and ethically responsible for all activities of the Corporation. To the end it:

1. Determines how the Corporation will carry out its mission through long and short-range planning
2. Adopts an annual budget and provides fiscal oversight
3. Recruits, orients, and develops board members
4. Approves the selection, evaluation of the performance, and if necessary the dismissal of the Chief Executive Officer.
5. Evaluates its performance and overall performance of the organization in achieving the mission.
6. Establish general policies and procedures for the Corporation that are consistent with program and grant management requirements.

Vice Chair Responsibilities:

- In the absence or disability of, or upon delegation by, the Chair, the Vice Chair shall be vested with all of the powers to perform all the duties of the Chair.
- Vice Chair shall have such additional powers and performs such additional duties as may be ordered by the Board of Directors.
- Through the Chief Executive Officer, shall see that all orders and resolutions of the Board of Directors are fulfilled.

General Responsibilities:

- Understand and promote the organization’s mission
- Be familiar with the organization’s programs, policies, and operations
- Attend board meetings and appropriate committee meetings
- Actively serve on at least one committee and offer to take on special assignments
- Review agenda and supporting documents prior to meetings
- Participate in fund raising activities and special events
- Keep current on healthcare issues and developments in program areas
- Strictly adhere to conflict of interest policies
- Strictly adhere to confidentiality policies

Time Demands (approximate):

- Attend and actively participate in at least 75% of board meetings - 12 monthly board meetings, approximately 1 and 1/2 hours in length.
- Attend and actively participate in committee meetings and related work (1-3 hours per month as determined by the committee)
- Attend and actively participate in the annual planning retreat (1 week day or weekend day)
- Attend and actively participate in the annual meeting (approx. 2 hours)

- Attend special events such as fundraisers and ground breaking ceremonies (2 fundraisers per year recommended)
- Meet with potential donors/funders to make a case for funding the organization, answer questions, etc. (approx. 4 hours annually)

Financial and Resource Development Expectations:

- Make an annual gift “commensurate or significant according to your circumstance” to the organization (in order to achieve 100% board giving)
- Sell tickets to fundraising events
- Recruit sponsors, as needed
- Identify and cultivate potential donors

Position Title:	Secretary for the Board of Directors	Revision Date:	1/2026
Length of Term:	Two year term	Reports To:	Entire Board of Directors

The Board of Directors is legally and ethically responsible for all activities of the Corporation. To the end it:

1. Determines how the Corporation will carry out its mission through long and short-range planning.
2. Adopts an annual budget and provides fiscal oversight.
3. Recruits, orients, and develops board members.
4. Approves the selection, evaluation of the performance, and if necessary, the dismissal of the Chief Executive Officer.
5. Evaluates its performance and overall performance of the organization in achieving the mission.
6. Establish general policies and procedures for the Corporation that are consistent with program and grant management requirements.

Secretary Responsibilities:

- The Secretary shall give or cause to be given all required notices of meetings of Directors.
- The Secretary shall record all proceedings of the meetings of the Board of Directors.
- The Secretary shall perform other duties as may be designated to him/her by the Chair and the Board of Directors.
- Upon approval of the Board of Directors, the Secretary may delegate to the appropriate staff members of the Corporation the recording and preparation of the minutes of the meetings, record-keeping, and other tasks to facilitate business operations of the Corporation.

General Responsibilities:

- Understand and promote the organization’s mission.
- Be familiar with the organization’s programs, policies, and operations.
- Attend board meetings and appropriate committee meetings.
- Actively serve on at least one committee and offer to take on special assignments.
- Review agenda and supporting documents prior to meetings.
- Participate in fund raising activities and special events.
- Keep current on healthcare issues and developments in program areas.
- Strictly adhere to conflict of interest policies.
- Strictly adhere to confidentiality policies.

Time Demands (approximate):

- Attend and actively participate in at least 75% of board meetings - 12 monthly board meetings, approximately 1-2 hours in length.
- Attend and actively participate in at least 75% of committee meetings and related work. (1-3 hours per month as determined by the committee)
- Attend and actively participate in the annual planning retreat. (1 week day or weekend day)
- Attend and actively participate in the annual meeting. (approx. 2 hours)
- Attend special events such as fundraisers and groundbreaking ceremonies. (2 fundraisers per year recommended)

- Meet with potential donors/funders to make a case for funding the organization, answer questions, etc. (approx. 4 hours annually)

Financial and Resource Development Expectations:

- Make an annual gift “commensurate or significant according to your circumstance” to the organization. (in order to achieve 100% board giving)
- Sell tickets to fundraising events.
- Recruit sponsors as needed.
- Identify and cultivate potential donors.

Position Title:	Treasurer for the Board of Directors	Revision Date:	1/2026
Length of Term:	Two Year Term	Reports To:	Entire Board of Directors

The Board of Directors is legally and ethically responsible for all activities of the Corporation. To the end it:

1. Determines how the Corporation will carry out its mission through long and short-range planning.
2. Adopts an annual budget and provides fiscal oversight.
3. Recruits, orients, and develops board members.
4. Approves the selection, evaluation of the performance, and if necessary, the dismissal of the Chief Executive Officer.
5. Evaluates its performance and overall performance of the organization in achieving the mission.
6. Establish general policies and procedures for the Corporation that are consistent with program and grant management requirements.

Treasurer Responsibilities:

- Treasurer shall act in an advisory capacity for the Board of Directors in all matters pertaining to the financial, budgetary, and fiscal affairs of the Corporation.
- The Treasurer shall give or cause to be given custody of all monies, securities, files, papers, and documents of the Corporation as directed by the Board of Directors to the Chief Financial Officer.
- When required by the Chair of the Board of Directors, the Treasurer shall render a statement of the financial condition of the Corporation.
- The Treasurer shall perform all such duties with reference to the keeping of the financial records, receipts and custody and expenditures of funds in such manner as shall be prescribed by the Board of Directors of the Corporation.
- The Treasurer shall Chair the Finance and Audit Committees.

General Responsibilities:

- Understand and promote the organization’s mission.
- Be familiar with the organization’s programs, policies, and operations.
- Attend board meetings and appropriate committee meetings.
- Actively serve on at least one committee and offer to take on special assignments.
- Review agenda and supporting documents prior to meetings.
- Participate in fund raising activities and special events.
- Keep current on healthcare issues and developments in program areas.
- Strictly adhere to conflict of interest policies.
- Strictly adhere to confidentiality policies.

Time Demands (approximate):

- Attend and actively participate in at least 75% of board meetings - 12 monthly board meetings, approximately 1-2 hours in length.
- Attend and actively participate in at least 75% of committee meetings and related work. (1-3 hours per month as determined by the committee)
- Attend and actively participate in the annual planning retreat. (1 week day or weekend)
- Attend and actively participate in the annual meeting. (approx. 2 hours)
- Attend special events such as fundraisers and groundbreaking ceremonies. (2 fundraisers per year recommended)

- Meet with potential donors/funders to make a case for funding the organization, answer questions, etc. (approx. 4 hours annually)

Financial and Resource Development Expectations:

- Make an annual gift “commensurate or significant according to your circumstance” to the organization. (in order to achieve 100% board giving)
- Sell tickets to fundraising events.
- Recruit sponsors as needed.
- Identify and cultivate potential donors.

Position Title:	Member of the Board of Directors	Revision Date:	01/2026
Length of Term:	Two Consecutive Three Year Terms	Reports To:	Entire Board of Directors

The Board of Directors is legally and ethically responsible for all activities of the Corporation. To the end it:

1. Determines how the Corporation will carry out its mission through long and short-range planning
2. Adopts an annual budget and provides fiscal oversight
3. Recruits, orients, and develops board members
4. Approves the selection, evaluation of the performance, and if necessary the dismissal of the Chief Executive Officer.
5. Evaluates its performance and overall performance of the organization in achieving the mission.
6. Establish general policies and procedures for the Corporation that are consistent with program and grant management requirements.

General Responsibilities:

- Understand and promote the organization’s mission
- Be familiar with the organization’s programs, policies, and operations
- Attend board meetings and appropriate committee meetings
- Actively serve on at least one committee and offer to take on special assignments
- Review agenda and supporting documents prior to meetings
- Participate in fund raising activities and special events
- Keep current on healthcare issues and developments in program areas
- Strictly adhere to conflict of interest policies
- Strictly adhere to confidentiality policies

Time Demands (approximate):

- Attend and actively participate in at least 75% of board meetings - 12 monthly board meetings, approximately 1 and ½ hours in length.
- Attend and actively participate in committee meetings and related work (1-3 hours per month as determined by the committee)
- Attend and actively participate in the annual planning retreat (1 week day)
- Attend and actively participate in the annual meeting (approx. 2 hours)
- Attend special events such as fundraisers and ground breaking ceremonies (2 fundraisers per year recommended)
- Attend new board member orientation (approx. 2 hours)
- Meet with potential donors/funders to make a case for funding the organization, answer questions, etc. (approx. 4 hours annually)

Financial and Resource Development Expectations:

- Make an annual gift “commensurate or significant according to your circumstance” to the organization (in order to achieve 100% board giving)
- Sell tickets to fundraising events
- Recruit sponsors, as needed
- Identify and cultivate potential donors

Board of Directors Contacts 2025

NAME	R	G	ADDRESS	PHONE #	EMAIL
Elizabeth Bordenave, Chair	W	F	10124 S Shadow Cir. Olathe, KS 66061	(816) 550-8642	emb3001@yahoo.com
Carmen Parker-Bradshaw, Vice Chair	W	F	2301 Main Street Kansas City, MO 64108	2301 Main Street Kansas City, MO 64108	carmen.bradshaw@bluekc.com
Dr. Bruce Williams, Healthcare Representative	W	M	1087 N.W. South Shore Drive Lake Waukomis, MO., 64151	(816) 654-7303	brwilliams@kansascity.edu
Dr. Arif Ahmed, Treasurer	A	M	12620 Slater Lane Overland Park, KS 66213	(913) 461-8617	ahmedar@umkc.edu
Betty Nwabuonwu, Secretary	B	F	14812 Rosewood Dr. Leawood, KS 66224	(816) 291-0858	betty129@gmail.com
Katherine Ferro	W	F	12060 W 77th St Ste 8D, Shawnee, KS 66214		katherine.a.ferro@gmail.com
Gabriela Flores	H	F	507 East 31st Avenue North Kansas City, MO 64116	(816) 665-9929	gabriela.flores.nkc@gmail.com
Susan Garrett	H	F	North Kansas City, Missouri 64116	(816) 582-2653	garrettsusan12@gmail.com
Patricia Hernandez	H	F	4225 Norledge Ave Kansas City, MO 64123	(816)877-7093	PHernandez586@gmail.com
Jessica-Marie Hutchison	B	F	25190 w. 91st Terrace Lenexa, Kansas 66227	913-484-0082	jmhutchison0082@gmail.com
Elizabeth Cooper McFadden	W	F	1627 Main St #301, City, MO 64108	(816) 226-6958	coopermcfadden@yahoo.com
Shelley Penn	B	F	1740 Paseo Blvd. Kansas City, MO 64108	(816) 471-2330 ext 1299	spenn@feckc.org
Dr. Gladesia Tolbert	B	F	4394 SW Breezy Point Lane, Lee's Summit, MO 64082	816-682-8894	dr.gladesia@gmail.com
Theodis Watson	B	M	4622 Pennsylvania Ave. Suite 1500 Kansas City MO 64112		theodis.watson@yahoo.com
Mamie Hughes Rodgers, Emeritus	B	F	3405 Quincy Ave Kansas City, MO 64128	(816) 923-8444 (816) 305-3966	mimfive@aol.com

Board of Directors Contacts 2025

Dr. Rita Rodgers-Stanley, <i>Emeritus</i>	B	F	3330 SW Skyline Drive W Topeka, KS 66614	(816) 309-8774 Fax (800) 556-4966	dckcstanley@gmail.com
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SAMUEL U. RODGERS HEALTH CENTER BOARD OF DIRECTORS

2025



Elizabeth Bordenave,
Chair

(816) 550-8642
emb3001@yahoo.com



Carmen Parker-Bradshaw,
Vice Chair

(417) 234-7876
Carmen.bradshaw@bluekc.com



Dr. Bruce Williams,
Health Care
Representative
brwilliams@kansascity.edu



Dr. Arif Ahmed,
Treasurer
(913) 461-8617
aahmed.ks@gmail.com



Betty Nwabuonwu,
Secretary
(816) 291-0858
bettyn129@gmail.com



Elizabeth Cooper McFadden,
coopermcfadden@yahoo.com



Katherine Ferro,
Katherine.a.ferro@gmail.com



Gabriela Flores,
(816) 665-9929
gabriela.flores.nkc@gmail.com

Susan Garrett,
(816) 582-2653
garrettsusan12@gmail.com



Patricia Hernandez,
(816) 877-7093
phernandez586@gmail.com



Jessica-Marie Hutchison,
913-484-0082
Jmhutchison0082@gmail.com



Shelley Penn,
(816) 471-2330
spenn@feckc.org



Dr. Gladesia Tolbert,
dr.gladesia@gmail.com



Theodis Watson,
Theodis.watson@yahoo.com



Dr. Rita Rodgers-Stanley,
Emeritus
(816) 309-8774
dckstanlev@gmail.com



Mamie Hughes Rodgers,
Emeritus
(816) 923-8444
mimfive@aol.com

Board Member	Office Held	Expertise	Race	Gender	Board Giving 2024	User of Health Services	Live/ Work in Service Area	1st Term Began	2nd Term Began	Current Term Expires	Final Term Expires	Last Sam Rodgers Appointment
Elizabeth Bordenave	Chair	Improvement & Talent Development	W	F	Yes	Yes	Yes	2019	2022	12/31/2024** (Chair)	12/31/2025** (Chair)	9/10/2024
Carmen Parker Bradshaw	Vice Chair	Health Insurance	W	F	No	No	Yes	2022	2025	12/31/2024	12/31/2027	
Dr. Arif Ahmed	Treasurer	Health Industry	A	M	No	No	Yes	2020	2023	12/31/2025	12/31/2025**	
Betty Nwabuonwu	Secretary	IT	B	F	Yes	No	Yes	2019	2022	12/31/2024	12/31/2024**	
Dr. Bruce Williams	Healthcare Rep.	Health Education	W	M	Yes	Yes	Yes	2023		12/31/2025	12/31/2028	5/9/2024
Elizabeth Cooper McFadden	Member	Marketing		F	No	No	Yes	2024		12/31/2026	12/31/2029	
Katie Ferro	Member	Health Industry	W	F	~	No	Yes	2025		12/31/2027	12/31/2030	
Gaby Flores	Member	Higher Education	H	F	Yes	Yes	Yes	2022	2025	12/31/2024	12/31/2027	8/15/2024
Susan Garrett	Member	Higher Education	H	F	Yes	Yes	Yes	2022	2025	12/31/2024	12/31/2027	3/29/2024
Patricia Hernandez	Member	Program and Development Assistant	H	F	No	Yes	Yes	2023		12/31/2025	12/31/2028	11/20/2023
Jessica-Marie Hutchison	Member	Attorney		F	No	No	Yes	2024		12/31/2026	12/31/2029	
Shelley Penn	Member	Human Resources	B	F	~	No	Yes	2025		12/31/2027	12/31/2030	
Dr. Gladesia Tolbert	Member	Health Industry		F	No	No	Yes	2024		12/31/2026	12/31/2029	
Theodis Watson	Member	Finance	B	M	~	No	Yes	2025		12/31/2027	12/31/2030	
Mamie Hughes Rodgers	Emeritus	History	B	F	Yes	Yes	Yes	Legacy	NA	NA	NA	8/19/2024
Dr. Rita Rodgers Stanley	Emeritus	Health Industry	B	F	Yes	No	Yes	Legacy	NA	NA	NA	

Red	Final term expires this year(2024)
Orange	Final term expires next year(2025)
Yellow	Serving 2nd term
Green	Serving 1st term

*: Immediate Past Chair may serve an additional 1 year
 **: In the event a Current Officer's second three (3) year term expires prior to the completion of the Officer's two-year role, then the officer will be allowed to continue serving on the Board until such time as the Officer's two-year term expires.

Committee Descriptions

Executive Committee

- The Executive Committee is made up of the Board Chair, Vice Chair, Treasurer, Secretary, and Health Care Representative.
- The committee prioritizes the agenda of Board Meetings by reviewing and making corrections to the agenda before the monthly Board Meeting.
- At times, the committee may gather to discuss urgent matters between Board Meetings.
- The Executive Committee meets monthly

Finance Committee

- The Finance Committee is responsible for monitoring the financial affairs of the organization. (Aids in the review of all budgets, federal financial reports, fee schedules, etc.)
- The Finance Committee shall consist of not less than three nor more than five members. The Treasurer shall serve as Chair of the Committee.
- The Finance Committee meets monthly except for October

Quality and Professional Relations Committee

- The QPRC provides general oversight of the organization's quality assurance and improvement, review recruitment and retention, credentialing, privileging, provider productivity, and managed care activities for the Health Center
- The QPRC shall consist of not less than three nor more than five members. The Committee will be Chaired by the Health Care Representative.
- The committee shall meet at least quarterly

Governance and Nominating Committee

- The duty of the Governance and Nominating Committee is to nominate a candidate for each officer/director position. The names of these candidates shall be presented and voted upon at Board of Directors Meetings.
- This committee is responsible for maintaining the Bylaws of the organization and assisting with their amendment or revision.
- The Committee will consist of no less than three, but no more than five persons.

Audit Committee

- The duty of the Audit Committee is to make recommendations to the Board of Directors regarding the financial reporting process, the system of internal control, the audit process, and the organizations process for monitoring compliance with financial, tax and accounting laws and regulations.
- The Committee will consist of no less than three, but no more than five persons, at least one of whom should be an elected member of the board of directors.
- The committee oversees the hiring, performance, and independence of the external auditors. All external auditors must be approved by the Board of Directors. Auditors are chosen periodically and must remain compliant with the organizations financial policies.

Marketing and Fund Development Committee

- The Marketing and Fund Development Committee is responsible for overseeing the strategic marketing plan to maintain the integrity of the organization.
- Works with the organizations Marketing Team to assist with fund development plans and procedures.

Construction Committee

- This is an Ad Hoc Committee related to current capital construction projects.

Samuel U. Rodgers Health Center Committee Assignments 2024

Executive Committee

Elizabeth Bordenave, Chair

Carmen Parker-Bradshaw, Vice Chair

Dr. Arif Ahmed, Treasurer

Betty Nwabuonwu, Secretary

Dr. Bruce Williams, Medical Professional

Finance Committee

Dr. Arif Ahmed, Chair

Victor Hammonds

Elizabeth Bordenave

Rhonda Holman

Carmen Parker-Bradshaw

Jessica-Marie Hutchison

Audit Committee

Dr. Arif Ahmed, Chair

Victor Hammonds

Elizabeth Bordenave

Rhonda Holman

Carmen Parker-Bradshaw

Joe Hersteiner (non-board member)

Marketing and Fund Development

Committee (Ad Hoc)

Susan Garrett, Co-Chair

Elizabeth Cooper McFadden, Co-Chair

Patricia Hernandez

Dr. Michael McCunniff

Jessica-Marie Hutchison

Governance & Nominating Committee

Betty Nwabuonwu, Chair

Rhonda Holman

Gaby Flores

Susan Garrett

Quality and Professional Relations

Committee

Dr. Bruce Williams, Chair

Dr. Rita Rodgers-Stanely

Patricia Hernandez

Gaby Flores

Dr. Micheal McCunniff

Dr. Gladesia Tolbert

Construction Committee (Ad Hoc)

Cemal Umut Gungor, Chair (non-board member)

Dr. Rita Rodgers-Stanley

Elizabeth McFadden

Dr. Gladesia Tolbert

Jeffrey Williams (non-board member)

KCMO City Planning & Development, Director

Joe Hennes (non-board member)

Lytle Construction, Project Manager

Board and Committee Meeting Schedule 2025

MONTH	Board: Virtual Meetings 12:00 p.m. Wednesday	Board: In-person Meetings 4:00 p.m. Wednesday	Executive Committee: Virtual 4:30 p.m. Tuesday	Finance Committee: Virtual 12:00 p.m. Wednesday	QPRC: Virtual 3:00 p.m. Monday	Audit Committee: Virtual 1:00 p.m. Wednesday
January	22		14	15	20	
February	26		18	19		
March		26	18	19	24	
April	23		15	16		16
May	28		20	21	26	
June		25	17	18		
July	23		15	16	21	
August	27		19	20		
September		24	16	17	22	
October	22					14 (12:00pm)
November	12		4	5	10	
December		11	2	3		

Samuel U. Rodgers Health Center 2024-2026 Strategic Plan Summary

Strategic Initiative 1: Quality Sustain and enhance a culture of quality that supports a high value, accountability, and performance-driven organization.

Goal 1.1 Strengthen Knowledge & Implementation

Strengthening our knowledge, understanding and implementation of clinical quality measures and value-based care to prepare for the ongoing changes in health care related to quality KPIs.

Tactics:

- Value based care preparations (Focus on health of patient for VBC – sicker patients need more resources).
- Strategy to get post-partum patients to return after delivery.

KPI:

- Increase number of care gaps closed. Baseline 2023. Sources of care gaps primarily come from Uniform Data System (UDS) such as preventive screenings (e.g., cancer screenings, vaccinations).

Goal 1.2 Continuous Performance Improvement Process

Maintain the Continuous Performance Improvement process to ensure and track the delivery of successful KPIs and program quality for those we serve.

Tactics:

- Staff to share lessons learned from CME and CE.
- Implement an approach to measure the application of learning.
 - Through the peer review process, Provider Staff are trained to specifically seek evidence-based care decision making.
 - Peer review requirements:
 - Conducted by licensed professionals.
 - Conducted on a quarterly basis.

KPI:

- Meet or exceed 75% of UDS quality benchmarks annually – Based upon national UDS Average via clinical area focused performance improvement plans.

Strategic Initiative 2: Health Center Experience

Strengthen the health center experience through the delivery of integrated services to meet the individual needs of our patients.
(Patient Centered Medical Home)

Goal 2.1 Expand Delivery of PCHM Model

Expand delivery of the PCHM model to continue improving the health KPIs of our patients, which includes monitoring chronic disease management (e.g., blood pressure control in hypertensive patients, HbA1c levels in diabetic patients) which is crucial for understanding the impact of care on patient health outcomes as well as adherence to evidence-based protocols, like administering vaccines and preventive screenings.

Tactics:

- Increase internal referrals by staff.

KPI:

- Increase patients using services in more than one area by 5% in 2025 (Baseline 31% from Annual 2023 UDS Measure).

Goal 2.2 Patient/Family Experience

Continue to invest in creating a patient/family experience that provides easy access to care the patient wants or needs in a culturally competent and welcoming manner.

Tactics:

- Leverage technology/ implementation of preregistration utilization to improve patient experience utilizing the patient engagement platform (LUMA).

KPI:

- The percentage of patients who rate their satisfaction with their overall medical care improves by 5% by end of 2026 (2023 Baseline=85%).
- When transportation issues are identified, staff provide referrals to Social Determinants of Health services, helping to close service gaps. Establish baseline 2024.
- After Pediatric Wing Opens – Update KPI - using % of patients reporting getting an appointment when they want it.

Strategic Initiative 3: Marketing, Communications & Advocacy

Promote the Sam Rodgers mission to provide high quality, compassionate and affordable healthcare.

Goal 3.1: Marketing & Communications

Increase community awareness of Sam Rodgers services and mission.

Tactics:

- Update all PR/marketing to include quality story/rankings - Include HRSA badge on Sam Rodgers materials (LinkedIn, email signatures, etc.).

KPI:

- Social Media Engagement targets establish 2024 baseline and increase by end of 2025: Facebook: 2-5% engagement (likes, comments, shares); Instagram: 3-8% engagement; LinkedIn: 1-3% engagement.
- Update KPI as use of Luma matures - ask new patients how they heard about SURHC?

Goal 3.2: Community Outreach & Engagement

Continue to be intentional in our community outreach activities, ensuring they align well with our strategies and mission.

Tactics:

- Board elevator pitch and leverage board member networks (professional and personal).
- Strategically focuses on outreach team engagement with the communities that make up our patient population.

KPI:

- Number of partnerships/collaborations increase (Baseline in 2024 then, set metrics for increase).

Goal 3.3: Advocacy

Advocate for our patients and the social and health issues that affect them and for our health center priorities and mission.

Tactics:

- Advocacy at the local level and to community stakeholders outside the healthcare system and apart from local, state and federal government resources.

KPI:

- The amount of funding secured for the targeted patient-centered initiative through advocacy efforts.

Strategic Initiative 4: Organizational Excellence

Ensure Sam Rodgers has structures and processes that leverage innovative best practices to foster an engaged staff and board and strengthen our operational and financial health.

Goal 4.1: Staff

Recruit, develop and retain diverse staff who are committed to the mission and values of our organization and have the skills and abilities needed to advance it.

Tactics:

- The health center will continue to encourage staff to participate in ongoing activities illustrating workplace culture.
 - Annual training, all staff meetings, health center week and explore other ideas like an open house or providing cultural competency training to students.

KPI:

- Ninety-five percent of staff complete cultural competency training.

Goal 4.2: Health Center Operations

Ensure Sam Rodgers is well-positioned to support the health and well-being of our patients and the efficiency and effectiveness of our staff through safe and welcoming facilities, resilient technology, competent coordination and focused management of compliance and risk.

Tactics:

- Utilize technology to enhance the efficiency of staff. By integrating with NextGen EHR, LUMA helps healthcare practices streamline workflows, improve patient engagement, and create a more efficient care environment. Utilize NextGen Ambient Assist which helps healthcare providers save time, increase accuracy, and focus more on patient care by automating the often-time-consuming process of clinical documentation.

KPIs:

- Percentage of PCRs (front desk staff) Actively Using LUMA - Calculation: (Number of PCRs using LUMA regularly / Total number of PCRs) × 100. Target: 85% adoption by June 30, 2025.

Goal 4.3: Clinical Operations

Ensure Sam Rodgers provides the best innovative practices in staff models to support the health and well-being of our patients, minimize risk, and support the efficiency and effectiveness of our staff.

Tactics:

- Competency metrics for clinical staff.

KPIs:

- The percentage of clinical staff who meet Adherence to Clinical Guidelines related to administering blood pressure is 85%.

Goal 4.4: Patient Revenue

Maximize and expand earned revenue.

Tactics:

- Conduct real-time eligibility verification for Medicaid and benefits checks before claims are submitted to ensure accurate patient information and coverage details.

KPI:

- Pre-Claim Validation: Conduct real-time eligibility Medicaid verification and benefits checks before claims are submitted to ensure accurate patient information and coverage details. Based upon audits of each patient care representative is 85% accurate.

Goal 4.5: Fund Development

Develop and sustain relationships with stakeholders to secure philanthropic support to advance the mission.

Tactics:

- Expand fund development/ donor funds.
- Expand our reach beyond our local area, seeking support from funders outside our traditional geographic region.

KPI:

- Foundation giving increases by 3-5% annually (2023 Baseline=\$417,316 excluding Capital Campaign)

Goal 4.6: Grants

Maximize grant funding from state and federal sources to support the mission.

Tactics:

- Expand government funding from state and federal sources.

KPI:

- Grant Funding Growth Rate: increase in grant funding secured year-over-year 3-5% annually.

Goal 4.7: Board Development

Recruit, develop and retain diverse actively engaged board members who represent the community Sam Rodgers serves are enthusiastic about the mission, committed to effective governance, and help ensure Sam Rodgers has the resources and relationships needed to advance its work.

KPIs:

- Board members attend at least 75% of all board meetings – Quarterly Strategic Plan Review.
- At least 51% of board members are SURHC patients.
- 100% of board members serve on at least one committee.
- 100% of board members make a personal financial contribution to Sam Rodgers commensurate or significant according to their circumstances. (added board expectation).
- 100% of board members participate in at least two unique events annually--fundraisers, community events, etc. (Current board expectation).
- 100% of board members rate their experience on the board as 4.0 or higher on a 5-point scale – per the Question “The Board has been effective during the last twelve (12) months.”
- Board retention rate between 75% and 85% annually.

Samuel U. Rodgers - Parking Lot

- Residency programs to attract/retain workforce committed to mission and expanding opportunities (i.e., like NP Residency Program). Increase relationship with KCU med students to increase physician workforce opportunities + UMKC + KU + local residency programs. ***Pediatric Wing operations and staffing are key to opening more space throughout Sam Rodgers to take the next step with this.***
- Pilot project for telehealth for medication change follow ups or other specific appointment types for established chronic disease patients. This gives the benefit of increased TH while targeting the service to patients who may not come to the clinic for a 3–4-week follow-up after a med change.
- Expand services to meet evolving needs of the community (i.e., substance abuse).
- Consider an annual event/gala.

Samuel U. Rodgers - Board Education

- Board education on presentations performed by staff at local, state, and national levels.
- Board education on overall quality principles like how QI/QA already exists to set goals and use PDSA to improve outcomes and how standardization of processes is linked to improved quality to assure mutual understanding and ensure that the long-term Quality work is beyond standard QI/QA.
- Board Education related to Cost Report and understanding/clarify that new pediatric wing has no facility cost on cost report. Chris will clarify how this is done Grants are backed out of expenses in the Cost Report (i.e. If a grant is received from a foundation for medical direct care, a fixed asset such as a x-ray piece of equipment, and/or a building, there is no allowable depreciation cost).

ANNUAL DISCLOSURE STATEMENT

PERSONAL AND CONFIDENTIAL

Instructions: *In connection with completing this disclosure statement, please review the Conflicts of Interest and Documentation Policy (“Policy”) of Samuel U. Rogers Health Center, Inc. (the “Corporation”). Terms used in this form with initial letters capitalized and not otherwise defined will have the meaning given to them in the Policy. When providing answers, if there is insufficient space, please complete your answer on a separate sheet of paper and attach to this form. Please submit the completed form to _____.*

COVERED PERSON:

Name: _____

Position with the Corporation (Check all that apply):

Director Officer Key Employee Other: _____

Section I: POSITIONS AND FINANCIAL INTERESTS:

Note: For purposes of this disclosure statement, the family of an individual includes his or her spouse or domestic partner, ancestors, brother and sisters (whether whole or half blood), children (whether natural or adopted), grandchildren, and spouses of brothers, sisters, children, and grandchildren.

Yes No Did you or any member of your family during the past year engage in, or do you anticipate that you or any member of your family will engage in, a transaction or arrangement with the Corporation?

Yes No Do you or any member of your family hold, or anticipate holding, a Position (e.g., director, trustee, officer, employee, agent, consultant, advisor, etc.) with any entity that to the best of your knowledge and belief provides goods or services to, or has any other transaction or arrangement with, the Corporation or is negotiating such a transaction or arrangement? If yes, please answer Section VIII.

Yes No Do you or any member of your family, directly or indirectly, have, or anticipate receiving or acquiring, a Financial Interest or receive any compensation (wages, commissions, fringe benefits, royalties, honoraria, fees, gifts, etc.) with respect to any entity that provides goods or services to, or during the past year or current year has had any other transaction or arrangement with, the Corporation or is negotiating such a transaction or arrangement?

IF YOU ANSWERED “YES” TO ANY OF THE ABOVE QUESTIONS, PLEASE COMPLETE SECTION VIII OF THIS FORM. PLEASE FILL OUT A SEPARATE SECTION VIII FOR EACH FAMILY MEMBER FOR WHICH YOU ARE REPORTING.

Section II: EMPLOYER INFORMATION (FAMILY MEMBERS):

Yes No Does any member of your family hold a Position (e.g., director, officer, employee, agent, consultant, advisor, etc.) with the Corporation? If yes, please state his or her name, Position, and relationship to you:

(1)

(2)

(3)

Section III: OTHER INTERESTS:

Describe any other relationship, activity or situation which could be construed as placing you in a position where there is a conflict between your personal interests (or those of any member of your family) and the interests of the Corporation:

Section IV: INDEPENDENCE OF BOARD MEMBER (TO BE ANSWERED BY DIRECTORS ONLY)

Yes No Are you an independent board member? A member of the board is considered independent only if all three of these circumstances applied at all times during the Corporation's tax year:

1. The member was not compensated as an officer or other employee of the Corporation or of a related organization, except for the religious exception discussed below.

2. The member did not receive total compensation or other payments exceeding \$10,000 for the year from the Corporation or from related organizations as an independent contractor, other than reimbursement of expenses or reasonable compensation for services provided in the capacity as a member of the governing body. For example, a person who receives reasonable expense reimbursements and reasonable compensation as a director of the organization does not cease to be independent merely because he or she also receives payments of \$7,500 from the Corporation for other arrangements.

3. Neither the director, nor any family member of the director, was involved in a transaction with the Corporation, directly or indirectly through affiliation with another organization, that is required to be reported on Form 990, Schedule L (Transactions with Interested Persons) for the Corporation's tax year or in a transaction with a related organization of a type and amount that would be reportable on Form 990, Schedule L if required to be filed by the related organization. Generally, Schedule L transactions are transactions between the Corporation and one or more of its directors, officers, or key employees that are described in Sections VI (Grants) and VII (Business Transactions) of this disclosure statement.

A member of the governing body is not considered to lack independence merely because of any of the following circumstances:

1. The member is a major donor to the Corporation, regardless of the amount of the contribution.

2. The member has taken a bona fide vow of poverty and either (a) receives compensation as an agent of a religious order or of a religious and apostolic organization, but only under circumstances in which the individual does not receive taxable income or (b) belongs to a religious order that receives sponsorship or payments from the organization that do not constitute taxable income to the member.

3. The member receives financial benefits from the Corporation solely in the capacity of being a member of the charitable or other class served by the Corporation in the exercise of its exempt function, such as being a member of a trade association, so long as the financial benefits comply with the Corporation's terms of membership.

Section V: RELATIONSHIPS WITH OTHER OFFICERS, DIRECTORS, OR KEY EMPLOYEES

Yes No Do you have a family relationship with any other director, officer, or key employee?

If yes, please identify the person(s) with whom you have a family relationship.

Yes No Do you have a business relationship with any other director, officer, or key employee?

Business relationships between two persons include the following:

1. One person is employed by the other in a sole proprietorship or by an organization with which the other is associated as a trustee, director, officer, key employee, or greater-than-35 percent owner.
2. One person is transacting business with the other (other than in the ordinary course of either party's business on the same terms as are generally offered to the public), directly or indirectly, in one or more contracts of sale, lease, license, loan, performance of services, or other transaction involving transfers of cash or property valued in excess of \$10,000 in the aggregate during the tax year. Indirect transactions are transactions with an organization with which the one person is associated as a trustee, director, officer, key employee, or greater-than-35 percent owner.
3. The two persons are each a director, trustee, officer, or greater than 10 percent owner in the same business or investment entity.

Ownership is measured by stock ownership (either voting power or value) of a corporation, profits or capital interest in a partnership or limited liability company, membership interest in a nonprofit organization, or beneficial interest in a trust. Ownership includes indirect ownership (e.g., ownership in an entity that has ownership in the entity in question); there may be ownership through multiple tiers of entities. A business relationship does not include, for these purposes, the following privileged relationships: (1) attorney-client; (2) medical professional (including psychologist) and patient; and (3) priest/clergy and penitent/communicant.

If yes, please identify the person(s) with whom you have a business relationship.

Section VI: GRANTS FROM CORPORATION:

Yes No Did you or a related person receive a grant or assistance from the Corporation in the past year? Examples of grants are scholarships, fellowships, internships, prizes, and awards.

A *related person* is a family member or an entity which is 35% controlled by you and your family.

If yes, please describe the grant. _____

Section VII: BUSINESS TRANSACTION WITH CORPORATION

Yes No Did you or a related person engage in a business transaction with the corporation? Business transactions include, but are not limited to, contracts of sale, lease, license, and performance of services whether initiated during the year or ongoing from a prior year. Business transactions also include joint ventures (new or ongoing) in which either the

profits or capital interest of the Corporation and you (and/or a related person) each exceed 10%. Business transactions also include a transaction between the corporation and a management company if you are a direct or indirect 35% owner, or an officer, director, trustee, or key employee.

A *related person* is a family member or an entity that is 35% controlled by you and your family. A related person also includes an entity (other than a tax-exempt entity under Section 501(c)) of which you were serving, at the time of the transaction, as an officer, director, trustee, key employee, partner/member with an ownership interest of more than 5% if the entity is taxable as an partnership, or a shareholder with an ownership interest of more than 5% if the entity is a professional corporation.

If yes, please describe the business transaction. _____

Section VIII: DISCLOSURE OF POSITIONS AND FINANCIAL INTERESTS

THIS SECTION SHOULD BE COMPLETED ONLY IF YOU ANSWERED "YES" TO ONE OR BOTH OF THE QUESTIONS IN THE DISCLOSURE STATEMENT SECTION ENTITLED "Section I: POSITIONS AND FINANCIAL INTERESTS". If you are disclosing multiple interests, please make the appropriate number of copies of this page before completing.

PERSON HOLDING POSITION OR FINANCIAL INTEREST:

The disclosures made in this Section relate to a Position or Financial Interest held by:

You Family Member

If a family member, indicate his or her name and relationship to you:

Name: _____ Relationship: _____

ENTITY OR INDIVIDUAL WITH RESPECT TO WHICH POSITION OR FINANCIAL INTEREST HELD:

Information regarding the entity with respect to which the Position or Financial Interest is held:

Name: _____

Address: _____

Type of Entity in which Interest is held:

Individual/Sole Proprietorship Corporation Partnership
 Limited Liability Company Trust Association

Government (or agency or political subdivision thereof) Other: _____

POSITION OR FINANCIAL INTEREST HELD:

Yes No Is a Position held with the entity or individual? If yes, please check all that apply:

Director Trustee Officer Employee Agent Consultant Advisor

Other: _____

Describe duties: _____

Yes No Is a Financial Interest held with respect to the entity or individual? If yes, please check all that apply:

Wages Commissions Bonuses Fringe Benefits Fees

Partner Shareholder Member Other Equity/Debt Ownership/Options

Other: _____

If Financial Interest, state percentage ownership interest held: _____

Yes No Has the Position and/or the Financial Interest been affected by the provision of goods or services to, or other transaction or arrangement with, the Corporation or, to the best of your knowledge and belief, will such Position and/or Financial Interest be affected by such provision or other transaction or arrangement in the future? If yes, please explain:

Section IX: SIGNATURE AND AFFIRMATION STATEMENT

By signing below, I am affirming that the foregoing answers on this disclosure statement are, to the best of my knowledge, true, accurate and correct, and that I have received a copy of the Corporation's Conflicts of Interest and Documentation Policy (the "Policy"), that I have read and understand the Policy, that I agree to comply with the Policy, and that I understand the Corporation is an entity that is exempt from federal income tax and must engage primarily in activities that accomplish one or more of its exempt purposes to maintain its tax exemption.

Signature: _____

Printed Name and Title: _____

Date: _____

Health Center Program Requirements

Health centers are non-profit private or public entities that serve designated medically underserved populations/areas or special medically underserved populations comprised of migrant and seasonal farmworkers, the homeless or residents of public housing. A summary of the key health center program requirements is provided below.

For additional information on these requirements, please review:

- Health Center Program Statute: Section 330 of the Public Health Service Act (42 U.S.C. §254b)
- Program Regulations (42 CFR Part 51c and 42 CFR Parts 56.201-56.604 for Community and Migrant Health Centers)
- Grants Regulations (45 CFR Part 74)

Summary of Key Health Center Program Requirements	
NEED	
1.	Needs Assessment: Health center demonstrates and documents the needs of its target population, updating its service area, when appropriate. (Section 330(k)(2) and Section 330(k)(3)(J) of the PHS Act)
SERVICES	
2.	Required and Additional Services: 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. (Section 330(a) of the PHS Act) Note: Health centers requesting funding to serve homeless individuals and their families must provide substance abuse services among their required services (Section 330(h)(2) of the PHS Act)
3.	Staffing 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 licensed, credentialed and privileged. (Section 330(a)(1), (b)(1)-(2), (k)(3)(C), and (k)(3)(I) of the PHS Act)
4.	Accessible Hours of Operation/Locations: Health center provides services at times and locations that assure accessibility and meet the needs of the population to be served. (Section 330(k)(3)(A) of the PHS Act)
5.	After Hours Coverage: Health center provides professional coverage for medical emergencies during hours when the center is closed. (Section 330(k)(3)(A) of the PHS Act and 42 CFR Part 51c.102(h)(4))
6.	Hospital Admitting Privileges and Continuum of Care: 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. (Section 330(k)(3)(L) of the PHS Act)

Summary of Key Health Center Program Requirements

- 7. Sliding Fee Discounts:** Health center has a system in place to determine eligibility for patient discounts adjusted on the basis of the patient's ability to pay.
- This system must provide a full discount to individuals and families with annual incomes at or below 100% of the Federal poverty guidelines (only nominal fees may be charged) and for those with incomes between 100% and 200% of poverty, fees must be charged in accordance with a sliding discount policy based on family size and income.*
 - No discounts may be provided to patients with incomes over 200 % of the Federal poverty guidelines.*
 - No patient will be denied health care services due to an individual's inability to pay for such services by the health center, assuring that any fees or payments required by the center for such services will be reduced or waived.

(Section 330(k)(3)(G) of the PHS Act, 42 CFR Part 51c.303(f)), and 42 CFR Part 51c.303(u))

- 8. Quality Improvement/Assurance Plan:** 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. The QI/QA program must include:

- a clinical director whose focus of responsibility is to support the quality improvement/assurance program and the provision of high quality patient care;*
- periodic assessment of the appropriateness of the utilization of services and the quality of services provided or proposed to be provided to individuals served by the health center; and such assessments shall: *
 - be conducted by physicians or by other licensed health professionals under the supervision of physicians;*
 - be based on the systematic collection and evaluation of patient records;* and
 - identify and document the necessity for change in the provision of services by the health center and result in the institution of such change, where indicated.*

(Section 330(k)(3)(C) of the PHS Act, 45 CFR Part 74.25 (c)(2), (3) and 42 CFR Part 51c.303(c)(1-2))

MANAGEMENT AND FINANCE

- 9. Key Management Staff:** Health center maintains a fully staffed health center management team as appropriate for the size and needs of the center. Prior approval by HRSA of a change in the Project Director/Executive Director/CEO position is required. (Section 330(k)(3)(l) of the PHS Act, 42 CFR Part 51c.303(p) and 45 CFR Part 74.25(c)(2),(3))

- 10. Contractual/Affiliation Agreements:** Health center exercises appropriate oversight and authority over all contracted services, including assuring that any subrecipient(s) meets Health Center program requirements. (Section 330(k)(3)(l)(ii), 42 CFR Part 51c.303(n), (t)), Section 1861(aa)(4) and Section 1905(l)(2)(B) of the Social Security Act, and 45 CFR Part 74.1(a) (2))

- 11. Collaborative Relationships:** 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. (Section 330(k)(3)(B) of the PHS Act and 42 CFR Part 51c.303(n))

NOTE: Portions of program requirements notated by an asterisk "*" indicate regulatory requirements that are recommended **but not required** for grantees that receive funds solely for Health Care for the Homeless (section 330(h)) and/or the Public Housing Primary Care (section 330(i)) Programs.

Summary of Key Health Center Program Requirements

12. Financial Management and Control Policies: 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 assures an annual independent financial audit is performed in accordance with Federal audit requirements, including submission of a corrective action plan addressing all findings, questioned costs, reportable conditions, and material weaknesses cited in the Audit Report. (Section 330(k)(3)(D), Section 330(q) of the PHS Act and 45 CFR Parts 74.14, 74.21 and 74.26)

13. Billing and Collections: 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. (Section 330(k)(3)(F) and (G) of the PHS Act)

14. Budget: 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. (Section 330(k)(3)(D), Section 330(k)(3)(I)(i), and 45 CFR Part 74.25)

15. Program Data Reporting Systems: Health center has systems which accurately collect and organize data for program reporting and which support management decision making. (Section 330(k)(3)(I)(ii) of the PHS Act)

16. Scope of Project: Health center maintains its funded scope of project (sites, services, service area, target population and providers), including any increases based on recent grant awards. (45 CFR Part 74.25)

GOVERNANCE

17. Board Authority: Health center governing board maintains appropriate authority to oversee the operations of the center, including:

- holding monthly meetings;
- approval of the health center grant application and budget;
- selection/dismissal and performance evaluation of the health center CEO;
- selection of services to be provided and the health center hours of operations;
- measuring and evaluating the organization's progress in meeting its annual and long-term programmatic and financial goals and developing plans for the long-range viability of the organization by engaging in strategic planning, ongoing review of the organization's mission and bylaws, evaluating patient satisfaction, and monitoring organizational assets and performance;* and
- establishment of general policies for the health center.

(Section 330(k)(3)(H) of the PHS Act and 42 CFR Part 51c.304)

Note: In the case of public centers (also referred to as public entities) with co-applicant governing boards, the public center is permitted to retain authority for establishing general policies (fiscal and personnel policies) for the health center (Section 330(k)(3)(H) of the PHS Act and 42 CFR 51c.304(d)(iii) and (iv)).

NOTE: Portions of program requirements notated by an asterisk "*" indicate regulatory requirements that are recommended **but not required** for grantees that receive funds solely for Health Care for the Homeless (section 330(h)) and/or the Public Housing Primary Care (section 330(i)) Programs.

Summary of Key Health Center Program Requirements

- 18. Board Composition:** The health center governing board is composed of individuals, a majority of whom are being served by the center and, this majority as a group, represent the individuals being served by the center in terms of demographic factors such as race, ethnicity, and sex. Specifically:
- Governing board has at least 9 but no more than 25 members, as appropriate for the complexity of the organization.*
 - The remaining non-consumer members of the board shall be representative of the community in which the center's service area is located and shall be selected for their expertise in community affairs, local government, finance and banking, legal affairs, trade unions, and other commercial and industrial concerns, or social service agencies within the community.*
 - No more than one half (50%) of the non-consumer board members may derive more than 10% of their annual income from the health care industry.*

Note: Upon a showing of good cause the Secretary may waive, for the length of the project period, the patient majority requirement in the case of a health center that receives a grant pursuant to subsection (g), (h), (i), or (p). (Section 330(k)(3)(H) of the PHS Act and 42 CFR Part 51c.304)

- 19. Conflict of Interest Policy:** 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.
- No board member shall be an employee of the health center or an immediate family member of an employee. The Chief Executive may serve only as a non-voting ex-officio member of the board.*
(45 CFR Part 74.42 and 42 CFR Part 51c.304(b))

NOTE: Portions of program requirements notated by an asterisk “*” indicate regulatory requirements that are recommended **but not required** for grantees that receive funds solely for Health Care for the Homeless (section 330(h)) and/or the Public Housing Primary Care (section 330(i)) Programs.

SAMUEL U. RODGERS HEALTH CENTER
Board of Directors Meeting
June 26, 2024
12:00 p.m.

The Board of Directors meeting was held Wednesday, June 26, 2024, at 12:00 p.m., after all members were duly notified of the time and purpose of the meeting.

ATTENDEES:

Board Members

Elizabeth Bordenave, Chair
Carmen Parker-Bradshaw, Vice Chair
Betty Nwabuonwu, Secretary
Dr. Arif Ahmed, Treasurer
Dr. Bruce Williams, Healthcare Representative
Gabriela Flores
Victor Hammonds
Jessica-Marie Hutchison
Dr. Gladesia Tolbert
Elizabeth Cooper McFadden

Health Center Staff

Bob Theis, Chief Executive Officer
Janelle Harvey Jordan, Chief Operating Officer
Chris Walker, Chief Financial Officer
Dr. Amanda Whiting, Chief Dental Officer
Annie Lacy, Executive Coordinator
James Torres, Program Manager Health Insurance Services

Guests

Andrew Lemmons, Leverage Law

ABSENTEES:

Board Members

Rhonda Holman, Immediate Past Chair
Dr. Michael McCunniff
Patricia Hernandez
Dr. Rita Rodgers-Stanley
Susan Garrett

Health Center Staff

Dr. Robbie Harriford, Chief Medical Officer

CALL TO ORDER

The meeting was called to order at 12:00 p.m. by Elizabeth Bordenave.

REVIEW OF AGENDA

The agenda was reviewed with no changes or corrections.

CONSENT AGENDA

The Consent Agenda for June 26, 2024 was approved with no changes or corrections. The Consent Agenda consisted of the following documents:

- Board Minutes – May 22, 2024
- Finance Committee Minutes – May 15, 2024
- Construction Committee Meeting Minutes – May 10, 2024
- Executive Committee Meeting Minutes – May 16, 2024
- Credentialing and Privledging
 - Chelsea Phelps, NP

- Archana Kulkarni, MD

Motion: Dr. Bruce Williams made a motion to approve the Consent Agenda. Gabriela Flores seconded the motion. The motion carried.

DISCUSSION

Introduce New Board Members

Elizabeth Bordenave, Chair, introduced the new Board Members, then each member introduced themselves. Jessica Marie-Hutchinson is an attorney and consultant who specializes in strategic planning and governance. Dr. Gladesia Tolbert is a doctor at Children’s Mercy and a passionate community advocate who works with youths. Elizabeth Cooper McFadden is a marketing and branding professional who operates her own business, Novella Brandhouse. All three are excited to contribute to the Sam Rodgers mission.

Sam Rodgers Healthy Living Campus Celebration

Elizabeth Bordenave, Chair, led a brief discussion recapping the Sam Rodgers Healthy Living Campus Celebration that took place on June 6, 2024. This event celebrated the groundbreaking of the Pediatric Wing Expansion, the ribbon cutting of the Sam Rodgers Place mixed income housing units, and the ribbon cutting of the Propeller Building. Directors agreed that it was a successful event. Many supporters attended along with incredible community partners including representatives from the United States Department of Housing and Urban Development (HUD), Missouri Primary Care Association (MPCA), and the City of Kansas City, Missouri. Other notable guests include Mayor Quinton Lucas and Congressman Emanuel Cleaver. Mr. Jim Nunnely was recognized for his important work as a mentor and community advocate as the event was held in the Propeller Building’s “Jim Nunnely Community Room”. Board Member, Dr. Rita Rodgers-Stanley, was one of the speakers during the event and fellow Directors complimented her remarks.

New Market Tax Credits (NMTC) Presentation by Leverage Law

Andrew Lemmons, Leverage Law, discussed the Health Centers progress regarding the New Market Tax Credit (NMTC) process and outlined the upcoming steps. They will prepare a detailed set of NMTC resolutions for the Board’s approval next months meeting, with the aim to close the transaction by the end of July. Mr. Lemmons displayed a structure chart that revealed the common NMTC structure involving two separate structures due to tax reasons with Wells Fargo and the Central Bank of Kansas City (CBKC), which do not affect Sam Rodgers. The process for both structures is identical.

The process starts with Sam Rodgers securing a loan from the CBKC, backed by grants and the assignment of leverage loans made to the investment fund. Sam Rodgers, labeled as “leverage lender” on the chart, will extend a leverage loan to the investment fund. This fund, with Wells Fargo’s investment, will contribute capital to two sub-CDEs—one controlled by Wells Fargo and the other by CBKC. The investment fund will pledge its membership interest to Sam Rodgers as collateral for the leverage loan. This loan will then be used by the Qualified Active Low Income Community Business (QALICB), a non-profit entity, with the structure expected to remain for seven years.

Sam Rodgers will receive approximately \$10.876 million as a “Source Loan” from CBKC, with collateral including pledged deposits and grants, and the leverage loans. This will be repaid through future grants, including one from the State of Missouri. Additionally, Sam Rodgers will provide around \$3.609 million as a “Leverage Loan” to WF SR Investment Fund, LLC, and approximately \$10.678 million to CBKC SR Investment Fund, LLC. Both loans will be subject to forbearance during the 7-year NMTC compliance period.

The NMTC Lenders will extend loans to Samuel U. Rodgers Health Center QALICB, Inc., with WF NMTC Lender providing about \$5 million in tax credits and CBKC NMTC Lender providing about \$15 million in tax credits.

The loans will be collateralized by a subordinate leasehold deed of trust and all assets pledge, with a limited payment guarantee from Sam Rodgers.

ACTION ITEMS

Approval of Sites and Hours

Bob Theis, Chief Executive Officer, presented the Health Center's sites and hours of operation. HRSA requires that the governing board must approve the Health Center's sites and hours on an annual basis. Mr. Theis displayed a table that included the names, addresses, service site types, and hours of all 8 Health Center sites. Sites that are located within another entity (Sam Rodgers clinics located at schools or health departments) are unable to accommodate expanded hours and will continue to operate at the hours of their building location.

Motion: Gabriela Flores made a motion to approve the Sites and Hours. Betty Nwabuonwu seconded the motion. The motion carried.

BOARD EDUCATION

Health Insurance Services Presentation

Jim Torres, Program Manager Health Insurance Services, presented about the health insurance services provided at Sam Rodgers. There is a staff of 9 health insurance counselors who assist patients with navigating, enrolling, and reenrolling with the health insurance marketplace to obtain coverage. Mr. Torres informed the directors that this is a challenging role, and that it is getting increasingly difficult to contact the state over the phone and online. The application process can be grueling. All applicants are required to submit an assortment of official documents, applicants have experienced unreasonably lengthy wait times, and as previously mentioned there are significant communication challenges with the state of Missouri. The Health Insurance Counselor team utilizes temporary Medicaid or presumptive eligibility to help patients stuck in the application process. Mr. Torres shared the unfortunate reality that some pregnant women have been unable to obtain coverage for prenatal care due to the state and this broken system.

In May 2024, the MOHealthNet program saw a robust submission of 658 applications. The breakdown of these applications included 247 for MHK, 71 for PE, 43 for MHF, 24 for MPW, 55 for SMHB, 57 for TMP, none for UWHS, and a record number of 161 for AEG under the Medicaid Expansion. Marina Padilla, the Health Insurance Counselor in ASH, along with Health Insurance Services and PCRs across various clinics, made significant contributions by processing 128 PE/Temp applications for uninsured patients.

From June 2023 to March 2024, more than 197,000 individuals statewide lost Medicaid coverage, including nearly 111,000 children in Missouri. The backlog for new applications, which includes pregnant women, children, and adults under expansion, stands at approximately 17,000. The Family Support Division (FSD) is currently taking an average of 34 days to process these new MAGI applications. Additionally, there are considerable delays of 2-3 months for adding a pregnancy and over 30 days for processing additions of newborns to existing coverage.

DISCUSSION (continued)

Board Recruitment Update

Betty Nwabuonwu, Secretary, presented an update on Board Recruitment. The need for additional board candidates has raised due to the terms of six current board members expiring at the end of this year. She refreshed directors on the recruitment process.

1. Submission:

- Existing board members send resumes and recommend potential candidates to Betty.
- 2. Review and Selection:
 - Betty shares the submissions with the Governance and Nominating Committee.
 - The committee identifies the most qualified candidates based on established criteria.
 - These candidates are scheduled for virtual interviews with committee members.
- 3. Further Assessment:
 - After interviews, qualified candidates meet with the Chair and CEO.
 - The Chair and CEO assess the candidates.
- 4. Recommendation and Approval:
 - If the Chair, CEO, and committee agree on a candidate, the recommendation goes to a board vote.
 - New members attend the board meeting after approval.

Currently the Board the Directors could use members with expertise in Finance, Grants, and Human Resources. Ms. Nwabuonwu encouraged recruiting patients, as they have an important perspective, and it is a requirement that the Board of Directors consists of 51% patients. It is also recommended that FQHC Board's reflect the patient population demographically. So, Latina/Latino candidates with qualifying credentials will be prioritized.

Capital Campaign Update

Bob Theis, presented a brief update on the capital campaign. Currently, the Health Center is roughly \$750,000 short of meeting the Mabee Foundation Match Challenge. There are asks in the pipeline, one being \$1,000,000 from the William T. Kemper Foundation, which would bring us to meet the challenge goal. The William T. Kemper Foundation is expected to inform the Health Center if the funds will be awarded in July.

Board Evaluation – Next Steps

Elizabeth Bordenave, Chair, presented Board Evaluation Next Steps. The following recommendations are to be prioritized in this order:

- Timely Meeting Materials
 - All materials for Board Meetings must be distributed one week prior to the meeting.
- Regular Board Input
 - Establish a mechanism to gather input from board members on an ongoing basis.
- Board Education
 - Conduct board training and strategy reviews.
- CEO Succession Plan
 - Develop a comprehensive succession plan for CEO role.

Distributing Board Meeting materials 7 days prior to meetings has been successful. Focus has shifted toward the other recommendations, such as collecting Board feedback on a regular basis. The executive committee is considering utilizing a Google Sheet, SharePoint, or a live document as a repository. Another idea is the possibility of conducting short board surveys after each meeting. This could potentially be an activity, where participants highlight a meeting high point, a low point, and something they've learned. The group discussed how feedback could be collected electronically via Zoom chat, Zoom White Board feature, or Poll Forever. For in-person meetings feedback could be collected via sticky notes. Time ran over so some Board Members dismissed themselves prior to participating in the in-person feedback activity.

OLD BUSINESS

There was no old business to discuss.

NEW BUSINESS

There was no new business to discuss.

ADJOURNMENT

Ms. Bordenave called for a motion to adjourn.

Motion: Dr. Arif Ahmed made a motion to adjourn the meeting, and it was seconded by Gabriela Flores. The motion carried.

The meeting adjourned at 1:38 p.m.

Minutes taken and transcribed by: Annie Lacy

Betty Nwabuonwu, Secretary

SAMUEL U. RODGERS HEALTH CENTER
Board of Directors Meeting
July 24, 2024
12:00 p.m.

The Board of Directors meeting was held Wednesday, July 24, 2024, at 12:00 p.m., after all members were duly notified of the time and purpose of the meeting.

ATTENDEES:

Board Members

Elizabeth Bordenave, Chair
Carmen Parker-Bradshaw, Vice Chair
Betty Nwabuonwu, Secretary
Dr. Arif Ahmed, Treasurer
Dr. Bruce Williams, Healthcare Representative
Gabriela Flores
Victor Hammonds
Jessica-Marie Hutchison
Dr. Gladesia Tolbert
Elizabeth Cooper McFadden
Susan Garrett
Rhonda Holman, Immediate Past Chair
Patricia Hernandez
Dr. Rita Rodgers-Stanley

Guests

Neal Johnson, Leverage Law

Health Center Staff

Bob Theis, Chief Executive Officer
Janelle Harvey Jordan, Chief Operating Officer
Chris Walker, Chief Financial Officer
Annie Lacy, Executive Coordinator
Dr. Robbie Harriford, Chief Medical Officer

ABSENTEES:

Board Members

Dr. Michael McCunniff

Health Center Staff

Dr. Amanda Whiting, Chief Dental Officer

CALL TO ORDER

The meeting was called to order at 12:01 p.m. by Elizabeth Bordenave.

REVIEW OF AGENDA

The agenda was reviewed with no changes or corrections.

CONSENT AGENDA

The Consent Agenda for July 24, 2024 was approved with the following corrections:

- Cover page displayed the incorrect date, this will be updated to show July 24, 2024.
- The Construction Committee Minutes will be updated to show Joe Hennes made the motion to adjourn, and Jeffrey Williams seconded it.

- The Governance and Nominating Committee Minutes will be updated to show Elizabeth Bordenave attended as a guest opposed to a committee member.

The Consent Agenda consisted of the following documents:

- Board Minutes – June 26, 2024
- Finance Committee Dashboard – June 17, 2024
- Construction Committee Meeting Minutes – June 10, 2024
- Executive Committee Meeting Minutes – June 18, 2024
- Governance and Nominating Committee Minutes – February 12, 2024 and April 29, 2024
- Credentialing and Privileging
 - Orlando Silva, DDS
- Marketing Campaign Update
- Health Insurance Services Report – June 2024

Motion: Carmen Parker-Bradshaw made a motion to approve the Consent Agenda. Victor Hammonds seconded the motion. The motion carried.

ACTION ITEMS

Approval of New Site: Behavioral Health Mobile Unit

Chris Walker, Chief Financial Officer, presented the decision analysis regarding if the Heath Center should expand its scope of services for a Behavioral Health Mobile Unit (BHMU). Mr. Walker reminded the directors that any addition or removal of a site legally requires approval from the board of directors. The primary focus of the BHMU is to deliver behavioral health therapy services to children onsite at their respective schools. Mobile health is an innovative approach to reduce barriers to care for medically vulnerable families in our community. The BHMU is estimated to serve 300 patients per school year, resulting in approximately 900 encounters. It will be staffed with a therapist and a community health worker, who preferably speak Spanish and English. The cost of the van was \$160,000 and has been fully funded by AcruxKC and the Children’s Service Fund. SchoolSmartKC has dedicated \$25,000 for the annual maintenance and operation of the BHMU. Payment for services will come primarily from Medicaid, Jackson County Children’s Services Fund, Community Mental Health Fund (formerly known as Jackson County Mental Health Levy), and SchoolSmartKC.

Directors expressed concerns about handling children in acute crisis as well as the stigma associated with mental health services and privacy. Mr. Walker assured that protocols are in place for children in crisis to obtain immediate assistance and referrals. The unit will have no markings indicating its purpose, to maintain privacy and discretion. Coordination between the school and staff will ensure scheduling and safety. An update on the project’s progress will be provided early next year.

Motion: Dr. Bruce Williams made a motion to approve Expand Scope of Services for Behavioral Health Mobile Unit. Victor Hammonds seconded the motion. The motion carried.

New Market Tax Credits Resolutions

Neal Johnson, Leverage Law, attended the meeting to discuss the New Market Tax Credit Resolutions. The board had a full week to review these resolutions, having received them via email on July 16, 2024. Mr. Johnson proceeded to walk through the resolutions and process structure.

He explained the series of loan transactions designed to fund the new special purpose entity, the Qualified Active Low-Income Community Business (QALICB). The process begins with Sam Rodgers taking out a source loan. Sam Rodgers will then use this loan to make leverage loans into the new market structure, involving two loans, one in each investment fund. These investment funds will pull money from Investments into the new

market lenders (Wells Fargo and CBKC). The new market lenders will then make loans to the special purpose borrower, eventually funneling the money to the QALICB.

The resolutions approve the source loan, the leverage loans, and the formation of the new special purpose entity (QALICB). Additionally, a series of leases will be executed, including a long-term ground lease from Sam Rodgers to the QALICB, and the QALICB will sublease it back to Sam Rodgers for operation. The resolutions also cover various guarantees and indemnities, with Sam Rodgers guaranteeing the various loans and providing indemnity to Wells Fargo for any recapture of tax credits due to actions by Sam Rodgers.

Motion: Victor Hammonds made a motion to approve the New Market Tax Credits Resolutions. Rhonda Holman seconded the motion. The motion carried.

DISCUSSION

Capital Campaign Update

Bob Theis, Chief Executive Officer, presented the Capital Campaign Update. The Health Center has successfully reached the funding threshold for the Pediatric Wing Expansion and has also met the Mabee Foundation Match Challenge.

Board Evaluation – Next Steps

Dr. Arif Ahmed, Treasurer, discussed establishing mechanisms for the board to provide ongoing feedback. He suggested utilizing the Zoom chat feature to avoid taking time out of meetings or a simple quarterly survey. Additionally, he mentioned the possibility of a technical solution, like a web form, to facilitate feedback collection. While Google Docs was considered, it was noted that it might require additional technical know-how. Dr. Ahmed emphasized that the feedback mechanism does not need to be hosted on the website but should be a web-based input form.

Dr. Bruce Williams, Healthcare Representative, presented on board member orientation training. The executive committee compared Sam Rodgers' new board member orientation materials with the National Association of Community Health Centers' (NACHC) recommended orientation materials and discussed their findings. Currently, the orientation process involves a two-hour in-person meeting where new members and the CEO review the orientation materials together. The executive committee plans to align existing content with NACHC's structure and formalize follow-up opportunities for new board members.

Board Recruitment Update

Betty Nwabuonwu, Secretary, presented an update on Board Recruitment. Currently, the board has fifteen members, but with seven members expected to leave at the end of 2024, only eight will remain, which poses a challenge as compliance requires at least nine board members. This means at least one new member must be approved by the end of the year. The Board of Directors is particularly seeking individuals with expertise in Finance, Grants, and Human Resources. Betty Nwabuonwu emphasized the importance of recruiting patients, as they provide a valuable perspective, and it is a requirement that 51% of the Board of Directors consists of patients. Additionally, it is recommended that the FQHC Board reflects the patient population demographically, so Latina/Latino candidates with qualifying credentials will be prioritized.

OLD BUSINESS

Bob Theis, Chief Executive Officer, presented old business. The Nurse Practitioner Residency Program was awarded funding for a second year. The health center received a higher amount than last year, creating excitement about the continued growth of the program. Staff responsible for building the residency program were invited to present their findings at an upcoming conference.

NEW BUSINESS

Bob Theis, Chief Executive Officer, presented new business. Dr. Rita Rodgers-Stanley, board member, will receive the Dr. Samuel Rodgers Achievement Award, the highest honor from the Missouri Primary Care Association (MPCA). Dr. Rodgers-Stanley will accept the award and deliver remarks at the upcoming MPCA Annual Conference.

ADJOURNMENT

Ms. Bordenave called for a motion to adjourn.

Motion: Elizabeth Cooper McFadden made a motion to adjourn the meeting, and it was seconded by Victor Hammonds. The motion carried.

The meeting adjourned at 1:27 p.m.

Minutes taken and transcribed by: Annie Lacy

Betty Nwabonwu, Secretary

SAMUEL U. RODGERS HEALTH CENTER
Board of Directors Meeting
August 28, 2024
12:00 p.m.

The Board of Directors meeting was held Wednesday, August 28, 2024, at 12:00 p.m., after all members were duly notified of the time and purpose of the meeting.

ATTENDEES:

Board Members

Elizabeth Bordenave, Chair
Carmen Parker-Bradshaw, Vice Chair
Dr. Arif Ahmed, Treasurer
Gabriela Flores
Victor Hammonds
Dr. Gladesia Tolbert
Liz Cooper McFadden
Susan Garrett
Rhonda Holman, Immediate Past Chair
Patricia Hernandez
Betty Nwabuonwu, Secretary

Guests

Denise McNerney, iBossWell
Brooke Jarchow, iBossWell

Health Center Staff

Bob Theis, Chief Executive Officer
Chris Walker, Chief Financial Officer
Annie Lacy, Executive Coordinator
Dr. Robbie Harriford, Chief Medical Officer
Dr. Amanda Whiting, Chief Dental Officer

ABSENTEES:

Board Members

Dr. Michael McCunniff
Dr. Bruce Williams, Healthcare Representative
Jessica-Marie Hutchison
Dr. Rita Rodgers-Stanley

Health Center Staff

Janelle Harvey Jordan, Chief Operating Officer

CALL TO ORDER

The meeting was called to order at 12:01 p.m. by Elizabeth Bordenave.

REVIEW OF AGENDA

The agenda was reviewed with no changes or corrections.

CONSENT AGENDA

The Consent Agenda for August 28, 2024 was approved with no corrections. The Consent Agenda consisted of the following documents:

- Board Minutes – July 24, 2024
- Finance Committee Dashboard – August 21, 2024
- Finance Committee Minutes – July 17, 2024

- Construction Committee Meeting Minutes – July 12, 2024
- Executive Committee Meeting Minutes – July 16, 2024
- Governance Committee Meeting Minutes – July 31, 2024
- Credentialing and Privileging
 - Dr. Dalal
 - Dr. Swanson
- Health Insurance Services Report - July 2024

Motion: Gaby Flores made a motion to approve the Consent Agenda. Rhonda Holman seconded the motion. The motion carried.

Committee Assignments

Elizabeth Bordenave, Chair, presented committee assignments. Board members are encouraged to serve on one or two committees to leverage their expertise and passion. The following new assignments were announced: Jessica will join the Finance and Audit Committee, while both Liz and Jessica will join the Marketing and Fund Development Committee. Additionally, Susan and Liz will co-chair the Marketing and Fund Development Committee, combining Susan’s growing experience with Liz’s extensive marketing background. Dr. Tobert will join the Quality and Professional Relations Committee, and both Dr. Tobert and Liz will join the Construction Committee.

The discussion also included acknowledgments for Betty and Gaby. Betty will continue serving as secretary, ensuring continuity during the formalization of the recruitment process. Gaby, despite relocating to Portugal, will remain on the board through next year, demonstrating her strong commitment to the organization.

Employee Satisfaction Survey Results

Denise McNerney and Brooke Jarchow, iBossWell, presented the employee satisfaction survey results. Since 2018, iBossWell has collaborated with Sam Rodgers for professional development and strategic planning. The recent employee satisfaction survey received an impressive response rate, with 240 participants. The survey included questions about feeling appreciated at work, understanding job responsibilities, having the necessary tools for success, working in a professional environment, and being knowledgeable about organizational changes.

The first group of questions yielded solid results, with scores under 2.5 being considered very good. Higher-level data was presented, highlighting differences in numbers and changes over time. Key takeaways from 2022 to 2024 include an increase in employees feeling appreciated at work, with those strongly agreeing and agreeing rising from 20% to 24% and 31% to 35%, respectively. In 2022, 65% of employees strongly agreed or agreed that they had the tools necessary for success, which increased to 69% in 2024. There was an 11% increase in employees believing they work in a professional environment from 2022 to 2024. Employees also felt more knowledgeable about organizational changes in 2024, with agreement rising from 59% in 2022 to 65% in 2024. Additionally, there was an 8% increase in employees recommending Sam Rodgers to friends and family for employment opportunities or patient care, from 62% in 2022 to 70% in 2024.

The survey had a response rate of 82.2%, with 240 out of 292 staff members participating. Key takeaways from Q3 include 75% of employees strongly agreeing or agreeing that there is a clear mission giving meaning to their work, which was the lowest total average overall. The second-ranked answer choice among providers and clinicians was that everyone believes they can have an impact, with 55% of providers and 66% of clinicians strongly agreeing or agreeing. Among administration, the second-ranked answer choice was having a shared vision of the organization’s future, with 64% strongly agreeing or agreeing. Board questions and comments included inquiries about qualitative data, which was not collected this time but will be discussed with leadership for future surveys.

FTCA Risk Assessment

Monique Jones, Director of Risk and Compliance, presented the FTCA Risk Assessment. This comprehensive assessment covers all areas of risk for the health center and outlines quarterly evaluations for high-risk areas. The data in the report spans the calendar year from January 1, 2023, to December 31, 2023. The annual board report includes quarterly data on employee processing and transportation of medical instruments, sterilization processes, annual training goals, incident reports (including sharps injuries, medication errors, and vaccine errors), and any claim data.

In 2022, the then CMO, Dan Gillen, hired consultant Julie Richards to conduct a comprehensive Infection Prevention and Control (IPC) program. Julie assessed various clinical areas, identified goals, and documented findings. Policies were updated with educational objectives, and Julie prepared the 2023 report and goals for 2024, which are currently being monitored and pursued. During the transition to new FTCA requirements, some discrepancies appeared in the report, such as a zero for “Medication Errors” in the third quarter due to no incidents. Areas needing improvement were highlighted, including missed environmental HIPAA and infection control rounds for the third quarter. This issue has been addressed with the IPC consultant to ensure consistent reporting. The goal is to meet all FTCA requirements and avoid recurrence of issues in 2024, aiming for a “1” in each quarter for the “Completed Quarterly Assessments” metric. Dr. Williams added items for next year’s report, including sharps containers and red bag disposal of hazardous materials. The report will be submitted today.

Board Metrics

The executive committee proposes adding two key metrics related to board performance, to be reviewed quarterly: the percentage of board members who are active patients of the health center and the percentage of board members who have made a contribution for the year. The “patient majority” metric requires at least 51% of board members to be patients of the health center, reflecting the community’s diversity. This ensures the health center remains responsive to community needs. The second metric, related to board giving, encourages annual donations from all board members, demonstrating commitment to the organization’s mission. The review of these metrics will occur quarterly. Questions were raised about the timing of charitable giving and the minimum contribution expectations. It was clarified that any meaningful contribution is acceptable, and 51% of board members must use the health center’s services at least once every two years. The matrix review will be added to the September meeting agenda.

IRS Form 990

Chris Walker, Chief Financial Officer, presented the Samuel U. Rodgers Health Center, Inc. Form 990 (Tax year 2022, Fiscal Year 2023). Filing Form 990 on an annual basis is how the Health Center maintains its tax-exempt status. Form 990 also provides an opportunity to publicly communicate the health center’s mission, programs, and accomplishments (Part III and Schedule O). Most funders require a copy of the latest filed 990 along with a copy of the most recent audited financials. Form 990 is prepared by Forvis Mazars and is based on audited financials and supplemental information provided by Samuel U. Rodgers Health Center staff. Any variances due to specific IRS reporting requirements are reconciled on Schedule D, Supplemental Financial Statements.

Part I of the document is a summary of the Health Centers financial standing including revenue, contributions, and expenses. The governance and management section asks a series of questions regarding whether the Health Center documents meeting minutes, has required policies, has provided a completed copy of the form 990 to all members of the governing body, etc. Mr. Walker then went over Part VII, which reflects the compensation of officers, directors, and key employees. The 990 also included a breakdown of the income statement, functional expenses by program service, and a balance sheet with assets, liabilities, and net assets.

The Samuel U. Rodgers Health Center Foundation, Inc. Form 990, reports zero assets, liabilities, and net assets, with no revenue and expense activity. The Foundation corporation is in the process of being dissolved, which will eliminate the Form 990 filing requirement.

Board Education (FY2025 Proposed Budget)

In preparation for the budget presentation at next month's board meeting, Chris Walker, Chief Financial Officer, presented board educational materials and information regarding the annual budget. Chapter nineteen of the HRSA Compliance Manual addresses board authority, while chapter seventeen discusses the budget's format and required information. Management is responsible for preparing the annual budget. The budget summary format resembles the income statement, focusing on key revenue components. Net patient revenues, making up about 62% of total revenue, come from daily clinic activities and medical claims. Other components include contracts, quality performance incentives, and cost report adjustments. Grant revenue, accounting for about 37% of total revenue, includes the federal 330 base award, supplemental grant awards, and major federal programs. Miscellaneous revenues, 340B contract pharmacy, interest income, and general contributions make up about 1% of total revenue. Personnel expenses account for 73% of the budget, while non-personnel operating expenses make up 27%. Depreciation is a non-cash expense reported as a below-the-line item. The significance of Medicaid to the health center is highlighted, with Medicaid payments reimbursing 92% of gross charges through managed care plans. The budget includes salaries, fringes, and a slight vacancy allowance for turnover. Medical supplies are analyzed using cost per encounter type utilization analysis. The finance committee and the board will approve the fully developed budget next month.

Succession Planning

Carmen Parker-Bradshaw, Vice Chair, presented about succession planning. The National Association of Community Health Centers (NACHC) conducted research showing 90% of health service members, particularly CEOs and board members, were satisfied with board governance and CEO management, but only 64% had a succession plan. Sam Rogers has a strong history and current leadership, but aims to improve future preparedness through succession planning. This involves creating a roadmap for executive transitions, and replacing the current CEO. The board's growth and changes make this an ideal time for discussion. A typical CEO succession plan includes a board-adopted policy outlining transition principles and procedures, and a CEO backup plan for managing absences. This mitigates risks and ensures mission continuity. A task committee is proposed to develop the policy and backup plan, following the NACHC toolkit's eight-step process. The CEO's job description will be reviewed and calibrated, using NACHC's succession policy template. The CEO backup plan will detail cross-training and delegation. Implementation will include clear communication and sustainability metrics. The final plans will be reviewed and approved by the board, with a commitment to regular review. A small, diverse committee will start in January, with updates provided at quarterly board meetings. Recommendations will be shared with the executive committee and board members. The NACHC toolkit is user-friendly, requiring alignment with the organization's mission and values.

OLD BUSINESS

Bob Theis, Chief Executive Officer, presented old business. New market tax credits will close on September 5th. Additionally, he and Elizabeth are working with a consultant on strategic planning, with documents to be sent out by September 4th for the Strategic Planning Retreat on September 11th in the Propeller Building.

NEW BUSINESS

Bob Theis, Chief Executive Officer, presented new business. He announced that the health center has maintained its HRSA silver quality leader status for three years running.

ADJOURNMENT

Ms. Bordenave called for a motion to adjourn.

Motion: Elizabeth Cooper McFadden made a motion to adjourn the meeting, and it was seconded by Victor Hammonds. The motion carried.

The meeting adjourned at 1:27 p.m.

Minutes taken and transcribed by: Annie Lacy

Betty Nwabuonwu, Secretary

SAMUEL U. RODGERS HEALTH CENTER
Board of Directors Meeting
September 25, 2024
12:00 p.m.

The Board of Directors meeting was held Wednesday, September 25, 2024, at 12:00 p.m., after all members were duly notified of the time and purpose of the meeting.

ATTENDEES:

Board Members

Elizabeth Bordenave, Chair
Carmen Parker-Bradshaw, Vice Chair
Dr. Bruce Williams, Healthcare Representative
Dr. Arif Ahmed, Treasurer
Gabriela Flores
Victor Hammonds
Elizabeth Cooper McFadden
Rhonda Holman, Immediate Past Chair
Patricia Hernandez
Jessica-Marie Hutchison

Health Center Staff

Bob Theis, Chief Executive Officer
Chris Walker, Chief Financial Officer
Janelle Harvey Jordan, Chief Operating Officer
Annie Lacy, Executive Coordinator

Guests

Tonia Wright, Grace Advertising
Chrissey Breault, Grace Advertising

ABSENTEES:

Board Members

Dr. Michael McCunniff
Betty Nwabuonwu, Secretary
Dr. Rita Rodgers-Stanley
Dr. Gladesia Tolbert
Susan Garrett

Health Center Staff

Dr. Robbie Harriford, Chief Medical Officer
Dr. Amanda Whiting, Chief Dental Officer

CALL TO ORDER

The meeting was called to order at 12:03 p.m. by Elizabeth Bordenave. A quorum was present.

REVIEW OF AGENDA

The agenda was reviewed with no changes or corrections.

CONSENT AGENDA

The Consent Agenda for August 28, 2024 was approved with no corrections. The Consent Agenda consisted of the following documents:

- Board Minutes – August 28, 2024
- Finance Committee Dashboard – September 18, 2024
- Finance Committee Minutes – August 21, 2024
- Construction Committee Meeting Minutes – August 9, 2024
- Executive Committee Meeting Minutes – August 20, 2024
- Governance and Nominating Committee Minutes – August 12, 2024
- Health Insurance Services Report - August 2024

- Credentialing and Privileging
 - Myarka Williams
 - Griselda Williams
 - Agnes Barrolle
 - Caroline Uribe-Abad
 - Stephanie Blakesley
 - Christopher Graybill

Motion: Carmen Parker-Bradshaw made a motion to approve the Consent Agenda. Victor Hammonds seconded the motion. The motion carried.

Marketing Plan Presentation

Janelle Harvey Jordan, Chief Operating Officer, introduced the guests from Grace Advertising, Tonia Wright and Chrissey Breault. She discussed the work they have been doing for the Health Center including operating Sam Rodgers’s social media accounts, creating advertisements, capturing footage, and redesigning the organization’s website. Additionally, Grace Advertising has assembled a marketing plan for the Health Center, which is what is being presented today. Ms. Wright started her presentation by sharing her personal journey, from receiving prenatal care herself at Sam Rodgers as a teen, to founding Grace Advertising in 2007, which later shifted focus to maternal health non-profit work. This powerful story sparked discussion regarding changes in the Health Center’s patient population over the years. The team wants Sam Rodgers to be a more welcoming environment for English-speaking Black and Brown communities. The presentation was paused due to time, and it was established that the Grace Advertising team will be back next month and allotted additional time to present the marketing plan.

Approval of FY2025 Operating Budget

Chris Walker, Chief Financial Officer, presented an FY2025 Proposed Budget. Mr. Walker started by discussing the conceptual direction of the FY2025 budget. In FY2025, the health center aims to enhance operational efficiencies using NextGen and DRVS systems to improve patient outcomes and reduce claim denials. It will maintain high-quality care and leverage quality measures for financial incentives, ensuring its leadership in Missouri and nationwide. The center will continue educating patients on Medicaid enrollment and annual re-determination through pre-visit planning and outreach. Addressing social determinants of health, the Community Health Worker team will provide comprehensive services and referrals. The center will receive a second-year grant for the HRSA Quality Improvement Fund - Maternal Health program to develop innovative care models and reduce maternal health disparities. It also qualified for the second year of the NP Residency Fellowship Program and expects a second-year grant for early childhood development funding. The Pediatric Wing expansion, financed partly through the New Market Tax Credits (NMTC) program, is progressing, with capital budget allocations for furniture and fixtures.

Total revenues for FY2025 are projected to grow by 2% over current year trends and 6% over the FY2024 budget, reaching \$32,450,865. This growth is primarily driven by a 9% increase in net patient revenue, amounting to \$1.58 million, due to fee schedule adjustments and an increase in clinical full-time equivalents (FTEs). Federal grant revenue is expected to rise by 3%, or \$212,000, thanks to ongoing HRSA support for various programs. However, other grant revenue is forecasted to decrease by 13%, or \$768,000, due to the absence of one-time grants awarded in FY2024. Overall, total grant revenue is anticipated to decline by 4%, or \$556,000. Other revenue is also expected to decrease by \$239,000, mainly due to lower short-term investment income from the Pediatric Wing project’s grant collections.

Total expenses, before depreciation, are projected to increase by 1% over current trends, totaling \$32,289,177. Personnel costs, the largest expense category, are expected to rise by 2%, or \$381,000, while non-personnel costs will see increases in medical supplies, pharmaceuticals, purchased services, and software. Net income, before depreciation, is projected to be \$161,588.

The capital budget for FY2025 includes the procurement of additional 3D ultrasound probes funded by the Maternal Health grant, planned upgrades to IT switch gear and software contingent on USAC and Universal Service Fund funding, replacement of the HVAC system at the Cabot Westside location with 80% of costs covered by grant funding, and the Pediatric Wing expansion funded by contributions and the NMTC program.

Motion: Victor Hammonds made a motion to approve the FY2025 Operating Budget. Dr. Bruce Williams seconded the motion. The motion carried.

Review Board Matrix

Bob Theis, Chief Executive Officer, presented the Board Matrix. He clarified the requirements regarding board composition and the exact wording of what will be checked during operational site visits. Chapter 20 of the HRSA Compliance Manual outlines Board Composition Authority and states the following, “The majority [at least 51%] of the health center board members must be patients served by the health center. These health center patient board members must, 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 health center board members must represent the community served by the health center and be selected for their expertise in relevant areas such as community affairs, local government, finance and banking, legal affairs, etc. The Governance and Nominating Committee will use this information to recruit strategically. The clarification was helpful, as the focus should be on ensuring that the patient board members, rather than the entire board, reflect the patient demographics.

Board Recruitment Update

Gaby Flores, Director, and Rhonda Holman, Immediate Past Chair, presented an update on board recruitment. The Governance and Nominating Committee is scheduled to meet next week to create an application for candidates, which will outline requirements and request self-disclosure of demographic information. The committee will also discuss potential changes to the bylaws and consider a slate of new members, possibly by next month or November. Additionally, the Governance Committee has set a goal to stagger the terms of board members to ensure continuity.

CEO Performance Evaluation Update

Elizabeth Bordenave, Chair, provided an update on the CEO performance evaluation. The most recent closed session to discuss the matter occurred at the end of the July Board Meeting. Unfortunately, this session began at a disadvantage due to the meeting running over time, which prevented several board members from participating. Additionally, the confidentiality of closed sessions limits documentation, leaving members who were unable to attend unaware of the discussions and feedback provided to the CEO.

To enhance the process, Ms. Bordenave intends to create an interactive document for feedback for Bob. For the upcoming year, she proposes holding closed sessions quarterly and strategically shortening the agenda to ensure sufficient time for these sessions within the scheduled window. There is also consideration of reevaluating the meeting times for next year.

Board Evaluation Initiative

Dr. Arif Ahmed, Treasurer, presented Board Evaluation Initiatives, focusing on the feedback initiative. He encouraged board members to provide feedback on the meeting, as Bob posted earlier in the chat. Feedback has been collected from the past two board meetings. General feedback indicates that visits from experts, such as those from the marketing firm, Chris’s presentation for board education, and Anvi’s assistance, have been helpful. Visual information, including dashboards and graphs, is also appreciated. The group suggested maintaining a repository of feedback to help identify trends and red flags. This would ideally be a working document, detailing feedback by date and responses. The document should be linked on the board portal, which will be launching soon.

Succession Planning Ad Hoc Committee

Carmen Parker-Bradshaw, Vice Chair, presented an update on the Succession Planning Ad Hoc Committee. She reminded everyone of the need to formalize this committee and establish a process for succession planning for Sam Rodgers, as discussed in last month's meeting. The committee will utilize toolkits like those from the National Association of Community Health Centers (NACHC) to ensure best practices are followed. Carmen encouraged MPCA attendees to participate in the succession planning breakout session and report back on their learnings. A notice will be sent out to formally solicit interest in joining the ad hoc committee. Updates on the selection process will be provided once it is established. The goal is to have the committee fully operational by January. Additionally, it was emphasized that board members should not serve on more than two committees, but adjustments can be made for those passionate about this committee.

OLD BUSINESS

There was no Old Business to discuss.

NEW BUSINESS

There was no New Business to discuss.

ADJOURNMENT

Ms. Bordenave called for a motion to adjourn.

Motion: Elizabeth Cooper McFadden made a motion to adjourn the meeting, and it was seconded by Victor Hammonds. The motion carried.

The meeting adjourned at 1:32 p.m.

Minutes taken and transcribed by: Annie Lacy

SAMUEL U. RODGERS HEALTH CENTER
Board of Directors Meeting
October 30, 2024
12:00 p.m.

The Board of Directors meeting was held Wednesday, October 30, 2024, at 12:00 p.m., after all members were duly notified of the time and purpose of the meeting.

ATTENDEES:

Board Members

Elizabeth Bordenave, Chair
Dr. Bruce Williams, Healthcare Representative
Betty Nwabuonwu, Secretary
Gabriela Flores
Victor Hammonds
Elizabeth Cooper McFadden
Susan Garrett
Rhonda Holman, Immediate Past Chair
Patricia Hernandez
Jessica-Marie Hutchison
Dr. Gladesia Tolbert

Health Center Staff

Bob Theis, Chief Executive Officer
Chris Walker, Chief Financial Officer
Dr. Robbie Harriford, Chief Medical Officer
Dr. Amanda Whiting, Chief Dental Officer
Scot Elston- Director of IT
Tonasha Sylvester- Director of HR

ABSENTEES:

Board Members

Carmen Parker-Bradshaw, Vice Chair
Dr. Arif Ahmed, Treasurer
Dr. Michael McCunniff
Dr. Rita Rodgers-Stanley

Health Center Staff

Janelle Harvey Jordan, Chief Operating Officer
Annie Lacy, Executive Coordinator

CALL TO ORDER

The meeting was called to order at 12:06 p.m. by Elizabeth Bordenave, Chair. A quorum was established.

REVIEW OF AGENDA

The agenda was reviewed with no changes or corrections.

CONSENT AGENDA

The Consent Agenda consisted of the following documents:

- Board Minutes – September 25, 2024
- Finance Committee Dashboard – October 16, 2024
- Finance Committee Minutes – September 18, 2024
- Construction Committee Meeting Minutes – September 13, 2024
- Executive Committee Meeting Minutes – September 17, 2024
- Governance and Nominating Committee Minutes – September 4, 2024
- Health Insurance Services Report – September 2024
- Credentialing and Privileging
 - o Cecilia Vazquez

Motion: Dr. Bruce Williams made a motion to approve the Consent Agenda for October 30, 2024, with a correction to change the reference in the first sentence of the Construction Committee Minutes from the Board Meeting to the Construction Committee Meeting. Gabriela Flores seconded the motion. The motion carried and the Consent Agenda was approved.

Board Candidate Update

Betty Nwabuonwu, Governance and Nominating Committee Chair, presented the three Samuel U. Rodgers Health Center Board candidates. The resumes of Board candidates are being presented for board approval. Each candidate has been thoroughly vetted by the Governance and Nominating Committee, followed by a second vetting process that included meetings with the Board Chair and the CEO of Sam Rodgers. After discussion and consensus, the candidates are now being submitted to the Sam Rodgers Board of Directors for final approval.

The Committee is also seeking to add a one-page application to provide information, in advance of an interview, that a resume would be unlikely to contain. The mock-up will be shared in the Governance Committee and Nominating Committee Meeting on October 31, 2024.

Motion: Rhonda Holman made a motion to approve board membership for Shelley Penn. Patricia Hernandez seconded the motion. The motion carried.

Motion: Victor Hammonds made a motion to approve board membership for Katherine Ferro. Rhonda Holman seconded the motion. The motion carried.

Motion: Elizabeth McFadden made a motion to approve board membership for Theodis Watson. Rhonda Holman seconded the motion. The motion carried.

Within the week, the three newly approved board members will receive news of their approval and will be invited to attend the January 2025 board meeting by Bob Theis, Chief Executive Officer.

Bob Theis reported that the three newly elected board members will go through an onboarding process and will be invited to indicate their preferred committee for service. The onboarding process is currently being revised to align more closely with the National Association of Community Health Centers' guidelines, incorporating elements like providing new board members with meeting minutes from the past six months.

Purchasing Policy Review

Chris Walker, Chief Financial Officer, provided education on the Sam Rodgers Purchasing Policy. The policy is specific to procurement of services or goods using federal funds as outlined by the Department of Health and Human Services. The policy identifies thresholds on expenditures and associated governance. Sam Rodgers' purchasing standards and controls were established to align with this policy.

Approval Authority for Purchases

Requisition for the purchase of supplies, equipment or services shall be approved using the following approval limits. No attempt shall be made to split up purchases with the intent of circumventing this authority.

1. Purchases of \$1,000 or less require approval by managers/directors.
2. Executive management may also increase approval thresholds for select managers/directors to an amount of up to 5,000.
3. Purchases up to \$10,000 require chief officer approval.
4. Purchases up to \$25,000 require two chief officers to approve.
5. Purchases up to \$150,000 require approval by the Chief Executive Officer.
6. In the absence of the CEO, the COO may approve purchases contemporaneously with approval from the Board Chair.

7. Any purchases that are in the Board approved budget, that are less than or equal to the budgeted amount, may be approved by the Chief Executive Officer.
8. If the Health Center changes vendors, and the annual budgeted amount is greater than \$150,000, and the new vendor bid is greater than the budgeted amount, then the vendor bid must be approved by the Board of Directors.
9. Unbudgeted purchases greater than \$150,000 require approval by the Board of Directors Finance.

The policy also addresses conflicts of interest, and we each signed a conflict-of-interest attestation at the December 2023 Board Meeting. The Code of Conduct section details the approval authority for purchases, designating only the CEO and COO as authorized signers for agreements and contracts. Additionally, the policy outlines the RFP process for procurements of \$250,000 or more and specifies engagement efforts with small and minority-owned businesses. Chris noted the Pediatric Wing construction as a recent example.

Prior to the Operational Site Visit in Spring 2025, this policy will undergo review to ensure updates as needed, including distinctions between federal and non-federal purchasing activities, as well as clearer language around the code of conduct and conflicts of interest (inclusive of domestic partners). Chris anticipates receiving a helpful template from a CPA representative who attended the recent MPCA conference.

Chris will also investigate streamlined methods to track smaller expenditures, which can add up over time. This topic will be revisited in the January 2025 Finance Committee Meeting. Board members are encouraged to send any outstanding questions to Bob or Chris for follow-up at that meeting.

Strategic Planning Update

Bob Theis, Chief Executive Officer, reported that a working session was held on September 11, 2024. Following this session, Executive Coordinator Annie Lacy compiled everyone's input and submitted it to Avni. Bob is now working to schedule a follow-up meeting with Avni to review the summarized Strategic Plan. The final report is expected next week, in advance of the November 2024 Board Meeting for discussion and approval. The Strategic Plan is intended to serve as a roadmap, like our annual budget.

Board Matrix

Bob reviewed the Board Giving Matrix, noting that we achieved full participation in 2023. This matrix is refreshed annually, and so far in 2024, three board members have made contributions. Board members who have not yet contributed were encouraged to do so according to their personal budgets. A link for electronic contributions will be shared during the week of November 4, 2024, though contributions by check are also welcome. Bob expressed gratitude for everyone's commitment to supporting the pediatric wing. Ms. Bordenave reinforced the goal of achieving 100% board giving participation in 2024 and thanked those who have already contributed to our mission.

OLD BUSINESS

Patricia Hernandez shared that she would like to remain on the Sam Rodgers Board until her term ends, as she was not successful in securing a position with the Missouri State House.

Gabriela Flores inquired if the marketing proposal, which was tabled at last month's meeting, would be added to the January 2025 Board Meeting agenda. Bob confirmed that it would be allowing time for a meeting with the Marketing Committee to gather feedback and address any outstanding questions from committee members.

Rhonda Holman requested an update on plans to create a memorial honoring Susan Haake's contributions to Samuel U. Rodgers Health Center, funded by a \$50,000 donation from her family. Bob responded that he plans to explore the possibility of placing the memorial in the center of the new housing complex owned by the health

center. The memorial design will need to be developed, and this topic will be added to a Board Meeting agenda in early 2025.

Ms. Bordenave congratulated the team for receiving the Platinum Quality Award at the MPCA Conference in October 2024. Other highlights included Dr. Rita's acceptance of Dr. Samuel U. Rodgers' Lifetime Achievement Award and recognition of Sam Rodgers' Nurse Practitioner Residency Fellowship Program. She also noted the strong board presence at the conference. Board members shared that the experience provided valuable context for their decision-making, offered insight into challenges other health centers face, and highlighted Dr. Rodgers' legacy, especially during the awards dinner where his book and Sam Rodgers contributions were prominently mentioned.

Ms. Bordenave reminded everyone about the new board improvement initiative. Next year, the Succession Planning Ad Hoc Committee will be formalized, with Vice Chair Carmen Parker-Bradshaw serving as chair. Carmen will email board members to gauge interest in participating. The committee will focus on developing a CEO succession plan. Bob mentioned that the National Association of Community Health Centers (NACHC) has a framework for such plans and will verify if a succession plan is required for the upcoming operational site visit in the spring, though it is best practice to have one in place regardless. Gabriela Flores asked if succession planning was a requirement for the upcoming Operational Site Visit, as this would increase the urgency of this planning. Bob stated that in the past it was not; however, Bob will investigate any new guidance that is included now as Operational Site Visit criteria evolves over time.

NEW BUSINESS

Bob Theis reported that the recent crane malfunction did not delay the construction timeline for the pediatric wing, which remains on track to open in October 2025 as scheduled.

Bob emphasized the importance of staying current with the latest technologies, including AI, to enhance staff satisfaction and reduce provider burnout. Our team will be exploring NextGen Ambient Assist, an innovative tool that transforms patient-provider conversations on mobile devices into temporary transcripts, generating structured SOAP notes. This technology will continue to evolve and play a crucial role in provider recruitment.

ADJOURNMENT

Ms. Bordenave called for a motion to adjourn.

Motion: Betty Nwabuonwu made a motion to adjourn the meeting, and it was seconded by Rhonda Holman. The motion carried.

The meeting was adjourned at 1:30 p.m.

Minutes taken and transcribed by: Tonasha Sylvester

SAMUEL U. RODGERS HEALTH CENTER
Board of Directors Meeting
November 13, 2024
12:00 p.m.

The Board of Directors meeting was held Wednesday, November 13, 2024, at 12:00 p.m., after all members were duly notified of the time and purpose of the meeting.

ATTENDEES:

Board Members

Elizabeth Bordenave, Chair
Carmen Parker-Bradshaw, Vice Chair
Betty Nwabuonwu, Secretary
Dr. Arif Ahmed, Treasurer
Rhonda Holman, Immediate Past Chair
Gabriela Flores
Victor Hammonds
Elizabeth Cooper McFadden
Susan Garrett
Jessica-Marie Hutchison

Health Center Staff

Bob Theis, Chief Executive Officer
Janelle Harvey Jordan, Chief Operating Officer
Chris Walker, Chief Financial Officer
Dr. Amanda Whiting, Chief Dental Officer

ABSENTEES:

Board Members

Dr. Bruce Williams, Healthcare Representative
Patricia Hernandez
Dr. Michael McCunniff
Dr. Rita Rodgers-Stanley
Dr. Gladesia Tolbert

Health Center Staff

Dr. Robbie Harriford, Chief Medical Officer
Annie Lacy, Executive Coordinator

CALL TO ORDER

The meeting was called to order at 12:02 p.m. by Elizabeth Bordenave, Chair. A quorum was established.

REVIEW OF AGENDA

The agenda was reviewed with no changes or corrections.

CONSENT AGENDA

The Consent Agenda consisted of the following documents:

- Board Minutes – October 30, 2024
- Finance Committee Dashboard – October 16, 2024
- Finance Committee Minutes – October 16, 2024
- Audit Committee Minutes – March 13, 2024
- Construction Committee Meeting Minutes – October 11, 2024
- Executive Committee Meeting Minutes – October 15, 2024
- Health Insurance Services Report – October 2024
- Credentialing and Privileging

- Gregory Nurrenbern
- Jacqueline De La Cruz

Motion: Rhonda Holman made a motion to approve the Consent Agenda for November 13, 2024, with a correction to the Board Meeting Minutes, specifically removing the word “Finance” at the end of bullet point 9 under the Purchasing Policy Review section. Gabriela Flores seconded the motion. The motion carried and the Consent Agenda was approved.

Strategic Planning Update and Board Discussion

Bob Theis, Chief Executive Officer, presented the updated strategic plan incorporating feedback provided prior to the Board meeting from Rhonda Holman and Elizabeth Bordenave. The team agreed to review the plan and reserve questions until the end. Mr. Theis noted plans to update the document in real time.

Mr. Theis highlighted key initiatives within the plan.

Mr. Theis detailed the expansion of the Patient-Centered Medical Home Model, emphasizing chronic disease management, blood pressure control, and adherence to evidence-based protocols as well as increased number of care gaps closed with a baseline established from 2023. He further elaborated that sources of care gaps primarily come from Uniform Data System (UDS) such as preventive screenings (e.g., cancer screenings, vaccinations).

Mr. Theis highlighted strategies to increase internal staff referrals to improve patient health outcomes and introduced the Luma patient engagement platform to enhance care delivery. Mr. Theis described Luma as being integrated with NextGen's electronic health record (EHR) systems as a patient engagement platform. It's designed to enhance communication, streamline administrative processes, and improve the overall patient experience. He also proposed tracking the closure of social determinants of health gaps, focusing on transportation as a key performance indicator for the Board's quarterly report. The team agreed to establish a 2024 baseline for tracking transportation needs.

Mr. Theis said we will track social determinants of health, with transportation identified as a key performance indicator for the Board's quarterly report. Gabriela Flores emphasized the importance of providing seamless wraparound services, including referrals across medical, dental, and behavioral health. Mr. Theis concurred, reinforcing the commitment to holistic care. Wraparound services include a variety of services, depending on the needs of the individual or family, such as housing assistance, transportation, food security, utility payment assistance, etc.

Mr. Theis discussed establishing 2024 social media engagement targets as a baseline, with plans for incremental growth by the end of 2025. Elizabeth Cooper McFadden noted the importance of tracking metrics for awareness and suggested that integrating them would be a wonderful place to start with the strategic plan. Additionally, Ms. Cooper McFadden highlighted that Grace Advertising could measure current engagement levels and provide updates, making it easier to assess progress over time.

Mr. Theis addressed strategic plan goals for Medicaid Verification Accuracy and Fundraising. He outlined a target of achieving at least 85% accuracy in Medicaid verifications, incorporating Rhonda Holman's suggestion to add "at least" for clarity. On fundraising, he proposed expanding efforts beyond the local area, aiming for a 3-5% annual increase from the baseline of \$417,000 set in 2023, excluding capital campaigns.

Mr. Theis outlined plans to enhance staff satisfaction by reducing barriers to delivering high-quality care. Staff would monitor chronic disease management such as blood pressure control for hypertensive patients. The measure would consist of the percentage of clinical staff who meet Adherence to Clinical Guidelines related to administering blood pressure is 85%.

Ms. Flores inquired about incorporating adherence to clinical guidelines and continuing medical education and professional development into annual performance evaluations, as well as digitizing patient satisfaction tools. Ms. Harvey Jourdan confirmed these initiatives, noting that employee reviews would include these components and that digital patient satisfaction surveys are being integrated via the Luma platform. Ms. Flores also asked about collaborative efforts with the Missouri Primary Care Association (MPCA) to advocate for Medicaid initiatives and other discretionary state funding. Ms. Harvey Jourdan affirmed ongoing collaboration with MPCA on these initiatives.

Additionally, Ms. Flores proposed continuing the quarterly updates on the strategic plan, as done in previous years, to include a quality reporting dashboard and an assessment of progress on quality improvement efforts, such as highlighting performance metrics (e.g., exceeding 10 out of 15 measures). Mr. Theis affirmed that regular reporting on the strategic plan, including quality outcomes and key performance indicators, would follow a similar schedule.

The strategic plan included "parking lot items," representing ongoing initiatives for potential future adoption. Mr. Theis also reviewed the Board Education section, referencing opportunities discussed during the September retreat, including staff presentations shared with outside organization, quality initiatives, and updates and education on Medicaid Cost Reports.

Following a thorough discussion, Ms. Bordenave called for a motion to approve the strategic plan.

Motion: Betty Nwabuonwu made a motion to approve the Strategic Plan, and it was seconded by Rhonda Holman. The motion carried.

Due to time constraints, the bylaws were not approved in the meeting and would be managed via email. Ms. Bordenave also highlighted the need for more patient visits by board members.

Ms. Nwabuonwu briefly discussed the bylaws and confirmed that the changes in the bylaws had been reviewed by legal counsel.

ADJOURNMENT

Ms. Bordenave called for a motion to adjourn.

Motion: Carmen Parker-Bradshaw made a motion to adjourn the meeting, and it was seconded by Dr. Arif Ahmed. The motion carried.

The meeting was adjourned at 1:05 p.m.

CLOSED SESSION

The board met in a closed session to review, discuss, and provide input for the CEO's salary and benefits.

The action item for approval of the updated bylaws was not addressed during November 13, 2024, Board Meeting. Following discussions with the Board Chair Elizabeth Bordenave and Board Secretary Betty Nwabuonwu, this item has been rescheduled for consideration at the December 11, 2024, Board Meeting.

Discussion items from the agenda, including old and new business, were not covered during the November 13, 2024, Board Meeting. These items included updates on Succession Planning, the Operational Site Visit, Health Center Onboarding of New Board Members, and the CEO Performance Review Process. Following the meeting, Bob Theis provided a summary email to the Board on Thursday, November 14, 2024, at 12:51 PM, highlighting these topics. All related materials were included in the Board Packet distributed to members as well as the email from Mr. Theis

Minutes taken and transcribed by: Bob Theis

Samuel U. Rodgers Health Center, Inc., H80CS00784

FY2025 BPR Budget Narrative and Personnel Justification Table

Object Class Category with Line Item Justification	Remainder FY 2024		Budget Year FY 2025		Category Total	
	November 1, 2024 - March 31, 2025		April 1, 2025 - March 31, 2026			
	Federal	Non- Federal	Federal	Non- Federal	Total Federal Costs	Total Non-Federal Costs
REVENUES - Total Revenues by Source						
REVENUE SOURCES						
HRSA 330 Health Center Award	\$2,327,358	\$0	\$5,501,029	\$0	\$7,828,387	\$0
Program Income	\$0	\$6,968,050	\$0	\$19,503,823	\$0	\$26,471,873
Other Federal Funding	\$0	\$749,302	\$0	\$1,938,145	\$0	\$2,687,447
Local and State Funding	\$0	\$1,338,093	\$0	\$2,665,688	\$0	\$4,003,781
Other Funding Support	\$0	\$1,328,034	\$0	\$2,842,180	\$0	\$4,170,214
Health Center Funding	\$0	\$573,578	\$0	\$1,340,412	\$0	\$1,913,990
TOTAL REVENUES	\$2,327,358	\$10,957,057	\$5,501,029	\$28,290,248	\$7,828,387	\$39,247,305
EXPENSES - Total Federal Costs and Total Non-Federal Costs should be consistent with object class category totals in Section B of the SF-424A.						
PERSONNEL						
Administrative Staff	\$1,352,027	\$3,693,055	\$3,195,697	\$9,548,650	\$4,547,724	\$13,241,705
Behavioral Health Staff	\$75,542	\$206,344	\$178,555	\$533,516	\$254,097	\$739,860
Dental Staff	\$300,061	\$819,617	\$709,236	\$2,119,176	\$1,009,297	\$2,938,793
Enabling Staff	\$154,785	\$422,796	\$365,857	\$1,093,169	\$520,642	\$1,515,965
Medical Staff	\$212,207	\$579,643	\$501,581	\$1,498,708	\$713,788	\$2,078,351
Other	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL PERSONNEL	\$2,094,622	\$5,721,455	\$4,950,925	\$14,793,219	\$7,045,547	\$20,514,674
FRINGE BENEFITS						
FICA @ 7.00%	\$162,915	\$479,043	\$385,073	\$857,266	\$547,988	\$1,336,309
Retirement @ 3.00%	\$69,821	\$205,304	\$165,031	\$367,400	\$234,852	\$572,704
Medical @ 3.72% [6.23% Yr 2-3]	\$0	\$339,799	\$0	\$1,469,431	\$0	\$1,809,229
Life & Disability @ .45% [.50% Yr 2-3]	\$0	\$41,162	\$0	\$116,244	\$0	\$157,406
Unemployment & Work Comp @ .62%	\$0	\$56,712	\$0	\$144,142	\$0	\$200,854
TOTAL FRINGE @ 14.78% [17.3% Yr2-3]	\$232,736	\$1,122,020	\$550,104	\$2,954,483	\$782,840	\$4,076,503
TRAVEL - Include details for both local and long distance travel.						
Conferences: Missouri Primary Care Association, Department of Mental Health, and other state and local grant related program activities.	\$0	\$68,437	\$0	\$128,286	\$0	\$196,722
TOTAL TRAVEL	\$0	\$68,437	\$0	\$128,286	\$0	\$196,722
SUPPLIES - Include equipment items that cost less than \$5,000 each and other supplies.						
Office and administrative supplies	\$0	\$207,120	\$0	\$548,311	\$0	\$755,431
Medical and dental supplies as well as pharmaceuticals are calculated based upon a cost per encounter methodology	\$0	\$615,721	\$0	\$2,230,388	\$0	\$2,846,109
TOTAL SUPPLIES	\$0	\$822,841	\$0	\$2,778,699	\$0	\$3,601,540
CONTRACTUAL						
<i>Provide a clear explanation as to the purpose of each contract/subaward, how the costs were estimated, and the specific contract/subaward deliverables.</i>						
Contract lab services for both medical and dental are calculated based upon a cost per encounter methodology	\$0	\$539,953	\$0	\$574,631	\$0	\$1,114,584
Contracted radiology, housekeeping services, security, information technology support, pharmacy management support, and miscellaneous consultants, etc.	\$0	\$532,400	\$0	\$2,010,101	\$0	\$2,542,501
TOTAL CONTRACTUAL	\$0	\$1,072,353	\$0	\$2,584,732	\$0	\$3,657,085

Samuel U. Rodgers Health Center, Inc., H80CS00784

FY2025 BPR Budget Narrative and Personnel Justification Table

Object Class Category with Line Item Justification	Remainder FY 2024		Budget Year FY 2025		Category Total	
	November 1, 2024 - March 31, 2025		April 1, 2025 - March 31, 2026			
	Federal	Non- Federal	Federal	Non- Federal	Total Federal Costs	Total Non-Federal Costs
OTHER						
<i>Include justification of costs that do not fit into any other category. In some cases, rent, utilities, and insurance may fall under this category if they are not included in an approved indirect cost rate.</i>						
Audit, tax, and cost report services	\$0	\$68,750	\$0	\$246,000	\$0	\$314,750
Legal	\$0	\$10,417	\$0	\$34,800	\$0	\$45,217
Insurance	\$0	\$79,986	\$0	\$202,790	\$0	\$282,776
Utilities (electric, gas, water & phone)	\$0	\$125,848	\$0	\$286,449	\$0	\$412,297
Depreciation	\$0	\$605,444	\$0	\$1,502,000	\$0	\$2,107,444
Computer software and license, maintenance fees	\$0	\$372,564	\$0	\$1,059,680	\$0	\$1,432,244
Building maintenance and repairs	\$0	\$110,583	\$0	\$248,192	\$0	\$358,775
Equipment rentals/leases - copiers, postage machine, etc.	\$0	\$35,354	\$0	\$111,470	\$0	\$146,825
Rent (2 sites)	\$0	\$47,469	\$0	\$125,400	\$0	\$172,870
Continuing education	\$0	\$68,437	\$0	\$128,286	\$0	\$196,723
Other includes: interpretation services (\$331K), telecommunication (\$215K), marketing (\$198K), credentialing (\$51K), professional and corporate dues and memberships (\$33K), employee recruitment (\$30K), and other miscellaneous expenses.	\$0	\$625,098	\$0	\$1,105,762	\$0	\$1,730,860
TOTAL OTHER	\$0	\$2,149,950	\$0	\$5,050,829	\$0	\$7,200,780
Total Direct Charges	\$2,327,358	\$10,957,057	\$5,501,029	\$28,290,248	\$7,828,387	\$39,247,305
INDIRECT COSTS						
<i>Include only if your organization has a negotiated indirect cost</i>						
n/a						
Total Charges (Sum of TOTAL Expenses)	\$2,327,358	\$10,957,057	\$5,501,029	\$28,290,248	\$7,828,387	\$39,247,305

Samuel U. Rodgers Health Center, Inc.
H80CS00784 Service Area Competition Narrative
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Criterion 1: NEED

When Dr. Samuel Rodgers – the first Board-certified African American OB/GYN in the Kansas City area - founded the Samuel U. Rodgers Health Center (Rodgers Health) in 1968, he had a vision and a passion: to ensure everyone has access to quality health care, regardless of ability to pay. That vision and passion are as fresh and vibrant for us today as they were more than half a century ago. In honoring Dr. Rodgers’ vision, , the Samuel U. Rodgers Health Center (Sam Rodgers) provided \$6,394,085 in unreimbursed health care for our patients in 2022.

Sam Rodgers fulfills its mission by providing comprehensive care in the areas of adult and senior medicine, well-woman and obstetrical care, pediatric and adolescent health, behavioral health, and oral health services for our community's most medically and socially vulnerable families. The National Committee for Quality Assurance (a national certification organization committed to improving the quality of health care) recognizes Sam Rodgers as a Level 3 Patient-Centered Medical Home (PCMH); we provide team-based, patient-centered care, which actively engages the patient and family in developing the care plan, teaching self-management skills, and ensuring follow-up care.

In addition, Sam Rodgers is the very first Federally Qualified Health Center (FQHC) in Missouri, and only the fourth FQHC in the entire country. As part of our full complement of out-patient services, we provide Health Home services to coordinate care for individuals who have chronic conditions. We also provide on-site imaging, pharmacy, and laboratory services. We have MO HealthNet (Medicaid) enrollment specialists, and Affordable Care Act (ACA) Marketplace Certified Enrollment Counselors available to assist patients. Sam Rodgers provides transportation and interpretation services for patients to help reduce barriers to care. In addition, we bring community outreach and education programs to the greater Kansas City community. All Sam Rodgers locations provide Women, Infant & Children (WIC) services. WIC reduces the risk of infant mortality by connecting expectant mothers to essential prenatal health care, promoting healthy eating through nutrition assessments and counseling, and providing healthy foods tailored to the specific needs of pregnant women and their babies. One way we do this is to escort a woman who we’ve just given news of a positive pregnancy test right to our WIC department, so we can get her started on healthy food for her and her baby immediately.

The Proposed Service Area

The service area proposed by Sam Rodgers is consistent with Attachment 1: Service Area Map and Table uploaded into the Electronic Handbook (EHB); we currently provide services at locations in Jackson, Clay, and Platte, counties in Missouri.

Our current locations include the following:

Samuel U. Rodgers Health Center – located in the Paseo Gateway Opportunity Zone
Downtown Campus
825 Euclid Avenue
Kansas City, MO 64124

Samuel U. Rodgers Health Center – located in the Central City Opportunity Zone
Cabot Westside
2121 Summit
Kansas City, MO 64108-2126

Samuel U. Rodgers Health Center
Clay County Family Medicine & Dental
800 Haines Drive
Liberty, MO 64068-1006

Samuel U. Rodgers Health Center
Northland Family Medicine
5330 N. Oak Trafficway
Kansas City, MO 64118-4699

School-Based Clinics

Samuel U. Rodgers Health Center
J.A. Rogers Family Dental – located in the Blue River Valley Opportunity Zone; School-based
Clinic (seasonal)
6400 East 23rd Street
Kansas City, MO 64129-1103

Samuel U. Rodgers Health Center
Blue Springs School District - School-based Clinic (seasonal)
1501 NW Jefferson St.
Blue Springs, MO 64105-7242

The Sam Rodgers service area represents 87% of the total number of patients seen by Sam Rodgers and included in the 2022 UDS report (per service area zip codes listed on Form 5B: Service Sites, as uploaded in the Electronic Handbook (EHB)). Most of the individuals seen who are not counted as being from the service area are from the state of Kansas. Many of those patients were seen at our Cabot facility, which is only blocks from the Kansas state line.

Data prepared for the annual Sam Rodgers UDS report are presented to the Management Team and to the Board of Directors for review each year. Zip code data are studied and, if necessary, based on that information, service area boundaries are adjusted, as has happened in the past. It has not been necessary to reposition boundaries for several years, as the percentage of patients seen in the current zip code list substantially exceeds the 75% HRSA requirement. Should it again be necessary to rearrange service area boundaries to provide appropriate health care access, Sam Rodgers will do so.

Process for Assessing the Needs of the Service Area/Target Population

Sam Rodgers conducts a community needs assessment (CNA) at least every three years to assure we are meeting the needs of the patients and the community. The most recent CNA was completed in October 2023.

In 2023, Sam Rodgers began a strategic planning process designed to measure current conditions and then set goals for a three-year period from 2023 through 2026. Once goals have been established, the Board and staff will identify the activities that will allow us to meet those goals.

To obtain as wide a perspective on Sam Rodgers in the community as possible, we relied on several data collection methodologies, including patient surveys (patients are asked to complete a satisfaction survey each time they come to Sam Rodgers for care). We conducted an interview process where we reached out to 20 individuals to participate to inform strategic planning discussions and decision making. This community input was used to identify priorities for clinical and supportive services.

Sam Rodgers has a long and successful history of offering specialized women's care. Sam Rodgers' founder, Dr. Samuel U. Rodgers was a board-certified OB/GYN and insisted the initial modest clinic offer comprehensive care to female patients served. Sam Rodgers Women's Health is led by Dr. Robbie Harriford, CMO, and Board-Certified Family Medicine physician. Data was provided by Sam Rodgers' quality and evaluation team to provide a quantitative analysis of current maternal health outcomes, then complemented by qualitative information from the Women's Health team and client satisfaction surveys. All these undertakings have allowed us to gather local, pertinent feedback from multiple, diverse perspectives.

One example of how ongoing review of agency and community needs assessments impacts services provided to Sam Rodgers patients is the expansion of services offered by Sam Rodgers Women's Health Department. Based on state and local assessments of maternal and infant mortality, Sam Rodgers piloted a prenatal care coordination demonstration project that evolved into the Prenatal and Postpartum Health Home (PPHH). PPHH is funded under HRSA's Quality Improvement Fund – Maternal Health. The PPHH model includes a highly skilled care/service coordination team, adds state-of-the-art equipment including patient communication tools, and employs evidence-based services to improve birth outcomes for Sam Rodgers OB Care patients. PPHH is a testament to Sam Rodgers' responsiveness to community needs identified in various community needs assessments including the 2023 Sam Rodgers Community Needs Assessment.

Characteristics of the Target Population

Sam Rodgers serves some of the most socially and medically vulnerable populations in the greater Kansas City region. The patient population and the communities we serve are more than merely indigent - they struggle to provide even the bare necessities of life for their families. It is well documented that poverty is inexorably linked to poor health; numerous studies have linked poverty to higher levels of cancer, cardiovascular disease, diabetes, and many other diseases. Based on HRSA's Health Equity Mapping tool, the two MO counties that include all of Sam Rodgers service area (Clay and Jackson Counties) both have a Social Capita Index (SCI) lower than the national average (-.71 and -1.24, respectively). This places Jackson County among the lowest for county-level SCI. Within Jackson County the Social Vulnerability Index for Food Insecurity is .672 compared to a national value of .5. This represents greater food insecurity compared to national trends. Lastly, Jackson County ranked in the third quartile for community health in the County Health Rankings and Roadmap from Robert Wood Johnson Foundation.

(Health Resources and Services Administration/ Office of Planning, Analysis and Evaluation. Health Equity Mapping Tool <https://data.hrsa.gov/maps/health-equity> accessed on 10-12-23).

The U.S. Department of Health and Human Services (2022) recognizes that many people face barriers that restrict or limit their access to essential healthcare services, resulting in increased risks of poor health outcomes and health disparities. One significant barrier to healthcare is inadequate health insurance, which creates fear and financial obstacles that hinder individuals from affording quality care. In Kansas City, approximately 180,000 people, comprising 9% of the population, are uninsured (U.S. Census Bureau 2022b), often leading to missed or delayed appointments and medication usage. This lack of insurance coverage prevents individuals from accessing clinical settings for preventative screenings and managing chronic conditions.

Per the 2022-2027 Kansas City Community Health Improvement Plan (KC-CHIP), health outcomes, quality of life, and life expectancy are not equitable in Kansas City. Kansas City has a long history of investing in the inequality of its Black, Indigenous, and People of Color (BIPOC) communities. This historical disinvestment shows in health outcomes today. Past attempts at reversing inequities in health have only led to wider gaps in life expectancy over time. In 2016, there was a 12-year life expectancy difference for zip codes in Kansas City. By 2019, that difference grew to 18 years (see Table 1). Black and brown individuals in our community are the ones suffering from racist policies and practices that systematically decrease quality of life, increase poor health outcomes, and ultimately reduce life expectancy.

Table 1. Life Expectancy in Kansas City, MO. KCMO Health Department

High Priority ZIP Code	Life Expectancy (2019)	Difference from Highest Life Expectancy ZIP Code (64113)	Population from Minority Racial/Ethnic Groups
64126	74.1 years	-12.2 years	52.8%
64127	71.3 years	-15.0 years	69.3%
64128	68.1 years	-18.2 years	86.1%
64129	71.6 years	-14.7 years	48.5%
64130	69.4 years	-16.9 years	90.8%
64132	71.3 years	-15.0 years	82.0%
64113	86.3 years		13.7%

The highest life expectancy ZIP code in Kansas City, MO is 64113. This ZIP code consists of 93% white residents, who can expect to live 86.3 years. This is an 18.2 year difference, compared to ZIP code 64128 (86% black residents). Opportunities for life in KCMO are currently not equal.

Sam Rodgers delivered health care to 22,284 individuals in 2022 which reflects an increase from 19,503 patients served in 2021. Racially and ethnically, in 2022 our patients were 17% African American/Black, 5% Asian or Hawaiian/Pacific Islander, 14% Caucasian, 52% Latino, and 12% were more than one race/undisclosed. Since we are located near two of the largest refugee resettlement facilities in the Midwest, Sam Rodgers is a point of entry for primary care services

for immigrants from war-torn nations. Last year, 59% of our patients were best served in a language other than English. To ensure those patients receive accurate and culturally competent care, we provided interpretation services in more than 40 languages with certified medical translators on-site or through an online platform.

Insurance is considered a key driver of health status. Lack of insurance is a primary barrier to healthcare access, including regular primary care, specialty care, and other health services that contribute to poor health status. Missouri is in the bottom half of states for Medicaid procedural disenrollments, ranking 21st for most procedural disenrollments (Kaiser Family Foundation, Medicaid Enrollment and Unwinding Tracker, [Medicaid Enrollment and Unwinding Tracker | KFF](https://www.kff.org/medicaid/issue-brief/medicaid-enrollment-and-unwinding-tracker/), Accessed on 10/14/2023). Between June 2023 to August 2023, 63,434 MO HealthNet (MO Medicaid) cases were “closed for procedural reasons” representing almost 19% of 336,640 cases due for renewal. Over that same period another 18,777 cases (5.5%) were determined to be ineligible. Combined this represents over a quarter of MO HealthNet renewals ending with clients losing coverage. (MO Dept. of Social Services, Renewing Your MO HealthNet Coverage, Annual Renewal Monthly Metrics, <https://mydss.mo.gov/renew>, Accessed on 10-14-2023)

County Health Rankings 2022 (downloaded 10/06/2023 from <https://www.countyhealthrankings.org/app/missouri/2017/measure/factors/85/map>) has this data on uninsured individuals living in areas served by Sam Rodgers:

Table 3: Percentage of Uninsured Persons in Sam Rodgers Primary Service Area

Location	United States	Missouri	Rodgers Patients	Clay County	Jackson County	Platte County
Uninsured Individuals	8.5%	12%	31%*	10%	13%	15%

*From Sam Rodgers’s 2022 UDS report; includes 10.6% of all children seen by Sam Rodgers in 2022.

As the preceding table illustrates, nearly one-third of the adult and child patients we cared for (2022 UDS Report) had no insurance coverage.

It is now widely recognized that health outcomes are deeply influenced by a variety of social factors outside of health care. Health outcomes are changes in health that result from measures or specific health care investments or interventions. The dramatic differences in morbidity, mortality, and risk factors that researchers have documented are patterned after classic social determinants of health, such as education and income, as well as place-based characteristics of the physical and social environment in which people live. Health factors represent those things that can be changed to improve the length and quality of life for individuals. They are predictors of how healthy communities can be in the future. No one factor determines the overall health of an individual or community.

Our Electronic Health Record (EHR) has the capacity to let staff use the PRAPARE assessment tool to document patient Social Determinants of Health (SDOH). Some of the data is pulled from standard patient demographic fields; all items related to insecurity with food, housing, utilities, phone, medications, transportation, clothing, childcare, and other factors are included in the template. The verbiage from the PRAPARE tool was used to create the EHR items. To assess all

patients for SDOH during intake, four core questions from the PRAPARE tool have also been added to the EHR to assess patients’ insecurity with food, housing, transportation, and social isolation.

The PRAPARE data are now being fed into DRVS along with our other patient data. The data are available for staff to use with DRVS’ reporting capabilities to graph and track compliance/ completion percentages of the PRAPARE tool. DRVS allows us to capture percentage complete, percentage of core assessments done, and to pinpoint patients with three or more SDOH factors for special assistance. Our top 10 SDOH insecurities identified for the last 12 months are:

SDOH Category	Count
1. Isolation	4344
2. Stress	1781
3. Employment	1724
4. Utility	895
5. Transportation (Med & NonMed)	701
6. Insurance	594
7. Education	561
8. Housing	514
9. Med/Care	502
10. Food	441

The key driver for all SDOH is family income. Table 3 below, with information taken from the UDS Data Tables for the Sam Rodgers primary service area, indicates how many of our patients are living in poverty.

Table 3: Number and Percentage of Persons in Poverty in Sam Rodgers Primary Service Area

Report Area	Total County Population	Total Low-income County Population	Percentage Low-income County Population
Clay County	187,548	40,269	21%
Jackson County	548,975	187,517	34%
Platte County	133,454	28,465	21%
Cass County	27,884	7,859	28%
Area-Wide Total	897,861	264,110	29%

Source: 2022 UDS Data Tables

Last year, our UDS report indicated Sam Rodgers reported that only 1% of our patients had incomes over 200% of Federal Poverty Guidelines (currently set at \$55,500 annually for a family of four).

An additional key indicator for health is education. The education indicator is relevant because research suggests education is one the strongest predictors of health. Within the Sam Rodgers

area, in 2021-2022, 73.5% of students received their high school diploma within four years compared to the state average of 90%.

There are many factors that influence the education young people receive. Several of these factors include discrimination based on race, which is a form of trauma. For example, 2016 disciplinary data from a local school district were analyzed. Data showed that while black enrollment for the district was at 40%, discipline on black students was at 74%. Additionally, black students in grades K-5 were on average being removed 6 times as often as white students. The combination of these factors can severely disrupt student learning and opportunity. Trauma, for instance, is characterized as the experience of external events or a series of events that are negative in nature and cause physical, emotional, or psychological distress or harm. Trauma can be caused by various forms of discrimination, and those who experience discrimination have reported symptoms like those of survivors of assault and other violence. Trauma also has very real, long-term health consequences, such as depression, lowered self-esteem (McIntosh, M. L. (2019). Compound Fractures: Healing the Intersectionality of Racism, Classism and Trauma in Schools with a Trauma-Informed Approach as Part of a Social Justice Framework. *Journal of Educational Leadership and Policy Studies*, 3(1), n1).

Trauma-informed education is aimed at fixing broken systems that alienate and discard marginalized students. Strategies that are developed with a trauma-informed foundation can be employed by teachers and school administrations to meet students where they are, while providing a nurturing environment conducive to growth and learning. The key goal is to prevent re-traumatization of students. This is done by acknowledging student experiences and triggers, and avoiding traditional behavioral interventions that treat trauma-rooted actions as simple misbehavior (Mayor's Summit on School Suspension, 2017. Kansas City, Missouri.).

A closer look at local school district data, however, more accurately reflects the situation for the target population for Sam Rodgers. Statistics from the MO Department of Elementary and Secondary Education for the Kansas City School (Missouri) District show that 2021-22 graduation rates for African American and Hispanic youth were 73.3% and 70.8%, respectively (MO Dept. of Elementary and Secondary Education, 2021-22 District Report Card- Kansas City, MO School District, <https://apps.dese.mo.gov/MCDS/Visualizations.aspx?id=29>, Accessed on 10-15-2023). The overall graduation rate for the district was 72.9%. For the district as a whole and for each reported racial/ethnic group the district graduation rates were lower than the state average.

Sam Rodgers serves a population that is remarkably diverse. As previously noted, over 59% of our patients are best served in a language other than English. In the calendar year 2022, per our UDS report, 78% of our patients classified themselves as minorities. We consistently work to respect the cultural diversity of our patient population, as well. This includes ensuring that all providers and support personnel in our Women's Health practice are female, for example. This intentional staffing practice is also important because a significant portion of our female patients are Muslim and cannot be examined by a male practitioner or in the presence of male staff.

Because of the diversity of our patient population, Sam Rodgers uses the CyraCom translation platform. CyraCom has a phone and video service that provides several advantages for patients

and providers to speak. If we do not have an on-site interpreter available (or the on-site interpreter does not speak one of the 40 languages we translated in 2022), the provider can access CyraCom. The certified medical translator can come online, so that the patient sees someone who looks and speaks as they do. The provider has the advantage of having an interpreter available who can present clues based on cultural norms. For Sam Rodgers, this interpretation service encapsulates our mission because many studies show that limited-English proficient (LEP) patients experience worse healthcare outcomes than native-English speakers. In 2005, The National Center of Biotechnology Information (NCBI) found that LEP patients are:

- 9x more likely to have trouble understanding a medical scenario.
- 4x more likely to misunderstand labels.
- 4x more likely to have a bad reaction to medicine.

Statistically, non-English speakers, particularly in Latino and Chinese populations, readmit at a significantly higher rate than the general population. Despite the legal requirements of Section 1557, studies show that communication barriers in health care led to a greater change of extended-stay hospitalizations, misdiagnosis, and grave medical errors for LEP patients. (*AMA J Ethics*. 2021;23(2): E109-116. doi: 10.1001/amajethics.2021.109.)

We have Memoranda of Understanding (MOU) with Jewish Vocational Services and Della Lamb Community Services to provide the required health screenings for immigrants and refugee families who recently resettle in our service area. In 2022, Sam Rodgers provided healthcare and wrap-around services for over 800 New Americans.

Sam Rodgers also has a MOU with the Mexican Consulate to ensure that new members of the Latino community in Kansas City have access to the medical care they need via the “Ventanilla de Salud” (VDS) program. In 2022 the VDS reached 1,016 Mexican nationals living in the Kansas City Metropolitan Area by providing preventative care screenings and access to public insurance coverage by connecting uninsured individuals to a certified insurance counselor.

As described above, our newly developed Prenatal and Postpartum Health Home (PPHH) program builds on existing obstetric care coordination activities and responds to both clinical and social needs of patients at highest risk of maternal morbidity and mortality. This program improves Obstetric (OB) Care outcomes and reduce racial and ethnic disparities in Sam Rodgers’s patient population by providing care and services from 1st prenatal visit to 18 months postpartum.

How the COVID-19 public health emergency impacted service area/target population need:

Sam Rodgers experienced 32% turnover in 2020, COVID unemployment benefits made it hard to recruit essential talent in a reasonable time frame, placing added stress on existing staff and decreasing employee morale. During this timeframe the am Rodgers Board worked to hire new a CEO and CMO. Both candidates selected were internal with vast experience serving Sam Rodgers clients

We relied more heavily on partnerships with staffing firms and increasing recruitment spending to fill vacant positions. Relied on partnerships with professional schools for

medical professionals to fill as many positions as possible once students completed coursework and clinical training and were eligible for full-time employment. Vacancy levels ranged from 2.5 to 5% throughout the year. Sam Rodgers continued to source qualified candidates by advertising on company websites, CareerBuilder, Craigslist, KC Jobs, Nonprofit Connect. Surveyed annual salaries and increased the salary ranges for medical assistants, dental assistants, LPNs. Increased salaries for direct patient support staff (MAs, DAs, LP's). Increased salaries of all entry level positions to \$15/hour in line with other regional efforts (including City of Kansas City, MO) to provide living wages for front-line workers.

Sam Rodgers implemented COVID-19 processes/procedures to limit staff/patient exposure. This included reduced clinical capacity by modifying provider/clinic schedules and prioritizing some staff for COVID prevention. During this time, we also had decreased patient demand because less people came for appointments, specifically wellness visits and cancer screenings. Vaccine hesitancy also reduced the number of patients who visit Sam Rodgers for routine wellness vaccinations such as flu and childhood immunizations. Additionally, there were fewer cold and flu symptoms in children. Children were not in school and therefore not spreading illness. When they did go back into the classroom, they were masked which also slowed infectious diseases from spreading.

Preventative measures reduced patient/employee exposure, including masking and temperature checks of all staff and visitors, symptom/exposure checks for all visitors; had quarantine protocol for staff exposed, symptomatic or tested positive for COVID, or stayed home to care for someone quarantined. Sam Rodgers utilized some practice managers and clinical staff to conduct COVID-19 testing, decreasing routine clinic staffing and provider availability. Other efforts included: implemented policies/procedures re: flu vaccination, COVID Vaccination, COVID testing to ensure staff was protected and available to work and prevent spread of infection; implemented staff rapid antigen testing to prevent quarantine periods, ensured adequate staff/provider availability; to maintain provider/clinic availability, we now have a permanent testing team.

The Sam Rodgers' team was proud to be involved with helping the safety net organizations in our community come together to keep our community safe. By partnering with the Kansas City Health Department, Kansas City University, KC Care Clinic, we were able to give more than 28,000 Covid tests and administer over 20,000 vaccines since the pandemic began in 2020.

Criterion 2: RESPONSE

Proposed Service Delivery Sites, Staffing and Capacity (by site)

Based on the number of encounters projected for 2025, we are confident that Sam Rodgers will meet the targeted number of encounters* 80,118, and the target number of unduplicated patients, 23,524. As of October 1, 2023, we are fully staffed at our existing locations in primary care and dental areas. Sam Rodgers is not part of a parent, affiliate, or subsidiary organization (see EHB Form 8: Health Center Agreements), but does have service contracts for pharmacy, teleradiology, and laboratory services.

*Historical projected encounters by specialty:

Adult & Senior Health – 14,076

Children Adolescent Health – 12,568

Women’s Health -10,054

Multispecialty -13,574

Dental – 19,390

Behavioral Health – 8,644

Enabling Services (CHWs, Case Mgt., Patient Education) – 1,812

Total estimated encounters for the year 2025 - 80,118.

The Sam Rodgers service sites are equipped with appropriate equipment and supplies to provide services to the projected number of patients and visits. Each site has practice managers who are responsible for the day-to-day operations and supervision of administrative personnel, plus management of equipment, supplies, and patient relations.

The practice locations and service delivery plans are appropriate for each individual community served. Our services are tailored to meet specific community needs. For example, at the Downtown Campus, over 50% of patients require interpretation services. We have on-site personnel who are fluent in English, Spanish, Vietnamese, Arabic, and Somali, Burmese/Karen who can assist individuals with questions they may have regarding Sam Rodgers’s programs. Additionally, certified medical interpreters assist patients during their visits via our CyraCom service. Nearly 80% of the patients at our Cabot Westside practice are Spanish speaking. Most staff members at that site are bi-lingual in English and Spanish; the staff includes certified medical interpreters.

Downtown Campus

This is a fixed site, urban, open 7 AM to 6 PM on Monday, Tuesday, Thursday, and Friday; open 7 AM to 12 PM on Wednesdays. Our regular hours reflect the usual hours of service for ambulatory primary care services and coordinated administrative time for providers in accordance with their employment agreements.

The area surrounding our Downtown Campus is in Jackson County, Missouri which has 24 census tracts designated as Health Professional Shortage Areas (HPSAs). Approximately 61% of all Sam Rodgers patients in 2022 were from Jackson County.

With one Part-time physician, three full-time nurse practitioners, and one part-time nurse practitioner in our Adult & Senior Health department, we are well situated to achieve the goal of 14,076 encounters. In our Children's and Adolescents' Health department, we have two full-time pediatricians, and one full-time nurse practitioner. We will be onboarding an additional full-time nurse practitioner in December 2024. This positions us well to achieve the proposed 12,568 encounters. In the Women's Health department, with one full-time nurse practitioner, one part-time nurse practitioner, and one full-time physician, we are well situated to achieve the budgeted 10,054 encounters. With one part-time podiatrist, we have the capacity to achieve the projected 600 encounters in 2025.

We have 3 full-time, 2 part-time dentists and three full-time dental hygienists on staff at our Dental department at the Downtown Campus. We are well positioned to achieve the 19,390 encounters projected for 2025.

We have one full-time family medicine physician who works in our behavioral health department providing medication management and holistic integrated care. We have four full-time licensed clinical social workers, three full-time licensed master's social workers, and one part-time psychologist who provides therapy and integrated health brief interventions.

All sites additionally offer WIC services to provide the full spectrum of care to our mothers and youngest children.

Cabot Westside (Cabot)

This is a fixed site, urban, open 8 AM to 5 PM on Monday, Tuesday, Thursday, and Friday; open 7 AM to 12 PM on Wednesdays. Our regular hours reflect the usual hours of service for ambulatory primary care services, and coordinated administrative time for providers, in accordance with their employment agreement. In addition, we open earlier on Wednesdays to accommodate the needs of any patients for whom regular business hours may not be convenient.

The area surrounding the Cabot Practice is also completely encircled by HPSAs. With one part-time physician assistant providing adult health care, one full-time pediatrician and one full-time obstetrician we are positioned well to achieve the 7,180 proposed encounters for our medical clinic at Cabot Westside. We have one full-time dentist and one dental hygienist at Cabot, making us well situated to achieve the overall dental encounters. We have one full-time licensed master's social worker who provides both therapy services and integrated care with brief interventions. Patients needing services from a psychologist are referred to the downtown clinic.

Clay County Family Medicine & Dental

This is a fixed site, urban, located within the local public health department building. Open 8 AM to 5 PM, Monday through Friday, 8-12 on Wednesdays. As a lessee, we are unable to open earlier or later on Wednesdays, as our partner does not open the building early or close late.

With a full-time nurse practitioner providing medical services, and a full-time dentist along with one full-time dental hygienist, we have sufficient capacity at Clay County Family Medicine and Dental to achieve the overall medical and dental encounters.

Northland Family Medicine

This is a fixed site, urban, open 8 AM to 5 PM on Monday, Tuesday, Thursday, and Friday; open 7 AM to 12 PM on Wednesdays. With two part-time nurse practitioners, one providing adult health services and the other providing pediatric care as well as a full-time family practice physician providing women's health services, we will achieve the overall number of encounters.

J. A. Rogers Family Dental

This is a fixed site, urban, school based. Dental services are provided on-site (for students only) every Wednesday during the school year. The school is located within, and is surrounded by, HPSAs.

During the school year, we provide dental services every Wednesday at the J. A. Rogers Elementary School. This is sufficient to satisfy the demand for dental services for students at the school, and to achieve the projected dental encounters.

Blue Springs School District

This is a fixed site, suburban, school based. Behavioral Health services are offered by a clinical psychologist four days per week to students in this school district year-round by two psychologists, one part-time and one full-time.

Mobile Medical Unit

The Mobile Medical Unit (MMU) will give Sam Rodgers the capacity to care for those students right where they are, helping eliminate lack of transportation and parents having to take time off work as barriers to health care. The MMU is available for visits to schools, as well as for health fairs and other community gatherings.

Professional Coverage for Medical Emergencies

Sam Rodgers has an on-call system to address both the routine and emergency after-hour health care needs of our patients. After-hours calls from patients are directed to our main number. The phone message will alert the patient to stay on the line if they need to speak with a provider. The call goes to our after-hours call center which takes the message and delivers it to the on-call provider in the appropriate specialty.

There is one provider from each discipline (adult medicine, women's health, pediatrics, behavioral health, and dentistry) on call every evening after our clinics close, as well as on weekends. Should our patients require emergency medical services during after-hours, they will be triaged on the telephone by the appropriate on-call provider and instructed to seek medical services at a local emergency room. Subsequently, a member of the provider's clinical team will contact the patient to follow up on the outcome of the provider's recommendation, schedule a follow-up appointment (if appropriate), and arrange for the receipt of medical records from the emergency department.

Provision of Required and Additional Services

Sam Rodgers will be able to provide access to all required and additional services, consistent with Form 5A: Services Provided, as detailed below.

As a part of our 2023 Strategic planning process, the team at Sam Rodgers identified and reached out to invite 20 individuals to participate in interviews to inform strategic planning discussions and decision-making. An outside contractor, iBossWell ultimately connected for conversations with 19 of the 20. All participants agreed to have the comments made during the interview reported with attribution.

Community Partner Interview Participants

Note: If two interviewees are listed, a joint interview was conducted.

Interviewee	Organization
Pam Bean	University Health (UH)
Katherine Bonderer	North Kansas City Hospital (NKCH)
Karen Dolt	Northland Health Care Access (NHCA)
Katie Edney	Children's Mercy Hospital (CMH)
Danica Fuimaono	Blue Springs School District (BS-SD)
Pamela Johnson	Children's Mercy Hospital (CMH)
Dr. Marvia Jones	Kansas City Health Department (KCHD)
Jessica Kejr	Harvesters (HVSTRS)
Jennifer McGlothen	UniteUs (Unite)
Alicia Miguel	Guadalupe Centers Charter Schools (GC)
Katie Norman	JVS (JVS)
Claire Peterson	Della Lamb (DellaL)
Dr. Bruce Williams	KCU (KCU)
Jamie Bruce, Shelby Miller	United Health (UnitedH)
Sam Joseph, Rodney Hummer	MPCA (MPCA)
Connie Cook, Troy Lang	NextGen (NGen)
Michelle Hickerson, Lisa Robitaille	Healthy Blue (HealthyB)

These are individuals and institutions with whom Sam Rodgers is closely associated. The interviews were conducted by an outside contractor who is familiar with the Kansas City area, and who has kept individual answers confidential, presenting only integrated responses.

Overview of Key Themes:

- Innovation
- Community Collaboration
 - Food Programs
 - Off-site Care
 - Relationship Building, Community Partners
 - Interpretation Services
 - Communication, Internal/Cascading
 - Medicaid
 - Healthcare System
 - Access to Care-
 - Providers
 - Community Health Care Workers/Nurse Navigators
 - Refugee Care
 - Kansas City Health Dept. Collaboration
 - Immigrant Care
 - Personnel/Program Investment

Based on the community needs assessment, a plan was developed to:

- A) Address gaps in services.
- B) Maintain and enhance services and ensure they are being delivered appropriately.
- C) Grow and develop organizational culture.

Sam Rodgers provides the following clinical services directly to our patients:

1. Comprehensive primary medical care, including chronic disease management;
2. Preventive medical care: well child, well adult, well woman;
3. Obstetric care: prenatal and perinatal;
4. Immunizations;
5. Cancer screenings;
6. Comprehensive general dental care;
7. Diagnostic laboratory services;
8. Diagnostic imaging services, including x-ray, ultrasound, and mammography;
9. Screening imaging services: ultrasound, mammography;
10. Pharmacy services;
11. Podiatry;
12. Same day or prompt care services;
13. Outpatient behavioral health care;
14. Behavioral health counseling; and
15. Voluntary family planning.

Sam Rodgers provides the following non-clinical services directly for patients:

1. Transportation services;
2. Interpretation services;
3. Case management;
4. Care coordination;
5. Eligibility assistance (including educating patients on insurance, informing them of third-party coverage options available to them, and providing enrollment assistance);
6. Outreach;
7. Referral follow-up/discharge planning;
8. WIC services

The staff leaders of Sam Rodgers met to initiate development of the 2024-2026 strategic plan. The desired outcomes of the meeting were to:

- Distill and discuss the implications of data, issues, and opportunities that surfaced through the Environmental Assessment.
- Finalize the Strategic Initiatives that will provide the high-level structure of the next strategic plan.
- Establish the process/calendar for completing plan development.

The 2024-2026 Revised Plan Structure is as follows:

• Strategic Initiative 1: Quality

Review/possibly revise wording.

• Strategic Initiative 2: Patient/Family Experience and Programs & Services: COMBINE.

Revise wording to reflect both efforts.

• Strategic Initiative 3: Community Engagement and Marketing, Communications & Advocacy: COMBINE

Revise wording to reflect both efforts.

- Strategic Initiative 4: Organizational Excellence and Fiscal Health & Sustainability:
COMBINE Revise wording to reflect both efforts.

Furthermore, Sam Rodgers has secured letters of agreement for emergency, inpatient and specialty care at partner hospital institutions in the community including University Health, and Children's Mercy Hospital). These agreements help to ensure the comprehensive, uninterrupted delivery of health care needs, as identified in our community needs assessment.

Admitting Privileges

Currently, one Sam Rodgers provider holds admitting privileges at a local hospital. However, the provider does not round patients of Sam Rodgers who are admitted to that hospital. Hospitalists or other physicians at the contracted hospitals provide these in-patient services for our patients, in accordance with formal written agreements that outline:

- I. Compensation for services (we provide no compensation for services);
- II. Admission notification;
- III. Discharge follow-up;
- IV. Secure exchange of patient information.

Sam Rodgers currently participates in both health information exchange (HIE) systems in Missouri, LaCIE (Lewis and Clark Information Exchange) and MHC (Midwest Health Connection). This allows us to receive continuity of care documents (CCDs) for our patients from all the hospitals in Kansas City and several others throughout the state.

Communication across the Continuum of Care

Sam Rodgers achieves seamless continuity by ensuring the timely transfer of patient records to and from other health care providers in the community. Working in collaboration with Kansas City area hospitals, Sam Rodgers requests that all patient visits to the emergency room or inpatient hospitalizations be automatically faxed for patients who have been identified as patients of our practice.

Staff members from the Health Information Management (HIM) department ensure that discharge paperwork or discharge summaries are available for provider review within one week of discharge. The provider's clinical team then contacts the patient to ensure a follow-up appointment, at which time discharge orders are reviewed, reassessed, and modified if necessary.

When a patient self-reports a visit to the emergency room, hospital, or specialist and no records have been received, a Release of Information (ROI) form is completed and faxed to the appropriate hospital or entity during the patient's appointment. In addition, the clinical team can, in real-time, search the HIEs (Health Information Exchanges) for a CCD (Continuity of Care Document). If the CCD is found, it will contain details of the patient's encounter with the partner health care provider and can be imported into the Sam Rodgers electronic medical record for review and appropriate follow-up.

Sam Rodgers currently works with managed care organizations (MCOs) to connect with Medicaid patients that have been assigned to us. Unfortunately, the information provided by

MCOs through traditional methods can be out-of-date. Our patient population tends to move often, so members are often difficult to contact, and we sometimes do not receive MCO data for three-to-six months after patient's initial contact with the MCO. To help us resolve that barrier to health care, we use Bamboo Health, which provides up-to-date patient information in real-time, rather than months down the road. Bamboo Health, a national, real-time, healthcare data integration and dissemination platform, allows us to connect with patients while their contact information is current.

Bamboo Health also helps to maintain continuity of care between Sam Rodgers and other medical facilities. The process works this way: When a Sam Rodgers Medicaid patient is admitted, dismissed, or transferred to an ED or in-patient facility that uses Bamboo Health, we will receive real-time notification. This will allow our providers, our Population Health Team, and our Community Health Worker (CHW) Team to track what is happening with our patients and coordinate services provided by Sam Rodgers at the point of in-patient care to ensure appropriate follow-up. Depending on the specific incident, a member of the Population Health Team or the CHW Team may contact the patient in the in-patient facility or after discharge to discuss setting up a follow-up appointment at Sam Rodgers. In addition, CHWs may also contact frequent users of hospital services while they are at Sam Rodgers for other health care needs.

Clinical Staffing Plan

To provide comprehensive primary care services at our Downtown Campus, Sam Rodgers has a staff that includes a combination of family nurse practitioners, women's health nurse practitioners, family physicians, and pediatricians. Each provider is supported by a patient care representative (PCR), two medical assistants, or one medical assistant (MA) and a licensed practical nurse (LPN). Services also include a part-time podiatrist and WIC services. We have an on-site pharmacy, laboratory services, and imaging department.

To provide behavioral health services, we are staffed with one full-time family medicine physician who provides medication management and four full-time counselors (licensed clinical social workers (LCSWs)), one part-time LCSWs and one part-time LMSW and one part-time psychologist. There is also a CHW who provides case support services. Three PCRs and a medical assistant support the provider team. One full-time case manager and one full-time referral coordinator also support the BH patients and staff providers.

As detailed in this narrative, the support staff operate at a 3:1 provider to support ratio in both medical and dental services. Sam Rodgers has found this ratio is appropriate to provide services at all our locations.

In addition to the above staffing ratios, we have continued our focus on the implementation of the Patient-Centered Medical Home (PCMH) model of health care, enhancing our delivery of comprehensive medical care to patients and our goal of maximizing health outcomes. Furthermore, our clinical teams are supported by a Chief Medical Officer and Chief Clinical Officer, department directors, practice managers, a care coordination and patient-centered health home team, and a quality team. These individuals collectively assume the role of planning, directing, and managing each clinical department and specific patient populations to maximize productivity and ensure the highest clinical quality care and outcomes.

Sam Rodgers is moving forward with a renewed interest in assessment and training intent on progression towards the cutting edge of Integrated Behavioral Health. Sam Rodgers's behavioral health services integrate physicians, pharmacists, psychologists, therapists, nurse educators, community health workers and quality staff to incorporate a team around our patients to improve their lives and help create more productive citizens of our community. Each member plays a role in providing care and support for the patient per their specialized role. Every member of the team performs a unique function. For example, the pharmacist performs a medical reconciliation for patients with multiple chronic disease and a behavioral health diagnosis. Medical reconciliation is especially important in mental health, where patients with chronic disorders are at a higher risk for potential drug-drug interactions. These patients are likely to be on medications with a higher incidence of interactions with both over the counter and prescription medications and often have other comorbidities that add to the complexity of their medication regimens.

Community Health Workers are well-situated to address mental health concerns in underserved communities. They act as a bridge between affected individuals and available resources. They combat stigma by educating and conducting outreach on mental health within the community and are an excellent addition to healthcare teams that want to improve the mental health outcomes of traditionally hard-to-reach communities.

Education on Health Insurance Options

Sam Rodgers has a team of nine Certified Application Counselors (CACs) or Navigators who provide free in-person application and enrollment assistance in MOHealthNet/CHIP and the Health Insurance Marketplace. We have some staff stationed in the main lobby of our downtown clinic, at our Cabot Westside Medical, Dental & WIC Clinic, our Northland Prenatal & Pediatric Clinic, and our Clay County Family Medical & Dental Clinic to assist patients or non-patients' consumers in the communities we serve with free in-person help applying for health coverage. Our Health Insurance Services staff also perform education and outreach to the communities we serve for the Marketplace and for MOHealthNet/CHIP. We regularly provide on-site application assistance at the Platte County Health Department, the Jobs Corps and at the Kansas City Re-Entry Center which assists ex-offenders transitioning out of incarceration.

Sam Rodgers has partnerships with city and county health departments, WIC offices, Head Start programs, public and charter schools, social service providers, libraries, community centers, businesses, health fairs, community events, and other health care organizations to make our services available to the broadest cross-section of consumers as possible. We offer our free health insurance application assistance services to anyone in the community via the websites of the Cover Missouri Coalition, Healthcare.gov, MPCA's Show Me Coverage and the United Way 2-1-1 which serves the entire bi-state metropolitan area.

Sam Rodgers provides outreach and education utilizing the Centers for Medicare & Medicaid (CMS) Service's **Insure Kids Now** and **Connecting Kids to Coverage** campaigns. This outreach model is designed to build relationships with school nurses, social workers, and other administrative staff to give us the opportunity to participate at school events to provide information to parents on our free in-person application assistance. We have existing

partnerships with the Independence, Kansas City and North Kansas City School Districts as well as the Job Corps in Excelsior Springs, MO.

Most of our patients or consumers cannot successfully navigate the online application process without the help of an experienced counselor or Navigator. Often our patients or consumers speak a different language, were born in a different country, have very low levels of health literacy, and may be totally unfamiliar with the U.S. health care system. We have staff fluent in Spanish and Vietnamese and we assist consumers in many other languages using a telephone interpreter system.

Our primary goal is not just to get insurance coverage for children or their parents but to inform and educate each patient or consumer how their health insurance works, and how to get covered and stay covered. Most importantly, we educate consumers on how to use their insurance to keep their families healthy using CMS' **From Coverage to Care Roadmaps**.

Sam Rodgers has been able to maintain a robust Health Insurance Services team to fulfill our mission because we do not rely solely on HRSA funding to pay for all of our staff salaries and expenses. We have been successful over the years at leveraging other funding sources such as the Missouri Primary Care Association, Jackson County government, and private foundations to support our work.

Sliding Fee Discount Program (SFDP) Policies

Sam Rodgers offers a Sliding Fee Discount Program to its medical, behavioral health, and dental patients to ensure that no financial barriers to care exist for those who meet certain financial eligibility criteria. This program is designed to help eligible patients receive accessible, affordable; quality health care services based on their ability to pay. The sliding fee schedule is reviewed and approved by the Board of Directors.

Within Sam Rodgers's Sliding Fee Discount Program Policy, the household size and income for each household are both very specifically defined. There are no other areas of criteria that specifically exclude underinsured individuals or individuals based on that patient's age, gender, race, sexual orientation, creed, religion, disability, or national origin from applying for the discount.

Patient eligibility for the program is renewed annually. Patients who provide incomplete information and documentation at the time of application are allowed to make a one-time declaration of their eligibility, once every twelve months with management approval. This Alternate (One-Time) Discount covers the services relating to the date when the document was signed and is applied based on the Sliding Fee Discount Program schedule.

Sam Rodgers policy defines Household (family) as the householder and all the individuals who reside in the household that you are financially responsible for.

Sam Rodgers policy defines Income to include earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from

outside the household, and other miscellaneous sources. Noncash benefits (e.g., food stamps and housing subsidies) are not considered income.

Registration materials and signage are available in multiple languages. In addition to the available language line, Sam Rodgers has staff language interpreters who can assist individuals with questions they may have regarding the Sliding Fee Discount Program. Trained staff assess income and household size for all patients to ensure patients receive counseling on all discounts for which they or their household members may be eligible. A Sliding Fee Application, which includes documentation of household size and income, is utilized to determine a patient's eligibility for sliding fee discounts.

The following is an excerpt from our Sliding Fee Discount Program Procedures:

A patient is determined to be eligible for the Sliding Fee Discount Program (SFDP) if they provide verification of income and certification of household size.

A. Proof of income for each household member 18 years or older must be presented; proof may include:

- 1) Most recent filed tax return including W-2 or applicable schedule for proof of business income, rents and royalties;
- 2) Two (2) paycheck stubs dated within the last 60 days;
- 3) Current letter(s) indicating what payment they receive from Social Security, Social Services, Survivor Benefits, Supplemental Security, Veterans Payments, VA, or any other valid income source;
- 4) Most recent unemployment letter;
- 5) Child support award letter;
- 6) A letter of support covering any individual over 18, who is not employed and is unable to provide backup to this status through any other means.

B. To certify household size, the patient must list each member of their household on the SFDP application. As part of this process, the applicant certifies that each listed household member is part of the household for household size determination.

C. To certify their address, patients must present an independent document identifying the address. The Patient Care Representative (PCR) will first check the patient's government ID or Driver's License. If the addresses match, this requirement is satisfied. If the ID or Driver's License does not match the address presented, the PCR will check the address on any proof of income documentation. This proof includes any of the documentation listed in Proof of Income above. If the proof of address requirement is not satisfied after the tests above, the PCR can accept the following:

1. Address from EMOMED or Medicaid
2. Address on a current utility bill within 90 days of the date of service.
3. A valid housing lease with the address of the patient and date of service contained within the lease term.

For behavioral health and medical patients, Sam Rodgers charges a nominal or flat fee based on the patient's income and household size in relation to the Federal Poverty Guidelines. The current fee per patient visit is \$35 for individuals who have a household income below 100% of poverty; the fee is \$50 for individuals with household incomes from 100% through 150% of

poverty, \$75 for individuals with household incomes from 151% through 200% of poverty and offers a \$125 same day cash discount for household income over 201%.

The flat fee covers the office visit, as well as laboratory and imaging services ordered during the visit.

Limited dental services provided by the nominal \$70 flat fee may include procedures such as a limited oral exam, sealants, periapical radiographic image, tooth extraction, sedative filing, or pulpal extirpation.

Sliding fee patients who require more advanced dental services are offered discounted fees for specific services provided. The discounts are based on Federal Poverty Guidelines and patient income and household size. Patients receive a 72% discount on individual services item fees if annual household income is under 100% of poverty. They receive a 65% discount if annual household income is 101% - 150% of poverty. They receive a 52% discount if annual household income is 151% - 200% of poverty. Dental sliding fee schedules are based on patient feedback obtained via patient surveys; we also compare dental fees to average discounts provided for other services.

Patients are not denied services due to an inability to pay. The nominal fee is not a threshold for receiving care and thus, is not a minimum fee or co-payment. Ideally, the patient will pay the amount owed on the date of service. If a patient is unable to pay, attempts will first be made to set up a payment plan where the patient can pay elements of the amount due over a predetermined period. If a payment plan still provides a barrier to care, a waiver of fees may be granted upon management approval.

There are three discount pay classes: Under 100% of poverty, 101% - 150% of poverty, and 151% - 200% of poverty. No individual whose household income is greater than 200% of Federal Poverty Guidelines qualifies for a sliding fee discount. The household size and income thresholds are modified annually to reflect the most recent Federal Poverty Guidelines. Sam Rodgers evaluates, at least every three years, the effectiveness of the Sliding Fee Discount Program in reducing financial barriers to care. The evaluation includes a sliding fee and patient income utilization review and takes into consideration other factors such as patient survey results related to satisfaction and affordability. Please also see Attachment 10.

Based on the number of encounters projected for 2025, we are confident that Sam Rodgers will meet the targeted number of encounters of 80,118, (encounters per location is based on the 2024 budgeted encounters projected into 2025) and the target number of unduplicated patients 23,524. To project unduplicated patients, we took estimates based on historical encounter per patient data. We increased the number of encounters per patient over historical by 8% because we are continuing to increase the number of patients using multiple services via integrated Healthcare/Dental/Behavioral Health. Also, we are forecasting through that increase, a greater focus on chronic disease, which requires more encounters per patient.

Projected encounters by specialty based on historical trends:

Total estimated encounters for the year 2025 - 80,118.
Adult & Senior Health – 14,076
Children Adolescent Health – 12,568
Women’s Health -10,054
Multispecialty -13,574
Dental – 19,390
Behavioral Health – 8,644
Enabling Services (CHWs, Case Mgt., Patient Education) – 1,812

Downtown Campus with 56,848 encounter projections for 2025:

Medical services: 34,807 encounters
Dental services: 13,229 encounters
Behavioral health services: 7,000 encounters
Enabling services: 1,812 encounters

Cabot: 11,279 projected encounters:

Medical services: 8,135
Dental services: 3,144

Clay County Family Medicine & Dental: 4,716 projected encounters:

Medical services: 2098
Dental services: 2618

Northland Family Medicine: 5,232 projected encounters:

Medical services: 5,232 encounters

J. A. Rogers Family Dental: 399 projected encounters

Blue Springs School District: 1,644 projected encounters:

Behavioral Health services: 1,644

Required and Additional Health Care Services

Sam Rodgers utilizes the following staffing model to achieve required and additional health care services:

1. Comprehensive primary medical care
 - a. Family physicians
 - b. Family nurse practitioners
 - c. Physician Assistant
 - d. Women’s health nurse practitioners
 - e. Pediatrician
 - f. Obstetrician/Gynecologist
2. Preventive medical care: well child, well adult, well woman
 - a. Family physicians
 - b. Family nurse practitioners
 - c. Women’s health nurse practitioners
 - d. Pediatricians

- e. Obstetrician/Gynecologist
- 3. Obstetric care: prenatal and perinatal
 - a. Women’s health nurse practitioners
 - b. Family physicians
 - c. Family nurse practitioners
 - d. Obstetrician/Gynecologist
- 4. Immunizations
 - a. Immunization staff (MA or LPN)
 - b. Family physicians
 - c. Family nurse practitioners
 - d. Women’s health nurse practitioners
 - e. Pediatricians
 - f. Obstetrician/Gynecologist
- 5. Cancer screenings
 - a. Family physicians
 - b. Family nurse practitioners
 - c. Physician Assistant
 - d. Women’s health nurse practitioners
 - e. Pediatricians
 - f. Obstetrician/Gynecologist
- 6. Comprehensive general dental care
 - a. General dentists
 - b. Dental Hygienists
- 7. Diagnostic laboratory services
 - a. Clinical staff for point-of-care CLIA-waived testing
 - b. Contracted vendor for CLIA non-waived testing
- 8. Diagnostic imaging services
 - a. X-ray technologists
 - b. Ultrasound technologists
 - c. Mammography technologists
- 9. Screening imaging services
 - a. Ultrasound technologists
 - b. Mammography technologists
- 10. Pharmacy services
 - a. Pharmacists
 - b. Pharmacy technicians
- 11. Podiatry
 - a. Podiatrist
- 12. Same day/prompt care services
 - a. Family physicians
 - b. Family nurse practitioners
 - c. Physician Assistant
 - d. Women’s health nurse practitioners
 - e. Pediatricians
 - f. Obstetrician/Gynecologist
- 13. Outpatient behavioral health care

- 14. Family Medicine Physician Behavioral health counseling
 - a. Licensed clinical social workers
 - b. Licensed master's social workers
 - c. Psychologist
- 15. Voluntary Family Planning
 - a. Women's health nurse practitioners
 - b. Family physicians
 - c. Family nurse practitioners
 - d. Physician assistant
 - e. Obstetrician/Gynecologist
- 16. Transportation services
 - a. Contracted HIPAA-compliant transportation service
- 17. Interpretation services
 - a. Certified medical interpreters, contracted HIPAA-compliant video interpreting service and language line
- 18. Case management
 - a. Nurse Care Managers
 - b. Licensed clinical social workers
 - c. Licensed masters' social workers
 - d. care coordinators
- 19. Care coordination
 - a. Nurse Care Managers
 - b. Licensed masters' social workers
 - c. Licensed clinical social workers
 - d. Referral coordinators
- 20. Eligibility assistance
 - a. Certified Marketplace Counselors (Certified Application Counselors)
 - b. Community health workers
- 21. Outreach
 - a. Dedicated outreach department
 - b. Community health workers
- 22. Referral follow-up/discharge planning
 - a. Health Information Management department
 - b. Nurse Care Managers
 - c. Referral coordinators
 - d. Community health workers
- 23. Substance abuse services
 - a. Licensed clinical social workers
 - b. Licensed masters' social workers
 - c. Family practice physicians
 - d. Nurse practitioners

Criterion 3: COLLABORATION

There are two federally qualified health centers and one look-alike with which Sam Rodgers

shares the same service area. Together, we work collaboratively with the Kansas City, Missouri Health Commission, a mayoral-appointed board that provides guidance and advice to the City's Health Department to improve access to health care for Kansas City residents. We are involved in the development and implementation of the Community Health Improvement Plan. Additionally, we call upon each other for advice and resources. Starting in April 2020 and throughout all of 2021, during the height of the COVID pandemic, all these entities plus the acute care academic hospital for Kansas City worked closely together to coordinate both testing and vaccination clinics. Those efforts were focused on communities and populations that were disproportionately impacted by COVID cases, hospitalizations, and/or deaths. Please also reference letters of support in Attachment 9.

Swope Health Services is an FQHC established in 1969; it currently serves more than 40,000 patients in western Missouri and eastern Kansas. Swope Health Services provides primary, dental, and behavioral health services. Sam Rodgers and Swope Health are the two largest FQHC providers in the Kansas City, MO area. The leadership of Sam Rodgers maintains frequent communications with the leadership of Swope Health as new locations are planned to minimize duplication and overlap of service. A letter of support is included in Attachment 9.

Kansas City CARE Health Center was formed in 1971 as the only free clinic in the Kansas City area. KC CARE Health Center is now a designated FQHC, providing a range of medical, dental, and behavioral health services, as well as Ryan White-funded services. Sam Rodgers clinical staff work closely with the Ryan White Linkage to Care staff at KC CARE (and Vivent Health) to ensure a seamless transition into HIV medical care and case management for any client who test positive during routine, op-out, HIV testing in all medical clinics. A letter of support is included.

Hope Family Care Clinic is an FQHC look-alike in the Kansas City east side. Originally, Hope was a volunteer-based primary care clinic and now provides pediatric, woman's health, and adult primary and preventive medical care services. Sam Rodgers provided a letter of support for their FQHC status application and requested a letter for this application.

An avid supporter and specialty care provider for the safety net, University Health (UH) is an acute care academic hospital. Their downtown location is the busiest Level One Trauma Center in the city. Typically known as the city's safety net hospital, UH provides a full range of quality services and specialty care. UH is more than a referral hospital to Sam Rodgers and the safety net, we work together to ensure public funding remains available to the safety net and UH leads in advocacy for health policy that improves access. Additionally, UH's location within the Sam Rodgers service area is an incredible asset for our patients, who are provided access to emergency room services and hospitalization when needed, as well as specialty care. A letter of support is included.

Northland Health Care Access (NHCA): The nonprofit works to connect low-income, uninsured residents from the north portion of the KCMO metro to affordable, quality health care and is currently operating a locally funded project focused on access to maternal health. Because of Sam Rodgers' own clinical presence in the Northland, the two agencies have a strong history of partnership including Sam Rodgers providing contracted clinical care (including at the Clay

County Health Department) to help NHCA fulfill its local contract to provide care for uninsured and underinsured residents. The partners collaborated on several programs including NHCA's Healthy Pregnancies program through UnitedHealthcare's Catalyst program. Elements of this collaboration formed the basis for Sam Rodgers' PPHH application to expand prenatal and post-natal care coordination at three of its locations (including the Northland Family Medicine Clinic). A letter of support is included. A letter of support is included.

Sam Rodgers also partners with the Kansas City (MO) Health Department's Nurse-Family Partnership program, a home visitation program by nurses for first-time moms. Sam Rodgers refers patients to the program, which provides health education, referral for health care, childcare, job training, and education to improve economic self-sufficiency.

Other programs offered by Sam Rodgers also offer a home visiting component. This program is called: Primary Care Health Home, the Missouri Medicaid program began a pilot in late 2015 that added CHWs to care coordination teams. The CHW provides case management and navigation services in the homes of high-utilizers of Emergency Department services, frequently identifying barriers to care that are not evident to clinic-based staff.

We work with the Clay County Public Health Center on the development and implementation of their Community Health Improvement Plan. This intense effort includes stakeholders to ensure community wellness, improve access to care, and reduce the burden of chronic diseases. Bob Theis, our Chief Executive Officer, is treasurer of the organization that was formed out of this collaboration, Northland Health Alliance (NHA). The mission of NHA is to empower the Northland Public Health System to improve the health status and health outcomes of all residents in the Northland (primarily Clay and Platte counties in Missouri.)

The Sam Rodgers Behavioral Health and WIC programs are audited and certified by the Missouri Department of Health and Senior Services. Sam Rodgers also collaborates with and receives federal funding through the State of Missouri for its WIC, Show Me Healthy Women, and indigent care programs. Our WIC Program consistently has high breastfeeding initiation rates around 90% which is higher than the Missouri state average.

Sam Rodgers has a collaborative partnership with the Missouri Primary Care Association (MPCA). Through the MPCA, Sam Rodgers is instrumental in shaping policies and programs that improve access to high quality and affordable health care services. Together we work to ensure high quality care to carry out our mission. One recent example is how we increased our diabetic retinopathy screening rate. As we strive to offer high quality care for our patients each day, our medical teams voiced a need to upgrade our diabetic eye exam screening devices called Retina Vue. Diabetic vision screenings are important to identify diabetic eye disease as early as possible and prevent diabetes related blindness. Diabetic Retinopathy may not have any symptoms at first – but identifying it early can help patients take steps to protect their vision. Diabetic Retinopathy is one of the leading causes of blindness in the US as approximately 30% of diabetics will develop eye disease. Since putting the Retina Vue device into practice, Sam Rodgers has more than doubled our screening rate from 26% in October 2021 to 78% in October 2023. MPCA is instrumental in providing guidance, advice, and strategic visioning for Sam Rodgers.

Sam Rodgers has a close working relationship with the Mexican Consulate in Kansas City. Our shared project, Ventanilla de Salud (Window of Health), is an outreach and health education program jointly supported by Sam Rodgers and the Mexican Consulate. An outreach worker welcomes the newest members of the Latino community to Kansas City, responds to general health inquiries and needs, schedules appointments, arranges transportation to health care providers and oftentimes secures services not provided by Sam Rodgers for individuals without health insurance.

The Black Health Care Coalition (BHCC) is a non-profit organization dedicated to reducing health disparities in the African American community through advocacy, access to care, and health promotion activities. Sam Rodgers has a successful history of working with BHCC to improve the health outcomes of the African American community in Kansas City. The Black Health Care Coalition and Sam Rodgers frequently collaborate to offer various health screenings, such as mammograms, health education and information to the residents of Kansas City.

Kansas City Health Equity Learning and Action Network (KC LAN) with more than 50 participating organizations in the KC region, including Sam Rodgers and four of the five primary partner agencies, will directly address the impact of inequities and how they can be addressed through changes to systems, structures, and practices. This partnership presents an additional opportunity for the PPHH program leaders to present and engage with a wide swath of committed, multi-sector partners to discuss maternal health barriers and challenges for BIPOC women and encourage the group to engage with PPHH efforts. (KC Health Collaborative joins the LAN to advance health equity in Kansas City, *Kansas City Business Journal*, By Health Forward Foundation, Dec 16, 2022, KC Health Collaborative joins the LAN to advance health equity in Kansas City - *Kansas City Business Journal*). The KC LAN launched an effort in January 2022 to train health care workers on racial and ethnic disparities. Sam Rodgers' leadership has been actively involved in the KC LAN's community discussions about the impact of race on health outcomes with regular attendance at various meetings. PPHH staff will attend relevant and appropriate KC LAN meetings and/or trainings.

Criterion 4: EVALUATIVE MEASURES

Quality Improvement and Quality Assurance

Sam Rodgers's Quality Improvement (QI) and Quality Assurance (QA) program is outlined in the Board approved Continuous Performance Improvement (CPI) Plan. The governing Board has the final authority and responsibility for ensuring the quality of all services throughout the organization and authorizes the CPI Committee to oversee the continuous performance improvement activities. The Board evaluates the achievement and sustainability of desired outcomes and improvements, based upon strategic goals, and provides necessary resources to support CPI actions.

The CPI Committee is co-chaired by the Chief Quality Officer and the Chief Clinical Officer. This committee provides direction, oversight, utilization management, performance monitoring,

strategic/operational data analysis activities across all of Sam Rodgers' administrative and clinical operations. The co-chairs and the CPI Committee use technology, evidence-based guidelines, performance outcomes, and patient experience data to continuously strive for improvement.

The CPI Committee meets bi-monthly to conduct oversight of projects directed towards quality improvement of business operations, clinical outcomes, and patient engagement throughout the organization. Quality improvement assessments are conducted using patient record data to assess/determine changes in Sam Rodgers services. QI/QA assessments and patient satisfaction trend reports are reviewed quarterly by the CPI Committee and is also reviewed by the Quality and Professional Relations Committee (QPRC) of the Board and the Board of Directors quarterly. In addition, the Committee reviews proposals for new quality improvement projects, and reports activities to the Board of Directors through the Board's QPRC Committee.

The Continuous Performance Improvement Plan encompasses all areas within the Sam Rodgers organization, both clinical and non-clinical. The CPI Committee is accountable for coordinating the approach to improving patient care, and client and patient service, and sustaining those improvements. The CPI Committee is also responsible for the ongoing planning, prioritizing, process design, measurement, assessment, and improvement activities for Sam Rodgers. Employees, providers, dentists, counselors, etc., participate in CPI activities as related to services provided.

Sam Rodgers provides a monthly performance summary to all providers. The summary includes:

1. Actual clinical encounters per provider.
2. Quality of services delivered, in the form of patient satisfaction survey results.
3. Patient outcomes, in the form of a report analyzing performance on key clinical quality metrics specific to each department. These metrics correlate with metrics from UDS, Meaningful Use, HEDIS (Healthcare Effectiveness Data and Information Set), and PCMH, among others.

The goal of the Board-approved Safety and Risk Management Plan is to continuously improve patient safety and minimize and/or prevent the occurrence of errors, events, and system breakdowns through proactive risk management and patient safety activities. The Safety and Risk Management Plan encompasses all Sam Rodgers employees. Components of the program include employee orientation and continuing education, hazardous material management, life safety, equipment management, utilities management, and infection control.

Sam Rodgers has an established process for the reporting, investigation, and tracking of unexpected occurrences. Each provider, employee, or volunteer is responsible for reporting all adverse events, incidents, and near misses at the time they are discovered to his or her immediate supervisor and/or the Compliance Analyst. Immediate evaluation and stabilization of the parties involved in the event is carried out. After any needed intervention has been provided, a Sam Rodgers Incident Report is completed. If the incident is related to an employee injury, an Employee Injury Report is completed, and Human Resources is notified immediately.

All event reports are forwarded as soon as possible, but all are sent within 24 hours to the Compliance Analyst for review. Root Cause Analysis is performed to determine cause and

actions are taken to prevent the incident from occurring again. A summary of the types of incidents is reported quarterly to the Risk Management Committee, CPI Committee, Quality and Professional Relations Committee, and the Board of Directors.

Sam Rodgers has a policy for resolution of patient grievances that concern the quality of care or service received. It is the responsibility of all Sam Rodgers staff to respond to and resolve patient concerns. Department managers are responsible for managing routine patient concerns promptly; the Director of Compliance and Risk is responsible for tracking and managing the complaint process. Every effort is made to resolve patient concerns within the department. If the patient is not satisfied with the resolution, the patient is referred to the Director of Compliance and Risk to file a formal written grievance. The appropriate department manager is responsible for investigating, resolving and responding to the complaint within five (5) working days. Necessary information is gathered to objectively assess the event and formulate a resolution to the complaint. Should additional time be needed to resolve a grievance, the patient will be notified of a reasonable period within which to expect a resolution.

Members of the Sam Rodgers Executive Team are responsible for reviewing and resolving complaints not resolved at the department level. If the grievance is still unresolved after Executive Team review, then the Chief Executive Officer (CEO) makes a final determination.

Grievances are documented in the event reporting system. Grievance data are compiled and trended. The grievance reported is reviewed by the Continuous Performance Improvement (CPI) Council on a quarterly basis for corrective action and monitoring of progress. The Quality and Professional Relations Committee of the Board and the Board of Directors also review patient grievances quarterly.

Health Information Technology

In 2021, Sam Rodgers implemented a new Electronic Health Record (EHR) software called NextGen at all its locations to provide clinical staff with a more user-friendly, more easily accessible program. NextGen and all other systems used by Sam Rodgers meet all federal requirements for data security from data entry to data access. This ensures patient data is safeguarded from external data breaches. Since NextGen is in the cloud it can be accessed from anywhere that the clinician has internet service, rather than being accessible on premises only. NextGen also works to increase claim reimbursement. NextGen has security that allows us to give staff members rights only necessary to do their jobs. It also can track all access to the patient records. This helps prevent intentional or inadvertent data breaches by Sam Rodgers staff. To enhance continuity of care, our EHR has been interfaced with two health information exchanges (HIEs): (1) Lewis and Clark Information Exchange (LaCIE) and (2) Velatura/Missouri Health Connection (MHC).

Sam Rodgers has the capability in NextGen for enabling staff to use the Protocol for Responding to & Assessing Patients' Assets, Risks & Experience (PRAPARE) assessment tool to document patient Social Determinants of Health (SDOH). PRAPARE is an evidenced based, standardized patient risk assessment protocol designed to engage patients in assessing & addressing social drivers of health. Some of the data are pulled from standard patient demographic fields; all items related to insecurity with food, housing, utilities, phone, medications, transportation, clothing,

childcare, and other factors are included in the template. In NextGen, we have also added four SDOH questions that are asked during the intake on every patient visit. The four questions are insecurities about food, housing, transportation, and social isolation. The PRAPARE data is fed into Azara DRVS along with our other patient data.

Azara DRVS is a centralized, secure Data Reporting and Analytics Solutions for Community Health Centers (CHCs) and health center networks. It is used to facilitate care transformation, drive quality improvement, aid in cost reduction, and simplify mandated reporting. With DRVS, we monitor clinical outcome performance for the entire organization - medical, dental, and behavioral health. In addition, DRVS has a financial and operations module that tracks these outcomes as well. The data is available for staff to use with DRVS reporting capabilities to graph and track compliance/completion of the PRAPARE tool. DRVS allows us to capture the percentage of assessments completed, percentage of core assessments done, and patients with three or more SDOH factors. In DRVS, there is an SDOH registry that gives us the assessed patients' detailed SDOH data.

DRVS has additional features to assist our providers and the staff with closing patient care gaps. One of the features available to us is a text messaging feature called Care Message. We use Care Message texting to outreach and connect with our patients who have open care gaps. We can send automated health educational information for managing chronic conditions, appointment, and screening reminders, and for addressing SDOH barriers. Another tool that we use in DRVS to improve patient outcomes is the Visit Planning Report. This report gives our providers and staff an "at-a-glance" overview of the patient's illnesses and diagnoses, along with their demographic and SDOH data in a way that is actionable and clear for the staff to use in preparation for the patient's visit to Sam Rodgers.

As mentioned in the Need Section, Sam Rodgers uses the Cyacom translation platform for interpretation. Cyacom has a Face-time component, an innovation that provides several advantages for the patient and provider, including secure encrypted communications. If we do not have an on-site interpreter available, the provider can access Cyacom. The certified medical translator will come online, so that the patient sees someone who looks and speaks as they do. Having an interpreter with a video connection who can infer 93% of communication that is non-verbal can be a tremendously powerful tool for both provider and patient.

Our current email server is Microsoft Office 365 (O365), which helps reduce the need for in-house email security servers and applications. This mitigates security vulnerabilities of a physical local server, allowing secure access on premises as well as remotely. We also incorporated an existing solution into off-site backups for disaster recovery purposes.

Sam Rodgers Focus Efforts to Improve Clinical Quality & Health Outcomes and Reduce Disparities:

Hypertension

For hypertension, data is trended and analyzed by the CPI committee quarterly and is presented to the Board of Directors quarterly. Targets for hypertension have been established based on Healthy People 2030 metrics as well as Sam Rodgers' past performance. If a patient has a blood

pressure reading of over 140/90 mm Hg, clinical staff are required to take a second reading after waiting 10 minutes per clinical protocol. Practice managers monitor if clinical staff are following the hypertension protocol.

Patients diagnosed with hypertension are referred to the population health care team to be seen by a nurse care manager. Patients are scheduled for an educational session on their disease diagnosis and management of the condition. Patients are also educated on the importance of following a salt restricted DASH diet and incorporation of a healthy lifestyle. Patients diagnosed with hypertension are given a blood pressure monitor at no cost to them. Patients are asked to monitor and record their blood pressure readings and to bring the results back for their follow up visits. This gives the clinical team a better insight into medication modifications. Patients whose blood pressures are chronically uncontrolled and that need financial assistance are also referred to Sam Rodgers' food pantry program where they can get healthy foods at no cost to them. The Population Health team and Community Health Workers can assist patients with obtaining healthy foods (including fresh produce) by providing them with vouchers to local grocery stores and can also refer them to local food banks as needed.

Diabetes

For Diabetes, data is trended and analyzed by the CPI committee quarterly and is presented to the Board of Directors quarterly. Targets for diabetes have been established based on Healthy People 2030 metrics as well as Sam Rodgers' past performance. Sam Rodgers does point of care HbA1c testing during the patient's health center encounter which helps the provider to determine the patient's course of treatment.

Our systems IT team and population health team members continue working on encounter plans in our EHR that will generate an automatic referral order when there is a diabetes diagnosis. The referral order will prompt needed services (i.e., behavioral health, annual dental, podiatry, eye exams, and labs). This standardizes the diabetic population management process across Sam Rodgers. It helps us to close care gaps and helps us manage the diabetic population more successfully. Follow-up diabetes education for patients can be scheduled with a health home care coordinator who reinforces the education that was provided during the patient's medical encounter and provides additional diabetes management resources. If needed, the population health team assists the patients in getting diabetic supplies like shoes, socks, testing kits, etc. Patients who have HbA1c greater than 9 are assigned to health home case management teams.

Community health workers (CHWs) in our Adult and Senior Health (ASH) clinic received training on lifestyle education from the American Diabetes Association. This education provides our CHWs with resources and tools to assist patients with making changes in their diet, activities and managing stress which improves the health and quality of life in our community. Sam Rodgers pharmacy has a patient assistance program for patients who cannot afford their copays to get their medications. CHWs also assist the patients who cannot afford their copays and/or who cannot afford healthy foods by connecting them to available resources. Providers can refer a patient with diabetes to the food pantry and the population health team will enroll them in the program and provide them with healthy foods every month. This program helps patients who have difficulty in getting healthy foods due to financial constraints. For patients who have chronically uncontrolled HbA1cs (greater than 9) and are on medications, providers refer them to the clinical pharmacist at Sam Rodgers. The Clinical pharmacist will reach out to the patient and

schedule an appointment to go over the medication lists in detail and educate patients on how the medications and how they should be taken. This is particularly important for patients who are on Insulin therapy.

Sam Rodgers has a Diabetes performance improvement team which is cross-functional with team members from clinical, operations, pharmacy, dental, population health, quality, and community health workers to monitor Sam Rodgers's diabetic performance. The goal of the team is to identify opportunities and improve the care of our diabetic patients. There is also collaboration between our dental and adult medicine departments. Patients with diabetes are referred to dental for an appointment and dental patients who have diabetes that have not seen a primary care provider are referred and seen in the adult medicine department. The dental department has set up point of care HbA1c testing which will help to assess uncontrolled patients and elevate them for primary care referrals. Patients with diabetes whose HbA1c is uncontrolled that do not have a 3 month follow up appointment are enrolled in the Sam Rodgers patient appointment reminder program of. These patients get a weekly text reminder on their cell phone to make a follow up appointment. They continue to receive this message until they either make an appointment or opt out of the messaging program.

Our nurse care managers have attended the American Association of Diabetic Educators training to become certified lifestyle coaches. American Association of Diabetic Educators provided this training in conjunction with the CDC on lifestyle modification for diabetic and pre-diabetic populations. This training covered both the management of diabetes as well as preventive steps to help delay the onset of diabetes in the pre-diabetic population. It gave Sam Rodgers's nurse care managers more tools/resources on forming future partnerships and networking to share information and ideas on reaching out to patient populations similar to our own patient population. We offer diabetic lifestyle coaching in English, Spanish, and Swahili.

Our medical teams voiced a need to upgrade our diabetic eye exam screening devices called Retina Vue. Diabetic vision screenings are important to identify diabetic eye disease as early as possible and prevent diabetes related blindness. Diabetic Retinopathy may not have any symptoms at first – but identifying it early can help patients take steps to protect their vision. Diabetic Retinopathy is one of the leading causes of blindness in the US as approximately 30% of diabetics will develop eye disease.

In December of 2021 Sam Rodgers received a grant to upgrade our Retina Vue device for our downtown clinic. The outcome of the donation is highly notable. Since putting the Retina Vue device into practice, Samuel Rodgers tripled our Diabetic Retinopathy screening rate over the past two years. Our screening rate is currently 78% and we have become one of the leading FQHCs in Missouri providing diabetic eye exams within a primary care center.

Mental Health

The Behavioral Health (BH) program at Sam Rodgers is comprised of three distinct services: traditional outpatient behavioral health, school-based services, and integrated care.

Our teams provide services for underserved and underinsured community members addressing behavioral health needs in a setting that provides integrated and affordable primary care to all independently of their ability to pay. Jackson County, Missouri has an unmet demand for behavioral health services, specifically services that are available to uninsured and Medicaid

populations. Wait times for community mental health centers are weeks to months long. Sam Rodgers is building the internal capacity to serve more children and adults with behavioral health needs.

Sam Rodgers has worked to address the unmet demand for behavioral health services by increasing capacity by nearly doubling our behavioral health provider workforce, increasing support staff, and providing additional training to increase our providers skills and certifications.

Our traditional outpatient behavioral health department is located at our main location and consists of a physician, licensed clinical social workers, licensed masters' social workers and psychologists. Services provided to patients include therapy/counseling, psychological assessment testing, case management and care coordination. The team also has support staff such as front desk staff, community health workers, referral coordinator, and case manager who ensure that services are well coordinated.

Our School based behavioral health services within the Blue Springs School District are continually expanding. Our team is currently comprised of two fully licensed clinical psychologists and four doctoral psychology students from Kansas City University. This team conducts psychological testing for children in the district, enabling us to identify and diagnose mental health conditions accurately. Through these evaluations, we can determine if a child qualifies for additional support due to learning disabilities, ADHD, autism spectrum disorder, or intellectual disabilities. This support can come in the form of school-based assistance or through community and healthcare programs. Our team also provides therapy sessions, equipping children with lifelong coping skills, enhancing their interactions with others, and improving their overall happiness and productivity. These sessions also help alleviate chronic stress.

Our integrated care program utilizes multi-disciplinary, whole-center integration to provide the most thorough, highest quality care in alignment with our mission as a health center. The Integrated care team is comprised of a psychologist, physician, and licensed therapists trained as Behavioral Health Consultants (BHCs). Currently, we have five BHCs available at two of our clinic locations, with additional telehealth services for consultations at our satellite locations. We have recently expanded our services to include women's health BHCs, addressing peripartum and other women's health behavioral concerns.

Training is a key focus for Sam Rodgers's integration efforts. Several of our clinicians, including medical providers, nurses, therapists, BHCs, CHWs and management have received certification in "Primary Care Behavioral Health" from the Center for Integrated Primary Care at the University of Massachusetts Medical School. All our BHCs and several other therapists have received training and certification in CBT-I for insomnia, a highly effective, gold-standard treatment for insomnia, which is underutilized in many healthcare settings. Our Women's Health BHCs have received training and certification in Perinatal Mood Disorder through Postpartum Support International. We are consistently pushing to keep our medical and behavioral health providers at the cutting edge within their respective scopes.

Our additional psychology staff oversee the doctoral students, ensuring quality service while providing valuable training for our future providers. This partnership with Kansas City University

not only allows us to conduct more testing but also helps create a pipeline of providers for the state of Missouri. This is crucial as studies show that 67% of individuals who train in a community health environment continue to work in such settings.

At Sam Rodgers, we are utilizing multi-disciplinary, whole-center integration to provide the most thorough, highest quality care in alignment with our mission as a health center. Physicians, advanced practice providers, pharmacists, psychologists, therapists, nurse educators, community health workers, and data and quality staff, work collaboratively to enhance the lives of our patients and contribute to a healthier, more productive community.

Substance Abuse Disorder (Narcan Distribution)

To address Substance Use Disorder (SUD) and the opioid crisis, Sam Rodgers uses an add-on module for the Azara DRVS data warehouse system that helps clinicians more efficiently manage populations at risk (those in treatment for substance use disorder, those at risk for developing a disorder, and those with chronic pain). The module allows Sam Rodgers to access relevant clinical information to support team meetings, conduct and evaluate outreach efforts, improve preventive screening efforts, and ease reporting. We have a memorandum of understanding with a local center for behavioral change for methadone treatment. Sam Rodgers has obtained certification as an outpatient adult/child mental health facility and will be able to provide outpatient psychotherapy for persons in supportive recovery.

Narcan (Naloxone) nasal spray has been distributed to the community through religious congregations in the Sam Rodgers service area and through the Mexican Consulate. BH providers make Narcan available to patients and the public in general just by stopping by and requesting up to two Narcan nasal sprays. Sam Rodgers delivers the instructions and flyers provided by nomoredeaths.org at the same time as the Narcan nasal spray. There are established educational sessions available to the public on the last Friday of the month at the Mexican Consulate in Kansas City, MO and the same educational sessions are available to the congregations and the public under request. Since Narcan became available, Sam Rodgers had worked distributing it at Emmanuel Church, San Anthony's and St Francis Regis. We also have distributed Naloxone to our providers and staff so they will be prepared for emergencies while in the community. Naloxone is also available for patients through our pharmacy and clinics.

Both our medical and behavioral health departments perform pre-visit planning and SBIRT screening. Screening, Brief Intervention, and Referral to Treatment (SBIRT) is an evidence-based practice used to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs. When the SBIRT is positive, then the ASSIST is utilized with patients to see if further interventions are needed for additional treatment. The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) was developed for the World Health Organization to detect and manage substance use and related problems in primary and general medical care settings. For SBIRT there are brief interventions in both medical and behavioral health designed to address the patients' problematic substance use and chronic conditions. There are brief coaching structure series designed to help evaluate patients' problematic use of substances and receive psychoeducation on various topics.

A Medication-assisted treatment (MAT) at Sam Rodgers has been started as an evidence-based treatment for opioid use disorder. Even though Sam Rodgers does target patients with SUD it offers MAT as an alternative for established patients within the overall integrated health care. The program involves specially trained and licensed providers using FDA-approved medications in combination with therapy to treat substance use disorders (SUDs). MAT is a cornerstone of best practice for recovery from substance abuse and by combining medications and behavioral therapies it provides the "whole patient" approach to managing substance use disorders. Research demonstrates that treatment using MAT, particularly when coupled with evidence-based behavioral therapy, improves medical and mental health outcomes, and reduces relapses and recidivism.

Improving Maternal and Child Health

Sam Rodgers has a long and successful history of offering specialized women's care. Sam Rodgers' founder, Dr. Samuel U. Rodgers was a board-certified OB/GYN and insisted the initial modest clinics offer comprehensive care to female patients served. Since 2022, Sam Rodgers Women's Health has been led by Dr. Robbie Harriford, CMO, and Board-Certified Family Medicine physician.

Prior to the creation of the Prenatal Postnatal Health Home (PPHH), data was provided by Sam Rodgers' quality and evaluation team to provide a quantitative analysis of current maternal health outcomes, then complemented by qualitative information from the Women's Health team and client satisfaction surveys. From the initial meeting to discuss developing the PPHH, the entire Women's Health team was engaged, ensuring the barriers and challenges faced by patients and potential patients were addressed. The PPHH program will provide focused care coordination and nurse case management for all Sam Rodgers prenatal and postpartum patients served at their three high-volume OB locations. In addition to adapting the PCHH model, the Sam Rodgers PPHH program will incorporate into the overall PPHH care team positions/roles not traditionally included in medical care teams. These new team positions/roles include Behavioral Health Consultants (BHCs), CHWs and Doulas. Integration of ancillary services such as CHWs and Doulas into the dedicated PCHH ensures optimal cross-disciplinary coordination.

The PPHH Program will provide 18 months of postpartum care for several reasons. To ensure the best continuity of care for pregnant women served by Sam Rodgers, PPHH is needed to provide evidence-based, postpartum care (up to 18 months) after birth. The postpartum period from 43 days to one year is when half of maternal deaths in Missouri occurred between 2017-2019 (2022 Missouri Maternal Health Report). All current follow-up care recommendations are for one year postpartum. Sam Rodgers will extend care to 18 months to ensure continuity of care for both the mother and child. The first 18 months postpartum include numerous well-child checks. These visits are good to check in on a mother's physical and mental health as well. Sam Rodgers' rationale for the extended period provides additional time to address issues and barriers. A key example is in the area of mental health and SUDs, issues that may not present or resolve in a 12-month period. Through an entire 18-month period, women will be screened and referred to targeted services and care. A newborn is seen for nine well-child visits during these 18 months, this provides additional opportunities to assess the mother's health and refer for support.

At Sam Rodgers health our pediatric clinic takes every opportunity to get children up to date with their vaccinations. Our providers and staff review the child's immunization record at all visits (both ill visits and wellness checks) to determine which vaccines the child may need. During the visit the team will discuss and council the parent on the needed vaccines. Additionally, to reduce barriers to access, we also have a dedicated staff member who provides pedantic vaccines for walk-ins and for vaccine only visits. Our quality team and clinic staff also partner to identify children with any immunization care gaps, the teams then call families to encourage them to come into the health center to complete the needed vaccines.

Ending the HIV Epidemic

To address ending the HIV epidemic, all patients aged 15-65 years who visit Sam Rodgers, are screened annually for HIV by the clinical staff unless the patient opts out. This is consistent with the Center for Disease Control's *Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-care Settings*. The HIV screening is a point of care test that is performed during the intake step of the encounter. Clinical staff use a Pre-visit Planning (PVP) tool to identify patients who meet the eligible screening criteria and are due for the screening. If the point of care screening test result is positive, the clinical staff contacts the coordinator team at KC CARE Clinic, another FQHC with whom Sam Rodgers partners, or Vivent Health for HIV linkage to care that assists with ongoing HIV treatment. While the patient is still at Sam Rodgers, KC Care sends a representative to meet with the patient. Sam Rodgers orders a confirmatory lab test and KC CARE's Linkage to Care staff works with the patient to explain the process and to connect them to resources the patient needs. If the patient's confirmatory test is positive, another referral is made to KC CARE Linkage to Care, and their staff returns to Sam Rodgers to meet with the patient and coordinate/initiate medical treatment through KC CARE's Linkage to Care program. The contract between Sam Rodgers and KC CARE outlines that Sam Rodgers will utilize the Linkage to Care system to link HIV positive patients to medical care. Sam Rodgers health information management (HIM) referral team closes the referral by obtaining the patients' HIV treatment records from KC CARE of the medical care the patient received. Community Health Workers provides support and community resources assistance the patient requires to address any SDOH needs.

Criterion 5: RESOURCES/CAPABILITIES

Management Team Duties, Organizational Structure

Sam Rodgers has an organizational structure that is appropriate to handle the operational needs relative to the projected number of patients and encounters proposed. The Board of Directors is responsible for hiring and firing the CEO, who reports directly to the Board.

Chief Executive Officer (CEO):

The primary responsibilities of the Sam Rodgers CEO include the following:

- Provide overall leadership and direction for Sam Rodgers.
- Act as the principal steward of the resources entrusted to Sam Rodgers by its Board, its funders, and its benefactors.

- Lead the development and implementation of organizational and business strategies, new business initiatives and related objectives which result in the organization realizing its mission and achieving its stated objectives.
- Lead the ongoing development of operational plans, establish goals, implement tactics, and achieve results consistent with the organization's overall mission and goals.
- Contribute to the success of the organization.
- Identify, develop, and pursue business opportunities that support and/or improve outcomes.
- Ensure that the mission and goals of Sam Rodgers are realized through the strategic and effective utilization of resources - financial, human, material and intellectual - as entrusted; and
- Work collaboratively with the Board of Directors in delivering upon Sam Rodgers mission, vision and values. Provide communication with Board members that is effective, open, and continual.

It is the responsibility of the CEO to hire and directly manage the Executive Team. The current Executive Team structure encompasses the following positions:

Chief Operating Officer (COO):

This position provides leadership, direction, and business decision support for both financial and operational performance for Sam Rodgers. Key responsibilities include the following:

- Establish and implement HR efforts that effectively communicate and support the firm's vision and strategic vision.
- Develop HR plans and strategies to support the achievement of the overall business objectives.
- Develop strategic recruiting and retention plans.
- Develop and monitor HR budget.
- Supervise EEOC (Equal Employment Opportunity Commission) regulations and complaints.
- Function as a strategic business advisor to the Executive leadership team regarding key organizational and management issues.
- Working with Sam Rodgers's Executive leadership, establish a sound plan of management succession that corresponds to the strategy and objectives of Sam Rodgers.
- Develop and implement comprehensive compensation and benefit plans that are competitive and cost effective for Sam Rodgers.
- Establish and implement HR efforts that effectively communicate and support the firm's vision and strategic vision.
- Develop HR plans and strategies to support the achievement of the overall business objectives.
- Develop strategic recruiting and retention plans.
- Develop and monitor HR budget.
- Supervise EEOC (Equal Employment Opportunity Commission) regulations and complaints.
- Function as a strategic business advisor to the Executive leadership team regarding key organizational and management issues.
- Working with Sam Rodgers's Executive leadership, establish a sound plan of management succession that corresponds to the strategy and objectives of Sam Rodgers.

- Develop and implement comprehensive compensation and benefit plans that are competitive and cost effective for Sam Rodgers.

Chief Financial Officer (CFO):

This position provides leadership, direction, and business decision support for financial performance. Key responsibilities include:

- Manage financial stewardship for the organization, and ensure risks and issues are identified, addressed, and remedied.
- Ensure Sam Rodgers leadership, including its Board of Directors, is supported with timely and accurate planning, accounting, and reporting of financial and operational outcomes.
- Support new business development through expert analysis, planning, and decision support.
- Establish and manage all accounting, business, and financial planning processes for the organization. Support leadership team with ongoing business analysis, business research and decision support.
- Demonstrate a high level of problem-solving skills and the ability to make critical decisions supported by substantial analysis and critical data-based decision making.

Chief Medical Officer (CMO)

This position serves as the lead executive for clinical services at all Sam Rodgers facilities. The CMO ensures excellence of all clinical quality metrics through a combination of quality initiatives, population health management, staff training, and direct patient care. Key responsibilities include the following:

- Establish and implement HR efforts that effectively communicate and support the firm's vision and strategic vision.
- Develop HR plans and strategies to support the achievement of the overall business objectives.
- Develop strategic recruiting and retention plans.
- Develop and monitor HR budget.
- Supervise EEOC (Equal Employment Opportunity Commission) regulations and complaints.
- Function as a strategic business advisor to the Executive leadership team regarding key organizational and management issues.
- Working with Sam Rodgers's Executive leadership, establish a sound plan of management succession that corresponds to the strategy and objectives of Sam Rodgers.
- Develop and implement comprehensive compensation and benefit plans that are competitive and cost effective for Sam Rodgers.

Chief Clinical Officer (CCO)

Functions as the operational leader for clinical and nursing services delivered to patients through any of the Sam Rodgers facilities. Ensures that the mission and goals of Sam Rodgers are realized through successful and effective delivery of clinical and nursing services and expertise available to all Sam Rodgers patients. Key Responsibilities include the following:

- Lead and direct the development, implementation, and monitoring of quality health care services, programs and initiatives which ensure that the delivery of all clinical and nursing care:

- meets the needs and satisfaction of all Sam Rodgers patients.
 - meets or exceeds both organizational and professional standards.
 - meets the needs of the Sam Rodgers organization.
- Function as a good steward of the resources to which entrusted. Ensure the delivery of all services is consistent and within the budgeted financial resources available, and that the maximum services are delivered with the greatest of financial efficiency.
 - Ensure all staff members are properly credentialed, qualified, directed, and motivated to provide Sam Rodgers patients with high quality services and care.
 - Provide specific supervision, direction, and control to all clinical and nursing staff, and ensure all operations are managed within prescribed operational standards, policies, regulatory requirements, accreditation and licensing requirements, financial outcomes and related measures.
 - Ensure that all staff are appropriately assessed and competent within their respective clinical care areas. Develop and implement assessment protocols, hiring program & standards, development curriculum and monitoring procedures to ensure ongoing quality of care.
 - Establish standards which ensure safe, therapeutically effective patient care. Audit back office clinical procedures, and monitor clinical outcomes, assisting with the development of corrective action plans.
 - Ensure the effective, efficient administration of the Sam Rodgers Infectious Control Program.
 - Ensure prompt, thorough review and investigation of all nursing and clinical related concerns, complaints, and potential risk issues.

Chief Quality Officer (CQO)

The Chief Quality Officer will be responsible for the overall development, implementation and coordination of the continuous quality improvement initiatives of Sam Rodgers, including but not limited to; CPI program, Accreditation or Recognition readiness, HIPAA, and other quality projects as assigned.

The Chief Quality Officer will supervise, support, and manage as well as develop and oversee an organization – wide QI program that supports and advances the Sam Rodgers strategic plan, ensures compliance with Patient Centered Health Home (PCHH) standards, regulatory and funding agency requirements, and is in alignment with program evaluation findings and goals.

Key responsibilities include:

1. Supervise, support, and manage QI, utilization management and data analysis.
 - a. Develop and oversee an organization-wide QI program that supports and advances the Sam Rodgers strategic plan.
 - b. Ensure compliance with regulatory and funding agency requirements.
 - c. Ensure alignment with program evaluation findings and goals.
 - d. Prepares and effectively manages annual department-wide operating and capital budgets. Monitors monthly expenditure reports to assess budget status.

- e. Guides, assists and evaluates managers in planning, directing, organizing and coordinating their department services and programs as they pertain to quality initiatives.
 - f. Participates in decision making and provides recommendations to the Leadership Team on quality outcomes and provision of high-quality clinical services.
 - g. Prepare and facilitate written and oral presentations for a variety of internal and external audiences.
2. Works closely with the Leadership Team, clinical and administrative managers to establish QI standards and measures. Design and implement effective processes and programs to improve quality of care and ensure compliance, codes, standards, and regulations including but not limited to those of local, state and federal authorities, PCHH, and OSHA as well as standards of nursing practice.
 3. Provides input to program evaluation based on needs and findings.
 4. Develops and implements policies and procedures to ensure compliance with regulatory and funding agency requirements.
 5. Promotes quality improvement and cultural diversity through department operations and by personal performance. Ensures that clinical quality initiatives are implemented, measured, and reported in a timely manner.
 6. Collaborate with program directors and managers to assess performance monitoring, implement improvement plans and accountability, feedback loops and monitoring systems.

Chief Dental Officer (CDO)

The Chief Dental Officer (CDO) functions as the clinical leader for all dental services provided to patients through Sam Rodgers facilities. The CDO ensures that the mission and goals of the Sam Rodgers organization are realized through successful and effective delivery of dental care services and expertise available to all Sam Rodgers patients. Key responsibilities include:

- a. Lead and direct the development, implementation, and monitoring of quality dental care services, programs, and initiatives. Ensure that the delivery of all dental health care:
 - b. meets the needs and satisfaction of all Sam Rodgers patients.
 - c. meets or exceeds both organizational and professional standards.
 - d. meets current protocols and consistent with conventional methods.
 - e. meets the needs of the Sam Rodgers organization.
2. Function as a good steward of the resources to which entrusted. Ensure the delivery of all medical services is within the appropriate fiscal context of budgeted and available financial resources. Ensure Sam Rodgers delivers the maximum degree of services with the greatest of financial efficiency.
3. Personally provide dental care to patients as necessary.
4. Ensure all staff members are properly credentialed, contracted, qualified, directed, and motivated to provide Sam Rodgers patients with high quality dental services and care. Provide clinical supervision and counsel to all care providers on matters related to clinical care, patient grievances and related issues.

5. Ensure all Sam Rodgers Dental Services locations are appropriately staffed with a full complement of clinical staff. Ensure all dental operations are equipped with equipment, tools, procedures, and training necessary to function effectively and efficiently.
6. Ensure the Dental Services organization meets or exceeds all applicable governmental, regulatory and accreditation standards in all areas of day-to-day operations.
7. Ensure the proper and effective development and implementation of all quality assurance initiatives related to dental care delivery at all Sam Rodgers locations.
8. Establish positive working relationships with clinical managers, physicians, operations staff, regulatory bodies, and related organizations.
9. Implement and uphold all policies of the organization and ensure that all operations are consistent with the stated mission and direction set forth by the Board of Directors.
10. Foster a workplace that results in the development of a high performing team of professionals and staff. Recruit, develop and inspire a highly effective team of health care professionals. Ensure that all staff are properly coached and directed, and that clearly defined measurements of performance and rewards are utilized to enhance individual and organizational effectiveness.

Management Team Expertise

Chief Executive Officer Bob Theis, CPA

Bob Theis has been part of the Rodgers Health family since 2006 in a variety of roles. Today, Mr. Theis serves as the Chief Executive Officer. He ensures the administrative, financial, and operational integrity of Sam Rodgers.

Mr. Theis is an accomplished senior level executive with an exemplary record of leadership in financial administration, business management, process improvements, accounting and staff development and oversight. He provides successful financial management of overall business operations and can provide sound guidance to make effective business decisions. Mr. Theis has an expert knowledge of principles, procedures, and practices of financial and accounting transactions related to business operations. He has a proven ability to successfully lead department teams utilizing excellent interpersonal, oral, and written communication skills, as well as a strong capability to transition strategy into action, resulting in measurable achievements.

Mr. Theis understands and appreciates the legacy of Dr. Samuel U. Rodgers and is currently addressing how the current team is adding to the Legacy of Dr. Rodgers. Dr. Rodgers believed in Sam Rodgers's core values of Kindness, Integrity, Professionalism and Excellence. Mr. Theis stresses that it is imperative that we live those values every day we come to Health Center. Mr. Theis always takes it back to the mission, "the only reason we are here is to provide high quality, compassionate, and affordable healthcare for all." He adds "I believe in Dr. Rodgers' basic reason for creating this: to make people's lives better,"

Mr. Theis has a favorite quote from Lily Tomlin that he shares with his staff, "The road to success is always under construction." Helping Sam Rodgers constantly improve is key to his role, he says. "There's always a new challenge around the corner and we're always looking for a better way to do something."

His work prior to Rodgers Health included auditing, consulting to CPA firms, and accounting at several health care facilities. “I feel like my whole life led me to be here,” Mr. Theis says.

Mr. Theis earned his bachelor’s degree in journalism at the University of Kansas, and his master’s in accounting from the University of Missouri-Kansas City. Mr. Theis is a Certified Public Account and has been since 2003.

Chief Operating Officer Janelle Harvey-Jordan

Janelle Harvey-Jordan began her time with the Sam Rodgers family in early 2015. Ms. Harvey-Jordan is particularly passionate about her work because of how Sam Rodgers was founded. “It’s really the story of Dr. Rodgers,” she says. “His philosophy was that everyone should be able to access the best health care, regardless of their ability to pay. And working here, I get to see that work displayed every day.”

At Sam Rodgers, she serves team members at all levels of the organization — “from our hourly employees all the way up to our CEO,” she adds. Ms. Harvey-Jordan brings more than 30 years of experience in the Human Resources field, having managed, and directed both benefits administration and human resources departments. In her role prior to Sam Rodgers, Ms. Harvey-Jordan was responsible for human resources oversight at nearly a dozen sites around the country. Ms. Harvey-Jordan also leads the strategic planning and provides leadership for the center’s Strategic Plan. Ms. Harvey-Jordan supports the leadership team and the board on executing the goals and KPI’s in the plan. She has her Senior Professional in Human Resources (SPHR) certification and uses that skill set to help move the center forward in workforce management. Ms. Harvey-Jordan leads the recruiting efforts for all providers and leadership positions at the center. She also manages the HRSA loan forgiveness processes at the center.

Ms. Harvey-Jordan earned her bachelor’s degree in communication at Illinois State University. She sits on several boards in the Kansas City community.

Chief Medical Officer Dr. Robbie Harriford, MD

Dr. Robbie Harriford is currently the Chief Medical Officer for Sam Rodgers. In this role, she serves as one of the primary liaisons between medical providers and the administrative/executive teams. Like our Chief Clinical Officer, Dr. Harriford’s work includes oversight of providers, facilitating interdisciplinary communication and teamwork, and strategic planning.

Dr. Harriford received her medical degree from the University of Kansas and is a Board-Certified Family Medicine physician. She has been with Sam Rodgers for 4 years. In addition to her current position, Dr. Harriford is also the Medical Director for Women’s Health. Dr. Harriford has experience in both urban and rural community health settings with a special emphasis on women in underserved settings.

Chief Clinical Officer, Daniel Gillen, FNP-C

Daniel Gillen, MSN, FNP-C has 17 years of nursing experience, nine of which are as a Nurse Practitioner. Mr. Gillen has worked in Federally Qualified Health Centers since 2013 after obtaining his MSN and Nurse Practitioner License. He has been with Sam Rodgers for the past

two and a half years and has served multiple roles and currently holds the position of Chief Clinical Officer. Prior to working at Sam Rodgers, Mr. Gillen worked for another Kansas City Area FQHC as a nurse practitioner and the Director of Medical Informatics. He completed a Bachelor of Science in Nursing (2006) from the University of Nebraska Medical Center and a Master of Science in Nursing (2013) from the University of Kansas.

Mr. Gillen is the highest-ranking medical professional in the organization. His responsibilities include oversight and responsibility for the Medical, Behavioral Health, Pharmacy, Imaging, Lab, Contact Center, Health Information Management, and Population Health Departments. He is responsible for all non-dental medical providers and staff. He works collaboratively with other departments, directors, and C-suite executives to ensure cross departmental unity and optimization. Mr. Gillen represents the medical providers and provides medical insight to the board of directors' meetings and board committee meetings.

Chief Financial Officer, Chris Walker, CPA, CITP, CGMA, MBA

Christopher Walker is currently the Chief Financial Officer at Sam Rodgers. As the CFO, Mr. Walker collaborates with the senior leadership team and Board of Directors to ensure compliance with federal and state grant funding requirements, annual Medicare, and Medicaid Cost Reports, federal UDS reporting, and IRS Form 990 reporting. In addition to leading the accounting team, he also leads the patient billing and financial services team.

Mr. Walker joined Sam Rodgers in 2014 as the Controller. At that time, he was responsible for leading a staff of professionals providing budgeting and accounting operations for Sam Rodgers. Mr. Walker's education includes a Bachelor of Science in Business Administration from Truman State University, and a Master of Business Administration (MBA) from the University of Missouri, Kansas City. He is a licensed Certified Public Accountant (CPA) and maintains his Certified Information Technology Professional (CITP) and Chartered Global Management Accountant (CGMA) certifications with the American Institute of Certified Public Accountants.

Chief Quality Officer, Patricia Beatty, MBA

Ms. Beatty has a BS in Electrical Engineering from the University of Kansas and an MBA from the University of Missouri at Kansas City. In addition to her quality improvement experience, Ms. Beatty also brings risk management experience to her position at Sam Rodgers, including more than 14 years in the health care field. She has nearly 25 years of experience in performance improvement and process management.

She is a member of the American Society for Quality and the American Society for Health Risk Management. She has served for several years on the Missouri Quality Board of Examiners for the Excellence in Missouri Foundation. Ms. Beatty is proficient in Lean Six Sigma and has extensive experience in successfully leading performance improvement initiatives in manufacturing and health care. She is adept in strategic business planning, organizational structure development, change management, and people development. In addition, she possesses excellent management, communication, and problem-solving skills. Ms. Beatty provides staff education in Quality Management, Risk Management, Performance Improvement and NCQA PCMH Standards and engages leaders and staff throughout the organization to improve value, quality, and accountability.

Chief Dental Officer, Amanda Whiting, DDS

Dr. Amanda Whiting, DDS, is a member of the American Dental Association (ADA), Missouri Dental Association (MDA), Greater Kansas City Dental Society, Academy of General Dentistry, Missouri Coalition of Oral Health, and the Oral Health Network of Missouri. She has 11 years of experience as a dentist and has been with Sam Rodgers for 5 years.

Education:

General Practice Residency June 2010-Truman Medical Center - Lakewood

Doctor of Dental Surgery May 2009-University of Missouri - Kansas City

Bachelor of Science in Biology, College of Arts and Science December 2004

University of Missouri - Columbia

The Sam Rodgers' Human Resources Department has numerous strategies in place to attract and retain good candidates to take care of our diverse and medically vulnerable patients. These strategies and partnerships include:

- Our internal dental hygienist Program
- Nurse Practitioner Residency Program
- Dental Rotations with University of Missouri Kansas City Dental School
- Medical Assistant program with Concorde Career College and Metropolitan Community College.

Because of the efforts of our HR team, Sam Rodgers is one of the most racially, ethnically, and culturally diverse workplaces in Kansas City, with staff who value the lived experiences of our patients and their families. The racial and ethnic breakdown is 40% African/African American/Black, 4% Asian/Hawaiian/Pacific Islander, 26% Caucasian, 25% Hispanic/Latinx, and 5% other/two or more races. This commitment to serving clients in a way that respects their unique cultures does not happen by chance. Sam Rodgers has established training requirements to ensure that all staff and providers understand the need to provide care and services in a manner that accommodates the client's medical needs, cultural values, and health preferences.

The training schedule includes the following courses:

Trauma-Informed Care - This training helps staff define trauma along with the impact trauma has on physical and mental health, discuss the prevalence of traumatic events for the populations served, review evidence-based guidelines for assessing for trauma exposure and developing a trauma-informed care program for each patient.

Cultural Competency for Healthcare Professionals – This brief training emphasizes the importance of learning to provide culturally competent care, foster a workplace that incorporates shared values and plays a vital role in the healthcare community. This course helps provide a thorough understanding of certain cultural barriers and identifies effective strategies for healthcare professionals to become culturally competent.

Understanding & Working with Diversity - This thought-provoking training challenges staff to examine their feelings about diversity and how to work collaboratively with others. The training also looks at the negative impact of stereotypes and understanding the cultural norms that can cause conflicts in the workplace.

US Health & Human Services Think Cultural Health Video Series – These short videos can be viewed individually or in a group setting with discussion following. One video specifically deals with cultural sensitivity in obstetric care.

Credentialing and Privileging

To ensure quality care and patient safety, Sam Rodgers has established a process to assess and confirm the qualifications of a licensed or certified health care practitioner and authorize the practitioner's specific scope and content of patient care services. Sam Rodgers bases the credentialing and privileging of practitioners on Policy Information Notices 2002-22 and 2001-16.

The credentialing and privileging process is handled by the Credentialing and Compliance Analyst in conjunction with Human Resources (HR) staff. The procedure is outlined in Sam Rodgers' Credentialing and Privileging policy. Sam Rodgers credentials and privileges Licensed Independent Practitioners as described below.

When Sam Rodgers's Human Resources department is notified of a potential hire, the State Family Care Register is queried, and an employment contract and credentialing application packet are mailed to the provider. The provider returns the completed application to the Credentialing and Compliance Analyst. The Credentialing and Compliance Analyst completes primary source verification, which includes checking with the following: National Provider Identifier, the Office of the Inspector General, and the National Provider Data Bank. Once the verification of the potential provider's current license, Drug Enforcement Agency, Family Care Registry, and Bureau of Narcotics and Dangerous Drugs is completed, the Credentialing and Compliance Analyst submits all documents to Source One, our credentials verification organization. Source One performs a professional background search and ensures that our initial primary source verification is complete and accurate.

The completed background check and application documents are assembled in a packet with a Credentialing and Privileging report for the CMO to review. If the CMO approves, the privileging process proceeds, and delineation of privileges is assigned by the CEO. The CEO approves and recommends the Provider for credentialing and privileging to the Board Quality and Professional Relations Committee. The Board of Directors has delegated approval authority for credentialing and privileging to the Quality and Professional Relations Committee. The Quality and Professional Relations Committee reviews recommendations from the CEO.

Other Licensed or Certified Health Care Practitioners follow a similar process using secondary sources such as Nurse's License Verification with approval from the CEO.

The Sam Rodgers pharmacy, located at our Downtown Campus, is managed by employees from Comprehensive Pharmacy Services, Inc. (CPS). Each year we do a license verification on each employee and an annual competency. The competencies are performed by the Director of Pharmacy and reviewed by the HR team at CPS. When a new employee is hired, we complete an abbreviated version of the competency within the first 90 days of employment. The forms are slightly different for technicians and pharmacists. For all employees we are examining how they use the pharmacy software system, if their license is up to date, and if their annual trainings are complete. Pharmacists also have prescriptions which they have examined retroactively to verify accuracy and completeness.

Appropriate Financial Accounting and Control Systems

Sam Rodgers is financially strong as compared to industry best practices and key performance indicators. Based on audited financial statements, Sam Rodgers's financial current ratio was 2.49 in FY2021 and 3.04 in FY2022, both exceeding an industry best practice current ratio of 1.25. As of August 31, 2023, Sam Rodgers had \$4.2 million in unrestricted cash and cash equivalents, \$2.4M in short-term investments and a current ratio of 3.47.

Per the FY2022 audited financial statements, Sam Rodgers had \$31.5 million in total assets and \$3.2 million in total liabilities. Net assets include an unrestricted balance of \$28.2 million and \$91K in restricted assets.

Sam Rodgers engages an independent certified public accounting firm to audit the organization's financial statements and major grants as required under Office of Management and Budget for federal programs. Sam Rodgers solicits proposals for audit-related services every five years and requires the audit engagement partner to rotate every three years. Sam Rodgers personnel prepare responses to transaction cycle questionnaires prior to the auditor's arrival for audit planning. Auditors perform audit planning on-site, which includes interviewing key Sam Rodgers staff. Audit fieldwork is performed by the auditors and Sam Rodgers staff prepares reconciliations and schedules for the auditor. The audit is reviewed by Sam Rodgers staff, reviewed, and approved by an independent Audit Committee of the Board, and reviewed and approved by the full Board of Directors. Sam Rodgers's Audit Committee is made up of members of the Board of Directors and members from the community with financial, legal and health care backgrounds.

The independent auditor has expressed an unqualified opinion on Sam Rodgers's financial statements and compliance with major federal awards for the past ten years through the latest audited financial statements in FY2022.

Sam Rodgers has been successfully managing federal grants since 1968. All federal grant budgets are reviewed for allowable expenditures as set forth in accordance with the terms and conditions of the award and federal cost principles. All grant awards are assigned a grant number which is utilized in the general ledger to track revenues and expenditures. Grant revenues and expenditures are accounted for and reviewed by the financial management team. The CFO or CEO approves federal grant drawdowns based on allowable expenditures. The HRSA 330 annual Federal Financial Report (FFR) is compiled and reviewed by the outside Audit firm prior to submission and approval by the CFO. In conjunction with the annual financial audit, auditors also perform all required Single Audits.

Finance, Billing and Health Insurance Services

Under the direction of the CFO, all finance, billing, decision support and health insurance services are provided by Sam Rodgers employees. The Director of Revenue Cycle Management leads the billing team with patient claim management, collections, and denial analysis. The Director of Finance oversees accounting and financial reporting and coordinates all audits, cost report and IRS Form 990 engagements. The Accounting Manager oversees the administration and accounting for grant programs and other contracted service arrangements.

The Manager of Health Insurance Services (HIS) directs the insurance marketplace team ensuring patients receive financial counseling and assisting patients enrolling in state Medicaid programs or other insurance coverage they may qualify. The Health Insurance Services team along with Community Health Workers and Patient Representatives are active with outreach efforts to ensure current Medicaid enrollees are aware of redetermination (re-enrollment) requirements that were suspended during the COVID-19 public emergency period. Funding from community partners is also supporting marketing and outreach efforts focused on Medicaid enrollment and redetermination requirements.

All patients are encouraged to apply for the Sliding Fee Discount if they qualify and further financial counseling includes informing patients of grant funded programs and other community and state funded programs that may cover the cost of the services. Many patients that qualify for a Sliding Fee discount also qualify for other programs offered through Sam Rodgers.

Sam Rodgers utilizes a patient management system (NextGen) to schedule and register patients. Patients are checked-in for their appointments and co-payments, deductibles or sliding fee payments are collected at the time of service. The billing team processes billing daily and submits claims through the NextGen clearinghouse. The balances of Sliding Fee claims are written down at the time of billing. Statements are issued for those patients that may owe a balance on their account. Patients are given the opportunity to make payments toward any balances due. Every effort is made to collect outstanding balances, but Sam Rodgers does not utilize a third-party collection service and would not deny any patient services for an outstanding account balance. In some instances, due to hardship or other extenuating circumstances, patient balances may be waived with the approval of management.

Financial Systems, Budgeting and Reporting

Sam Rodgers' financial statements are based upon Generally Accepted Accounting Principles and accurately reflect the financial performance of Sam Rodgers, as indicated by unqualified opinions of Sam Rodgers audited financials. Financial internal control policies and procedures and separation of duties ensure the safeguarding of Sam Rodgers assets, prevention, or detection of material misstatements in financial reporting, promote operational efficiencies, and are an integral component of overall Sam Rodgers policies and procedures.

The Board of Directors reviews and approves all policies for fiscal activities relating to budgeting, determination of charges, sliding fee discounts, procurement, separation of duties, document retention, code of ethics & professional conduct, conflict of interest, annual audits, and legislative mandates. Internal controls are reviewed annually in conjunction with Sam Rodgers's audit.

An annual budget is developed with input from the Executive Team and managers. It incorporates implementation programs or initiatives in response to the Operating and Strategic Plan. It is agreed upon by the Executive Team and presented to the Board Finance Committee. After a detailed review of the methodology used to develop the budget, changes from the prior year's budget and year-to-date expenditures, the Finance Committee approves and forwards the budget to the Board of Directors for approval.

The budget is integrated with, and financial data is collected and imported into Sam Rodgers's accounting software. Sam Rodgers monitors individual department expenses and their budgets monthly. Regular department financial statements are provided to department managers, and meetings are held with department managers to review actual results versus budget.

Sam Rodgers utilizes the NextGen electronic health record and practice management system to record medical, behavioral health, dental, and financial transactions related to patient care. The NextGen system is the core system for gathering all patient information, accounts receivable, encounter and procedural data, by provider and service line. Sam Rodgers' fee schedule is loaded into the billing system and is assigned by CPT/Service Codes. Payers are assigned at the encounter level in NextGen to ensure accurate claim billing and to account for any Sliding Fee Discount encounters and the related adjustment of charges.

Sam Rodgers participates in state Medicaid and Medicaid Managed Care programs, including CHIP, and Medicare and Medicare Advantage programs. Sam Rodgers is also credentialed with most large commercial insurance plans.

Sam Rodgers also utilizes the Azara DRVS patient analytics system to provide patient care metrics including quality and patient care gaps, provider performance as well as Medicaid Managed Care enrollment statistics.

Sam Rodgers utilizes data derived from both NextGen and Azara DRVS systems to evaluate providers based upon visits; evaluate front desk staff based upon accuracy of information and collection of payments; evaluate financial operations based upon collections and aging of accounts receivable; and evaluate the overall practice scheduling and efficiency rates. Both systems provide data and KPI's that are integrated into internal financial and management reports. These reports are then utilized by management and the Board of Directors to assist in making key decisions regarding Sam Rodgers operations and used to support strategic plan performance measures.

The Sam Rodgers finance team prepares a monthly Finance Committee packet which includes a balance sheet, income statement, statement of cash flows, a financial dashboard, explanations of budget variances, grants schedule, accounts receivable aging summary, encounter trends, investment returns, and any other items that may be pertinent to the business of Sam Rodgers. The financial dashboard gives a snapshot of Sam Rodgers's financial health and includes measures such as current ratio, days in reserve, days in accounts receivable, encounters compared to budget, payer mix compared to budget, and collection rates. The finance packet is used to evaluate Sam Rodgers's performance and provide management with the tools needed in making business decisions for Sam Rodgers. The financial statements are approved by the Finance Committee and the financial dashboard and minutes are presented monthly to the Board of Directors for approval.

Contracts and Agreements - Oversight and Authority

Sam Rodgers has policies and practices in place to ensure we maintain the appropriate oversight for all contracted services. We have a Code of Ethics & Professional Conduct Policy, which

requires that all directors, officers, and employees behave in an ethical and professional manner, adhering to the principles of the organization's delineated mission and purpose. Secondly, we have a Conflict(s) of Interest and Documentation Policy, which applies to all directors and officers of Sam Rodgers and any other person who is able to exercise substantial influence over the decisions and affairs of Sam Rodgers. It limits the extent to which individuals can engage in business relationships.

Our Internal Controls Policy ensures we have controls designed to safeguard assets, prevent, or detect material misstatements in financial reporting, promote operational efficiency, and adhere to management policies.

Finally, our Purchasing Policy helps to ensure that goods and services are purchased in a manner that provides open and free competition. The policy is reviewed on a consistent basis to maintain compliance with procurement standards required by the U.S. Department of Health and Human Services contained within 2 CFR Part 200. Guidance is provided to all levels of staff to ensure appropriate actions are being taken when making purchases or entering into contractual agreements on behalf of the organization.

Telehealth

Sam Rodgers currently utilizes a telehealth system in its Imaging department using teleradiology for Imaging reads. Alliance Radiology P.A., the group that delivers patient teleradiology services for Sam Rodgers, is providing that patient care as defined by the Centers for Medicare and Medicaid Services (CMS) and other outside organizations accredited by The Joint Commission. Alliance Radiology P.A. also follows the same practices and standards of credentialing new physicians and reappointment/renewal that Sam Rodgers uses. This includes information obtained from primary source verifications, data and reports that relate to the qualifications, competency, ability to practice, professional ethics or conduct of a medical staff member. Sam Rodgers receives verification of those credentials.

Final reports are received within 24 hours, while STAT reports are received within two hours. The ability to receive STAT reports has been a win for our patients. For example, a woman who was several months along in her pregnancy had an appointment for an ultrasound. It was discovered by the technologist on site, and confirmed by the STAT reading, that the child was missing a chamber in its heart. The mother was put into an ambulance immediately and rushed to a hospital. The receiving hospital was able to put steps in place to take care of the child as soon as it was delivered.

Telehealth for medical and behavioral care services were implemented during the COVID-19 public health emergency. Behavioral health continues to leverage this service to provide convenient access to BH care for established patients of Sam Rodgers to increase continuity and engagement in care. Our medical providers continue to use telehealth, however, the demand for medical telehealth visits has decreased significantly. Many of our Medical patients require in-person visits for physical assessments, vaccinations, labs, or other testing in which telehealth is not an option. We do provide telehealth visits to the Clay County Juvenile Detention Center weekly on an as needed basis for any of the children who are in detention.

Emergency Preparedness

Sam Rodgers has a comprehensive emergency plan that was updated and reapproved by the Board of Directors in October 2023. We attend local regional planning sessions to gather information for the population we serve.

As part of its adherence and compliance with CMS Emergency Preparedness Rule, Sam Rodgers has participated in two exercises surrounding emergency preparedness. We have, as per CMS guidance, documented the exercises, lessons learned, and areas where we need to improve. Sam Rodgers will continue to participate in area emergency preparedness exercises and training when appropriate.

Our Emergency Plan addresses various environmental disasters and emergencies such as floods, tornadoes, fire, and infectious disease outbreaks. It also addresses issues regarding person-based emergencies such as bomb threats, suspicious packages, bioterrorism events, and workplace violence incidents involving either patients or staff. The plan delineates command structure in case of an emergency and assigns staff to various posts. It also addresses items surrounding power failure and standby power processes as well as how the organization will address information technology and communication issues.

Sam Rodgers has signed an agreement with the other local FQHCs to assist in care of patients should one of the parties' locations be uninhabitable for patient care and agreements with local hospitals to care for our patients in the event of an emergency. The hospital agreements are included in Attachment 9: Collaboration Documentation, which has been uploaded into the EHB.

Sam Rodgers will not serve as a main point of contact for area mobilization for emergency needs but will serve as support. Kansas City has a public health department that serves as the main point of contact for this type of mobilization. There are also several major hospitals that serve as centers for mass immunization/prophylaxis if needed.

Sam Rodgers will not be required to deploy staff to non-health center sites as we are not integrated into our local community emergency preparedness plan due to our small scale. We are only equipped to serve as an outpatient clinic and does not coordinate with other systems of care to provide integrated emergency responses.

Sam Rodgers has not been designated to serve as a point of distribution for providing antibiotics, vaccines, and medical supplies. This will be done via area public health centers as they have contacts with regional planners and with the Center for Disease Control (CDC).

A robust staffing plan is critical to address ongoing shortage in the health care field. Maintaining providers was a critical priority during COVID-19 and Sam Rodgers excelled. To attract qualified candidates for job openings who can provide patient centered care with compassion and excellence. Sam Rodgers HR Department leverages technology to recruit top talent via Indeed in conjunction with Paycom's Applicant Tracking System. Both electronic platforms provide an organized and user-friendly approach to sourcing qualified candidates and keeping the dialogue open with them, thereby allowing the HR team to reach more potential candidates within a short amount of time. We continue to rely on employee referral bonuses, as they've proven to be vital for our recruitment success during COVID-19. In an effort to reduce turnover, we've created an employee friendly culture by hosting more staff appreciation luncheons, providing growth

opportunities, and relaxing our dress code policy. We rely on partnerships with local colleges and universities which result in hosting students for clinical rotations, externships and internship which often yields in hiring new grads. All staff are required to actively participate in robust Sam Rodgers training to ensure cultural competency and uphold the organization's commitment to Diversity, Equity, and Inclusion.

FTCA

As in the past, Sam Rodgers will continue to seek Federal Tort Claims Act (FTCA) coverage. We have successfully applied and received FTCA coverage for 2024. Sam Rodgers continues to monitor all related trends; therefore, we are aware of the training needed for 2025 maternal health education.

Subcontracts:

Sam Rodgers contracts with LabCorp to provide on-site laboratory services and laboratory personnel. We also contract with a company for pharmacy personnel (CPS Solutions, LLC). In addition, Sam Rodgers contracts Sam Rodgers elected to contract for these services to ensure that sufficient trained and licensed personnel are always available to complete this specialized work. Additionally, contracting for pharmacy, laboratory, and radiology services allows Sam Rodgers to remain current with best practices. Please also reference Form 8.

Criterion 6: GOVERNANCE

The Board of Directors of Samuel U. Rodgers Health Center is a diverse and multi-skilled body of individuals committed to the core mission, vision, and values of Sam Rodgers. The foremost duty of the Board is to maintain oversight of the strategic direction, financial stability, operational stability, and external relations of Sam Rodgers. To fulfill this duty, the Board receives regular updates on Finance, Operations, Personnel, and Fund Development activities. The Board is also responsible for selecting and supporting the CEO and for reviewing her/his performance.

Composition of the 14-member Board, including the Emeritus member who is the spouse of Dr. Sam Rodgers, Health Center founder, comprises: 10 BIPOC directors, nine are women, and eight are current patients. All members live and/or work in the service area. Three of the five officers of the Board are BIPOC, four are women, and three utilize Sam Rodgers for care.

Complete list of Board Committees: Executive Committee, Finance Committee, Audit Committee, Quality and Professional Relations Committee, Bylaws/Governance and Nominating Committee, and Marketing Committee operate with the active participation and leadership of Board members plus Health Center staff. Board members are encouraged to serve on Committees that would benefit from their professional expertise. The role of these committees has been formalized and strengthened as part of the ongoing Strategic Plan development process described below. The Board meets monthly to provide oversight and ensure Sam Rodgers is working toward its mission.

Most importantly, our valuable patients participated in their own focus groups facilitated by

interpreters. Detailed data dive into our service area and an analysis of common themes of Community Health Improvement Plans in the area as well as strategic priorities of all current and potential partner agencies also took place during this process.

As an objective measure of progress on implementation of the work plan for this application, UDS measures are shared with all Board members on a bi-monthly basis and discussion is focused on efforts to improve/sustain improvement on results.

Fiscal oversight by the Board is a major priority for Sam Rodgers. The Board receives monthly financial reports which have undergone a detailed examination by the Board Finance Committee prior to each full Board meeting. The annual operating budget is ultimately approved by the full Board with input into its creation by the Finance Committee. In addition, the Quality & Professional Relations committees work diligently to address Clinical Quality and Quality Improvement measures related to programming. The Board and all committees are kept apprised of Health Center activities, programs, successes, and challenges with all final authority and oversight provided by the Board of Directors.

Members of the Board leverage their specific areas of expertise to actualize patient-centered care. Board members are asked to serve on committees where professional expertise is of value. The Board includes members with leading roles in the banking, legal, health insurance, IT, and City government fields as well as a grant specialist, a County elected official, higher education professionals, and leaders in the health and health insurance industries. All are vital when overseeing Sam Rodgers operations and finances. In addition to providing a wealth of knowledge, each brings key contacts to further Sam Rodgers collaborations and partnerships.

With eight Board members who are current patients, the entire organization benefits from leadership who view operations, programming, staff, and overall culture through the lens of patients served. Patient representatives not only hold the Board accountable for decisions and actions but can additionally foster community engagement, bridging the gap between health care providers and staff and the diverse needs of the community. Patient-centered decision-making is imperative as Sam Rodgers continues to innovate, improve programming, and serve those most in need.

Specific Bylaws References

The Sam Rodgers Bylaws, as signed July 14, 2022, and uploaded in the Appendices of the EHB, document the following, as required:

I. Board Composition Requirements

- a. Board size is at least 9 and no more than 25 members, with either a specific number or range of board members prescribed: Article IV, Section 2, page 3
- b. At least 51 percent of voting board members are patients served by Sam Rodgers: Article IV, Section 2, part (a), page 3
- c. Patient members of the board, as a group, represent the individuals served by the health center in terms of demographic factors (e.g., gender, race, and ethnicity): Article IV, Section 2, page 3
- d. Non-patient members are representative of the community served by the health

- center or the health center's service area: Article IV, Section 2, part (c) page 3
- e. Non-patient members are selected to provide relevant expertise and skills (e.g., community affairs, local government, finance and banking, legal affairs, trade unions and other commercial and industrial concerns, social services): Article IV, Section 2, part (c) page 3
 - f. No more than one-half of non-patient board members may earn more than 10 percent of their annual income from the health care industry: Article IV, Section 2, part (b) page 3
 - g. 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: Article IV, Section 3, page 3

Criterion 7: SUPPORT REQUESTED

Sam Rodgers is financially strong as compared to industry best practices and key performance indicators. Based on audited financial statements, Sam Rodgers's financial current ratio was 2.49 in FY2021 and 3.04 in FY2022, both exceeding an industry best practice current ratio of 1.25. As of August 31, 2023, Sam Rodgers had \$4.2 million in unrestricted cash and cash equivalents, \$2.4M in short-term investments and a current ratio of 3.47.

Per the FY2022 audited financial statements, Sam Rodgers had \$31.5 million in total assets and \$3.2 million in total liabilities. Net assets include an unrestricted balance of \$28.2 million and \$91K in restricted assets. Sam Rodgers is well positioned to mitigate any adverse financial impacts. This was demonstrated by our ability to adjust to the financial expenditures required to retain and recruit experienced and qualified staff during recent regional staffing shortages.

Samuel U. Rodgers Health Center, Inc. has been providing services as a Federally Qualified Health Center since 1968, navigating various challenges along the way. Most recently, the disruptions and operational challenges presented by the COVID-19 pandemic were met with thoughtful and strategic decisions by the senior leadership team. The health center quickly took advantage of the PPP Loan ensuring that no employees were terminated or laid-off from their positions. Other funding opportunities were also utilized to ensure that the health center continued to serve the community and at the same time expanding primary and sick-clinic space to serve more patients. The health center was also a leader in providing the community with COVID-19 vaccinations.

Even in the economic environment of labor short supply, the health center's reliance on temporary labor is at its lowest point in years. Sam Rodgers values its employees and has adopted various working arrangements to allow people to be successful in the environment with which they excel. Leadership is also focused on the changing requirements with health care data dependence and value-based care arrangements.

Sam Rodgers' fiscal year 2024 budget is based on current health center staffing, with solid trends in productivity and revenue generation. In the event market trends should change or

staffing models are constrained the health center would be decisive, yet thoughtful, in making necessary decisions to mitigate financial risk. The health center prides itself on its financial strength and will make all necessary adjustments to ensure its financial future.

Samuel U. Rodgers Health Center, Inc.

**Independent Auditor's Report
and Financial Statements**

DRAFT

September 30, 2023 and 2022

3/6/24

Samuel U. Rodgers Health Center, Inc.
September 30, 2023 and 2022

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Samuel U. Rodgers Health Center, Inc.
September 30, 2023 and 2022

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Independent Auditor's Report

Board of Directors
Samuel U. Rodgers Health Center, Inc.
Kansas City, Missouri

Report on the Audit of the Financial Statements

Opinion

We have audited the financial statements of Samuel U. Rodgers Health Center, Inc. (the Health Center), which comprise the balance sheets as of September 30, 2023 and 2022, and the related statements of operations, changes in net assets, and cash flows for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements present fairly, in all material respects, the financial position of the Health Center, as of September 30, 2023 and 2022, and the results of its operations, changes in net assets, and cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS) and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States (*Government Auditing Standards*). Our responsibilities under those standards are further described in the "Auditor's Responsibilities for the Audit of the Financial Statements" section of our report. We are required to be independent of the Health Center, and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Emphasis of Matter

As discussed in *Note 19* to the financial statements, in 2023, the Health Center adopted new accounting guidance for leases. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Health Center's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Health Center's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Health Center's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The schedule of expenditures of federal awards as required by Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. In our opinion, the information is fairly stated, in all material respects, in relation to the financial statements as a whole.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated March __, 2024, on our consideration of the Health Center's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Health Center's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Health Center's internal control over financial reporting and compliance.

Kansas City, Missouri
March __, 2024

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3/6/24

Independent Auditor's Report

Board of Directors
Samuel U. Rodgers Health Center, Inc.
Kansas City, Missouri

Opinion

We have audited the financial statements of Samuel U. Rodgers Health Center, Inc. (the Health Center), which comprise the balance sheets as of September 30, 2023 and 2022, and the related statements of operations, changes in net assets and cash flow for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Health Center as of September 30, 2023 and 2022, the results of its operations, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the "Auditor's Responsibilities for the Audit of the Financial Statements" section of our report. We are required to be independent of the Health Center and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Emphasis of Matter

As discussed in *Note 19* to the financial statements, in 2023, the Health Center adopted new accounting guidance for leases. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Health Center's ability to continue as a going concern within one year after the date that these financial statements are available to be issued.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Health Center's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Health Center's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Kansas City, Missouri
March __, 2024

Samuel U. Rodgers Health Center, Inc.

Balance Sheets

September 30, 2023 and 2022

Assets

	2023	2022
Current Assets		
Cash and cash equivalents	\$ 4,339,565	\$ 2,743,521
Short-term investments	2,198,587	1,963,236
Patient accounts receivable	1,343,368	1,216,359
Grants and contributions receivable	2,168,810	1,279,416
Supplies	55,220	16,931
Prepaid expenses and other	275,845	309,452
Estimated amounts due from third-party payors	2,179,019	2,345,416
Total current assets	12,560,414	9,874,331
Investments in Equity Investees	616,005	608,093
Assets Limited as to Use		
Externally restricted by donors - cash	4,600,000	91,232
Externally restricted by donors - grants and contributions receivable	761,581	-
Externally subject to specific conditions	-	160,189
Samuel U. Rodgers Legacy Fund	86,971	77,627
Total assets limited as to use	5,448,552	329,048
Property and Equipment, At Cost		
Land and land improvements	1,700,438	1,700,438
Buildings and leasehold improvements	29,202,516	29,811,198
Equipment	8,409,050	8,897,926
Construction in progress	1,130,980	583,703
	40,442,984	40,993,265
Less accumulated depreciation	20,326,737	20,228,907
	20,116,247	20,764,358
Other Assets		
Right-of-use assets - operating leases	187,017	-
Right-of-use assets - finance leases	35,291	-
Total other assets	222,308	-
Total assets	\$ 38,963,526	\$ 31,575,830

Samuel U. Rodgers Health Center, Inc.
Statements of Operations
Years Ended September 30, 2023 and 2022

	2023	2022
Revenues, Gains and Other Support Without Donor Restrictions		
Patient service revenue	\$ 16,956,942	\$ 12,886,389
Grant revenue	12,211,538	14,287,033
Other revenue	828,305	588,646
Net assets released from restrictions used for operations	91,232	63,248
Total revenues, gains and other support without donor restrictions	30,088,017	27,825,316
Expenses and Losses		
Salaries and wages	17,083,014	15,922,339
Employee benefits	3,312,185	2,687,949
Purchased services and professional fees	2,491,781	2,468,603
Supplies and other	5,646,257	5,204,163
Depreciation and amortization	1,548,263	1,669,834
(Gain) loss on disposal of property and equipment	58,279	(527,807)
Total expenses and losses	30,139,779	27,425,081
Operating Income (Loss)	(51,762)	400,235
Other Income (Loss)		
Investment return (loss), net	245,722	(406,673)
Other	444,252	148,209
Total other income (loss)	689,974	(258,464)
Excess of Revenues Over Expenses	638,212	141,771
Grants and contributions for acquisition of property and equipment	761,517	-
Increase in Net Assets Without Donor Restrictions	\$ 1,399,729	\$ 141,771

Samuel U. Rodgers Health Center, Inc.
Statements of Changes in Net Assets
Years Ended September 30, 2023 and 2022

	2023	2022
Net Assets Without Donor Restrictions		
Excess of revenues over expenses	\$ 638,212	\$ 141,771
Grants and contributions for acquisition of property and equipment	761,517	-
Increase in net assets without donor restrictions	1,399,729	141,771
Net Assets With Donor Restrictions		
Contributions received	-	91,232
Grants and contributions for acquisition of property and equipment	5,361,581	-
Net assets released from restriction	(91,232)	(63,248)
Increase in net assets with donor restrictions	5,270,349	27,984
Change in Net Assets	6,670,078	169,755
Net Assets, Beginning of Year	28,293,866	28,124,111
Net Assets, End of Year	\$ 34,963,944	\$ 28,293,866

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Samuel U. Rodgers Health Center, Inc.
Statements of Cash Flows
Years Ended September 30, 2023 and 2022

	2023	2022
Operating Activities		
Change in net assets	\$ 6,670,078	\$ 169,755
Items not requiring (providing) operating activities cash flows		
Depreciation and amortization	1,548,263	1,669,834
(Gain) loss on disposal of equipment	58,279	(527,807)
Net realized and unrealized (gain) loss on investments	(213,596)	464,556
Gain on investment in equity investee	(309,839)	(162,526)
Grants and contributions for acquisition of property and equipment	(6,123,098)	-
Noncash operating lease expense	101,836	-
Changes in		
Patient accounts receivable	(127,009)	(642,527)
Grants and contributions receivable	(537,804)	644,017
Estimated amounts due to/from third-party payors	166,397	1,979,995
Prepaid assets and supplies	(4,682)	280,831
Accounts payable and accrued expenses	275,395	(288,504)
Operating lease liabilities	(101,836)	-
Deferred grant revenue	16,721	(62,113)
Net cash provided by operating activities	<u>1,419,105</u>	<u>3,525,511</u>
Investing Activities		
Purchase of investments	(1,643,182)	(242,464)
Proceeds from disposition of investments	1,621,427	243,446
Proceeds from disposition of investment in equity investee	301,927	-
Change in assets limited as to use	(9,011)	78,008
Proceeds from disposition of property and equipment	-	649,350
Purchase of property and equipment	(646,341)	(1,970,103)
Net cash used in investing activities	<u>(375,180)</u>	<u>(1,241,763)</u>
Financing Activities		
Proceeds from grants and contributions for acquisition of property and equipment	5,009,927	-
Principal payments on finance (2023)/capital (2022) lease liabilities	(108,896)	(133,876)
Net cash provided by (used in) financing activities	<u>4,901,031</u>	<u>(133,876)</u>
Increase in Cash, Cash Equivalents and Cash Held in Assets Limited as to Use	5,944,956	2,149,872
Cash, Cash Equivalents and Cash Held in Assets Limited as to Use, Beginning of Year	<u>2,999,042</u>	<u>849,170</u>
Cash, Cash Equivalents and Cash Held in Assets Limited as to Use, End of Year	<u>\$ 8,943,998</u>	<u>\$ 2,999,042</u>

Samuel U. Rodgers Health Center, Inc.
Statements of Cash Flows (Continued)
Years Ended September 30, 2023 and 2022

	2023	2022
Reconciliation of Cash, Cash Equivalents and Cash Held in Assets Limited as to Use to the Balance Sheets		
Cash and cash equivalents	\$ 4,339,565	\$ 2,743,521
Cash equivalents in assets limited as to use		
Externally restricted by donors	4,600,000	251,421
Samuel U. Rodgers Legacy Fund	4,433	4,100
Total cash, cash equivalents and cash held in assets limited as to use shown in statements of cash flows	\$ 8,943,998	\$ 2,999,042
 Supplemental Cash Flows Information		
Interest paid	\$ 12,778	\$ 26,067
Capital assets in accounts payable	350,720	3,339

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Samuel U. Rodgers Health Center, Inc.
Notes to Financial Statements
September 30, 2023 and 2022

Note 1: Nature of Operations and Summary of Significant Accounting Policies

Nature of Operations

Samuel U. Rodgers Health Center, Inc. (the Health Center) is a Missouri non-profit corporation providing outpatient health care services to patients in urban Kansas City, Missouri, as well as Jackson, Platte and Clay counties in Missouri.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues, expenses, gains, losses and other changes in net assets during the reporting period. Actual results could differ from those estimates.

Cash and Cash Equivalents

The Health Center considers all liquid investments, other than those limited as to use, with original maturities of three months or less to be cash equivalents. Uninvested cash and cash equivalents included in investment accounts, including assets limited as to use, are considered to be cash and cash equivalents. At September 30, 2023 and 2022, cash equivalents consisted primarily of interest-bearing money market accounts and funds with banks.

At September 30, 2023, the Health Center's cash accounts exceeded federally insured limits by approximately \$7,000.

Investments and Investment Return

The Health Center measures equity securities, other than investments that qualify for the equity method of accounting, and its trading debt securities at fair value with changes recognized in excess of revenues over expenses. The investment in equity investee is reported on the equity method of accounting. Other investments are valued at the lower of cost (or fair value at time of donation, if acquired by contribution) or fair value. Gains and losses on the sale of securities are recorded on the trade date and are determined using the specific identification method. Investment return includes dividend, interest and other investment income; realized and unrealized gains and losses on investments carried at fair value; and realized gains and losses on other investments.

Investment return that is initially restricted by donor stipulation and for which the restriction will be satisfied in the same year is included in net assets without donor restrictions. Other investment return is reflected in the statements of operations and changes in net assets as with or without donor restrictions based upon the existence and nature of any donor or legally imposed restrictions.

Samuel U. Rodgers Health Center, Inc.
Notes to Financial Statements
September 30, 2023 and 2022

Assets Limited as to Use

Assets limited as to use includes 1) assets restricted by donors and 2) the Samuel U. Rodgers Legacy Fund. The Samuel U. Rodgers Legacy Fund was established by the board of directors. It is their intention that this becomes a quasi-endowment with income available to fund Health Center needs; however, the board retains control over the fund and may, at its discretion, use the fund for any purpose.

Patient Accounts Receivable

Patient accounts receivable reflects the outstanding amount of consideration to which the Health Center expects to be entitled in exchange for providing patient care. These amounts are due from patients, third-party payors (including health insurers and government programs) and others. As a service to the patient, the Health Center bills third-party payors directly and bills the patient when the patient's responsibility for co-pays, coinsurance and deductibles is determined. Patient accounts receivable are due in full when billed.

Bad debt expense was not significant for the years ended September 30, 2023 and 2022.

Contract Assets

Amounts related to health care services provided to patients which have not been billed and that do not meet the conditions of an unconditional right to payment at the end of the reporting period are contract assets. Contract assets balances at September 30, 2023 and 2022 were not significant and are included in patient accounts receivable.

Refund Liabilities

From time to time, the Health Center will receive overpayments of patient balances from third-party payors or patients resulting in amounts owed back to either the patients or third-party payors. Approximately \$294,400 and \$200,100 is included in accounts payable on the balance sheets at September 30, 2023 and 2022, respectively.

Supplies

The Health Center states supply inventories at the lower of cost or net realizable value. Costs are determined using the first-in, first-out (FIFO) method.

Property and Equipment

Property and equipment acquisitions over \$5,000 are stated at cost, less accumulated depreciation and amortization. Depreciation and amortization are charged to expense on the straight-line basis over the estimated useful life of each asset following guidelines of the American Hospital Association. Leasehold improvements are amortized over the shorter of the lease term or respective estimated useful lives.

Samuel U. Rodgers Health Center, Inc.

Notes to Financial Statements

September 30, 2023 and 2022

The estimated useful lives for each major depreciable classification of property and equipment are as follows:

Buildings	35 - 40 years
Leasehold improvements	5 - 10 years
Equipment	3 - 15 years

The Department of Health and Human Services reserves the right to transfer all property and equipment purchased using grant funds from the Department of Health and Human Services in the event the grants are terminated.

Long-Lived Asset Impairment

The Health Center evaluates the recoverability of the carrying value of long-lived assets whenever events or circumstances indicate the carrying amount may not be recoverable. If a long-lived asset is tested for recoverability and the undiscounted estimated future cash flows expected to result from the use and eventual disposition of the asset is less than the carrying amount of the asset, the asset cost is adjusted to fair value and an impairment loss is recognized as the amount by which the carrying amount of a long-lived asset exceeds its fair value. No asset impairment loss was recognized during the years ended September 30, 2023 and 2022.

Patient Service Revenue

Patient service revenue is recognized as the Health Center satisfies performance obligations under its contracts with patients. Patient service revenue is reported at the estimated transaction price or amount that reflects the consideration to which the Health Center expects to be entitled in exchange for providing patient care. The Health Center determines the transaction price based on standard charges for goods and services provided, reduced by contractual adjustments provided to third-party payors, discounts provided to uninsured patients in accordance with the Health Center's policies and implicit price concessions provided to uninsured patients.

The Health Center determines its estimates of explicit price concessions which represent adjustments and discounts based on contractual agreements, its discount policies and historical experience by payor groups. The Health Center determines its estimate of implicit price concessions based on its historical collection experience by classes of patients. The estimated amounts also include variable consideration for retroactive revenue adjustments due to settlement of audits, reviews and investigations by third-party payors.

Samuel U. Rodgers Health Center, Inc.
Notes to Financial Statements
September 30, 2023 and 2022

Contributions

Contributions are provided to the Health Center either with or without restrictions placed on the gift by the donor. Revenues and net assets are separately reported to reflect the nature of those gifts – with or without donor restrictions. The value recorded for each contribution is recognized as follows:

Nature of the Gift	Value Recognized
<i>Conditional gifts, with or without restriction</i>	
Gifts that depend on the Health Center overcoming a donor-imposed barrier to be entitled to the funds	Not recognized until the gift becomes unconditional, <i>i.e.</i> , the donor-imposed barrier is met
<i>Unconditional gifts, with or without restriction</i>	
Received at date of gift – cash and other assets	Fair value
Received at date of gift – property, equipment and long-lived assets	Estimated fair value
Expected to be collected within one year	Net realizable value
Collected in future years	Initially reported at fair value determined using the discounted present value of estimated future cash flows technique

In addition to the amount initially recognized, revenue for unconditional gifts to be collected in future years is also recognized each year as the present-value discount is amortized using the level-yield method.

When a donor stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statements of operations as net assets released from restrictions. Absent explicit donor stipulations for the period of time that long-lived assets must be held, expirations of restrictions for gifts of land, buildings, equipment and other long-lived assets are reported when those assets are placed in service.

Gifts and investment income having donor stipulations which are satisfied in the period the gift is received are recorded as revenue and net assets without donor restrictions. Conditional contributions having donor stipulations which are satisfied in the period the gift is received are recorded as revenue and net assets without donor restrictions.

Samuel U. Rodgers Health Center, Inc.

Notes to Financial Statements

September 30, 2023 and 2022

Government Grants

The Health Center participates in numerous grants from various departments and agencies of the federal, state and local governments. The expenditures of grant proceeds must be for allowable and eligible purposes. Grant revenue is generally recognized as the Health Center meets the conditions prescribed by the grant agreements, performs the contracted services or incurs outlays eligible for reimbursement under the grant agreements. Grant awards received in excess of the amount recognized as revenue are recorded as deferred revenue until the stated conditions have been met. Single audits and audits by the granting department or agency may result in requests for reimbursement of unused grant proceeds or disallowed expenditures. Upon notification of final approval by the granting department or agency, the grants are considered closed.

Medical Malpractice Insurance

Effective October 1, 1996, the Health Center was issued medical malpractice coverage under the *Federal Tort Claims Act* (FTCA). Under such policy, coverage is comparable to an “occurrence” policy without a monetary cap.

Income Taxes

The Health Center has been recognized as exempt from income taxes under Section 501 of the Internal Revenue Code and a similar provision of state law. However, the Health Center is subject to federal income tax on any unrelated business taxable income. The Health Center files tax returns in the U.S. federal jurisdiction.

Excess of Revenues Over Expenses

The statements of operations include excess of revenues over expenses. Changes in net assets without donor restrictions which are excluded from excess of revenues over expenses, consistent with industry practice, include unrealized gains and losses on investments other than trading securities, permanent transfers to and from affiliates for other than goods and services and contributions of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for the purpose of acquiring such assets).

Employee Health Claims

Substantially all of the Health Center’s employees and their dependents are eligible to participate in the Health Center’s employee health insurance plan. The Health Center is partially self-insured for health claims of participating employees and dependents, using Blue Cross Blue Shield (the Administrator) to facilitate the plan. Claims in excess of 25 percent of the Administrator’s estimated claims will be covered by the Administrator.

Samuel U. Rodgers Health Center, Inc.
Notes to Financial Statements
September 30, 2023 and 2022

A provision is accrued for self-insured employee health claims including both claims reported and claims incurred but not yet reported. The accrual is estimated based on consideration of prior claims experience, recently settled claims, frequency of claims and other economic and social factors. It is reasonably possible that the Health Center's estimate will change by a material amount in the near term.

Note 2: Patient Service Revenue

Patient service revenue is reported at the amount that reflects the consideration to which the Health Center expects to be entitled in exchange for providing patient care. These amounts are due from patients, third-party payors (including health insurers and government programs) and others and includes variable consideration for retroactive revenue adjustments due to settlement of audits, reviews and investigations. Generally, the Health Center bills the patients and third-party payors several days after the services are performed. Revenue is recognized as performance obligations are satisfied.

Performance Obligations

Performance obligations are determined based on the nature of the services provided by the Health Center. Revenue for performance obligations satisfied over time is recognized based on actual charges incurred in relation to total expected or actual charges. The Health Center believes that this method provides a faithful depiction of the transfer of services over the term of the performance obligation based on the inputs needed to satisfy the obligation. Generally, performance obligations satisfied over time relate to patients receiving services in the Health Center's outpatient centers. The Health Center measures the performance obligation from the commencement of an outpatient service, to the point when it is no longer required to provide services to that patient, which is generally at the completion of the outpatient services. Revenue for performance obligations satisfied at a point in time is generally recognized when goods are provided to its patients and customers in a retail setting (for example, pharmaceuticals and medical equipment) and the Health Center does not believe it is required to provide additional goods related to the patient.

Samuel U. Rodgers Health Center, Inc.

Notes to Financial Statements

September 30, 2023 and 2022

Transaction Price

The Health Center determines the transaction price based on standard charges for goods and services provided, reduced by contractual adjustments provided to third-party payors, discounts provided to uninsured patients in accordance with the Health Center's policy and implicit price concessions provided to uninsured patients. The Health Center determines its estimates of contractual adjustments and discounts based on contractual agreements, its discount policies and historical experience. The Health Center determines its estimate of implicit price concessions based on its historical collection experience with this class of patients.

Third-Party Payors

Agreements with third-party payors typically provide for payments at amounts less than established charges. The Health Center is approved as a Federally Qualified Health Center (FQHC) for both Medicare and Medicaid reimbursement purposes. A summary of the payment arrangements with major third-party payors follows:

Medicare. Covered services rendered to Medicare program beneficiaries are paid on a prospective payment system (PPS). Medicare payment under the FQHC PPS and patient coinsurance will be paid based on the lesser of the Health Center's actual charge or the applicable PPS rate. Accordingly, to the extent the Health Center's charge is below the applicable PPS rate, Medicare FQHC reimbursement will be limited. Services not covered under the FQHC PPS benefit are paid based on established fee schedules.

Medicaid. Covered FQHC services rendered to Medicaid beneficiaries are paid based on a cost reimbursement methodology. The Health Center is reimbursed for services in the interim based on a Medicaid fee schedule with final settlement determined after submission of an annual cost report by the Health Center and audits thereof by the Medicaid fiscal intermediary.

Other. Payment agreements with certain commercial insurance carriers, health maintenance organizations and preferred provider organizations provide for payment using prospectively determined rates and discounts from established charges.

Laws and regulations concerning government programs, including Medicare and Medicaid, are complex and subject to varying interpretation. As a result of investigations by governmental agencies, various health care organizations have received requests for information and notices regarding alleged noncompliance with those laws and regulations, which, in some instances, have resulted in organizations entering into significant settlement agreements. Compliance with such laws and regulations may also be subject to future government review and interpretation, as well as significant regulatory action, including fines, penalties and potential exclusion from the related programs. There can be no assurance that regulatory authorities will not challenge the Health Center's compliance with these laws and regulations, and it is not possible to determine the impact (if any) such claims or penalties would have upon the Health Center. In addition, the contracts the Health Center has with commercial payors also provide for retroactive audit and review of claims.

Samuel U. Rodgers Health Center, Inc.

Notes to Financial Statements

September 30, 2023 and 2022

Settlements with third-party payors for retroactive adjustments due to audits, reviews or investigations are considered variable consideration and are included in the determination of the estimated transaction price for providing patient care. These settlements are estimated based on the terms of the payment agreement with the payor, correspondence from the payor and the Health Center's historical settlement activity, including an assessment to ensure that it is probable that a significant reversal in the amount of cumulative revenue recognized will not occur when the uncertainty associated with the retroactive adjustment is subsequently resolved. Estimated settlements are adjusted in future periods as adjustments become known based on newly available information or as years are settled or are no longer subject to such audits, reviews and investigations.

Patient and Uninsured Payors

Consistent with the Health Center's mission, care is provided to patients regardless of their ability to pay. Therefore, the Health Center has determined it has provided implicit price concessions to uninsured patients and patients with other uninsured balances, such as copays and deductibles. The implicit price concessions included in estimating the transaction price represent the difference between amounts billed to patients and the amounts the Health Center expects to collect based on its collection history with those patients.

Patients who meet the Health Center's criteria for its sliding fee discount program are provided care without charge or at amounts less than established rates. Such amounts determined to qualify for the sliding fee discount program are not reported as revenue.

Generally, patients who are covered by third-party payors are responsible for related deductibles and coinsurance, which vary in amount. The Health Center also provides services to uninsured patients and offers those uninsured patients a discount, either by policy or law, from standard charges. The Health Center estimates the transaction price for patients with deductibles and coinsurance and from those who are uninsured based on historical experience and current market conditions. The initial estimate of the transaction price is determined by reducing the standard charge by any contractual adjustments, discounts and implicit price concessions based on historical collection experience. Subsequent changes to the estimate of the transaction price are generally recorded as adjustments to patient service revenue in the period of the change. Subsequent changes that are determined to be the result of an adverse change in the patient's ability to pay are recorded as bad debt expense.

Revenue Composition

The Health Center has determined that the nature, amount, timing and uncertainty of revenue and cash flows are affected by the following factors:

- Payors (for example, Medicare, Medicaid, managed care or other insurance, patient) have different reimbursement and payment methodologies
- Geography of the service location
- Method of reimbursement (fee for service or capitation)

Samuel U. Rodgers Health Center, Inc.

Notes to Financial Statements

September 30, 2023 and 2022

- Health Center’s line of business that provided the service (for example, medical, dental, behavioral health, etc.)

For the years ended September 30, 2023 and 2022, the Health Center recognized revenue of \$16,956,942 and \$12,886,389, respectively, from goods and services that transfer to the customer over time and \$56,546 and \$90,217, respectively, from goods and services that transfer to the customer at a point in time.

The composition of patient service revenue recognized in the years ended September 30, 2023 and 2022 was approximately:

	2023	2022
Medicare	\$ 387,550	\$ 269,598
Medicaid	14,237,216	10,524,113
Other third-party payors	1,067,647	659,817
Self-pay	1,264,529	1,432,861
	\$ 16,956,942	\$ 12,886,389

Note 3: Concentration of Credit Risk

The Health Center grants credit without collateral to its patients, most of whom are area residents and are insured under third-party payor agreements. The mix of receivables from patients and third-party payors at September 30, 2023 and 2022, is:

	2023	2022
Medicare	4%	2%
Medicaid	83%	86%
Self-pay	1%	3%
Other third-party payors	12%	9%
	100%	100%

Samuel U. Rodgers Health Center, Inc.
Notes to Financial Statements
September 30, 2023 and 2022

Note 4: Grants Receivable

Grants receivable consisted of the following:

	2023		Total
	Without Donor Restrictions	With Donor Restrictions	
Due within one year	\$ 2,168,810	\$ 461,581	\$ 2,630,391
Due within five years	-	300,000	300,000
	<u>\$ 2,168,810</u>	<u>\$ 761,581</u>	<u>\$ 2,930,391</u>

	2022		Total
	Without Donor Restrictions	With Donor Restrictions	
Due within one year	\$ 1,279,416	\$ -	\$ 1,279,416
Due within five years	-	-	-
	<u>\$ 1,279,416</u>	<u>\$ -</u>	<u>\$ 1,279,416</u>

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Samuel U. Rodgers Health Center, Inc.
Notes to Financial Statements
September 30, 2023 and 2022

Note 5: Conditional Grants and Contributions

The Health Center has received the following conditional promises to give at September 30, 2023 and 2022 that are not recognized in the financial statements.

	<u>2023</u>	<u>2022</u>
Conditional promises to give upon incurring qualifying expenses subject to the Uniform Guidance	\$ 7,153,275	\$ 4,267,105
Conditional promises to give upon incurring certain expenses related to providing patient care and treatment to certain individuals (units served)	1,250,410	1,157,025
Conditional promise to give upon reaching 50 percent of capital campaign goal	-	1,000,000
Conditional promise to give upon breaking ground on capital campaign construction	1,000,000	1,000,000
Conditional promise to give upon reaching 50 percent of capital project completion	1,000,000	1,000,000
Conditional promise to give upon incurring construction costs associated with capital campaign project and subject to the Uniform Guidance and a 1-to-1 matching requirement	<u>7,224,119</u>	<u>7,585,700</u>
	<u>\$ 17,627,804</u>	<u>\$ 16,009,830</u>

Note 6: Net Assets With Donor Restrictions

Net assets with donor restrictions at September 30 are available for the following purposes:

	<u>2023</u>	<u>2022</u>
Subject to expenditure for specified purpose		
Capital campaign - pediatric wing	\$ 5,361,581	\$ -
Medical, dental and behavioral health program activities	<u>-</u>	<u>91,232</u>
	<u>\$ 5,361,581</u>	<u>\$ 91,232</u>

Samuel U. Rodgers Health Center, Inc.
Notes to Financial Statements
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Note 7: Investments and Assets Limited as to Use

Assets Limited as to Use

Assets limited as to use, at September 30, include:

	<u>2023</u>	<u>2022</u>
Externally restricted by donors		
Cash	\$ 4,600,000	\$ 91,232
Grants and contributions receivable	761,581	-
Externally subject to specific conditions	-	160,189
Internally designated by Board of Directors		
Samuel U. Rodgers Legacy Fund	86,971	77,627
	<u>\$ 5,448,552</u>	<u>\$ 329,048</u>

Other Investments

Short-term investments, at September 30, include:

	<u>2023</u>	<u>2022</u>
Equity mutual funds		
iShares Core S&P 500 ETF	\$ 236,187	\$ 556,983
iShares Core MSCI EAFE ETF	144,273	249,761
MFS Institutional Trust-MFS International Equity Fund	165,812	-
Other equity mutual funds	958,556	493,787
Fixed income mutual funds		
Dodge & Cox Income Fund	-	184,741
iShares Barclays Inter Govt/Credit Bd Fd	-	182,228
Doubleline Total Return Bond Fund	-	104,549
iShares Short-Term Corporate Bond ETF	-	150,550
Other fixed income mutual funds	-	40,637
Corporate bonds	365,019	-
U.S. Treasury and other government bonds	328,740	-
	<u>\$ 2,198,587</u>	<u>\$ 1,963,236</u>

Samuel U. Rodgers Health Center, Inc.
Notes to Financial Statements
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Total investment return (loss) is comprised of the following:

	2023	2022
Interest and dividend income	\$ 32,126	\$ 57,883
Realized gains on sales of securities	77,090	29,598
Unrealized gains and (losses) on securities	136,506	(494,154)
Investment return (loss), net	<u>\$ 245,722</u>	<u>\$ (406,673)</u>

Note 8: Investments in Equity Investees

During 2012, the Health Center entered into a joint venture along with 12 other Missouri FQHCs to purchase membership interests in Missouri Community Health Access, LLC (MCHA). MCHA is one of two shareholders of Healthy Missouri Holdings, Inc. (HMH), which in turn is the sole owner of Home State Health Plan (HSHP). HSHP operates a Medicaid managed care plan in the state of Missouri. In 2022, the Health Center was a 6 percent member of MCHA and the Health Center had outstanding commitments to invest an additional amount of approximately \$22,000 to maintain the 6 percent ownership. In 2023, the Health Center liquidated its investment in MCHA, resulting in proceeds of approximately \$302,000.

During 2014, the Health Center entered into a joint venture with 22 other Missouri FQHCs to purchase membership interest in Missouri Health Plus, LLC (IPA). The Health Center made an initial purchase of interest in IPA totaling approximately \$9,000, which equated to 4.4 percent membership interest in IPA. The Health Center's current membership percentage is 5.2 percent.

Note 9: Interest in Net Assets of Samuel U. Rodgers Health Center Foundation

Samuel U. Rodgers Health Center Foundation (Foundation) was established to benefit the general public and the Health Center. Effective December 31, 2018, the Foundation ceased operations and all assets were transferred to the Health Center. The Foundation remains in existence as a standalone tax-exempt entity without any operations as of September 30, 2023.

Note 10: Line of Credit

The Health Center has a \$1,500,000 revolving bank line of credit expiring in 2024. At September 30, 2023 and 2022, there were no amounts borrowed against this line. The interest rate varies with UMB Bank, N.A. Prime Rate. The rate was 7.75 percent and 6.25 percent as of September 30, 2023 and 2022, respectively.

Samuel U. Rodgers Health Center, Inc.
Notes to Financial Statements
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Note 11: Grants Received

The Health Center receives a number of federal, state and other grants. A summary of grants recognized during the years ended September 30, 2023 and 2022 follows:

Grant	Purpose	2023	2022
Operations			
Department of Health and Human Services Health Center Program Cluster	Subsidy based on salaries and benefits	\$ 7,118,035	\$ 7,727,661
Department of Health and Human Services Passed through the Missouri Department of Health and Senior Services	Support local response to public health or healthcare crisis	457,772	-
Department of Health and Human Services Provider Relief Fund	COVID-19 expenses and lost revenues	-	284,748
Department of Health and Human Services Passed through the Maternal & Child Health Coalition - Kansas City Healthy Start Initiative	Improve perinatal health	-	59,135
United States Department of the Treasury Passed through Jackson County, Missouri	Coronavirus Relief Fund	-	74,000
United States Department of the Treasury Passed through Jackson and Clay County, Missouri	Coronavirus State and Local Fiscal Recovery Funds	646,275	-
Department of Agriculture Passed through Missouri Department of Health and Senior Services	Special Supplemental Nutrition Program for Women, Infants and Children	653,156	712,919
City of Kansas City, Missouri Health Department for Indigent Health Care Services	Subsidy from health care tax levy	934,756	1,850,013
All other federal grants		744,952	783,718
All other state and local grants		<u>2,418,109</u>	<u>2,794,839</u>
Total grants for operations and acquisition of property and equipment		<u>\$ 12,973,055</u>	<u>\$ 14,287,033</u>

Samuel U. Rodgers Health Center, Inc.

Notes to Financial Statements

September 30, 2023 and 2022

Note 12: Net Assets Without Donor Restrictions

The Health Center’s governing board has designated, from net assets without donor restrictions, net assets for the following purpose as of September 30:

	2023	2022
Samuel U. Rodgers Legacy Fund	\$ 86,971	\$ 77,627

It is their intention that this becomes a quasi-endowment with income available to fund the needs of the Health Center.

Note 13: Liquidity and Availability

The Health Center’s financial assets available within one year of the balance sheet date for general expenditure are:

	2023	2022
Financial assets at year end		
Cash and cash equivalents	\$ 4,339,565	\$ 2,743,521
Short-term investments	2,198,587	1,963,236
Patient accounts receivable	1,343,368	1,216,359
Grants receivable	2,168,810	1,279,416
Estimated amounts due from third-party payors	2,179,019	2,345,416
Investments in equity investees	616,005	608,093
Assets limited as to use	5,448,552	329,048
Total financial assets	18,329,197	10,485,089
Less amounts not available to be used within one year		
Board-designated funds	(86,971)	(77,627)
Assets restricted for the acquisition of property and equipment	(5,361,581)	-
Investment in equity investees	(616,005)	(608,093)
Financial assets not available to be used within one year	(6,064,557)	(685,720)
Financial assets available to meet cash needs for general expenditures within one year	\$ 12,264,640	\$ 9,799,369

Samuel U. Rodgers Health Center, Inc.

Notes to Financial Statements

September 30, 2023 and 2022

The Health Center has certain donor-restricted assets limited to use which are available for general expenditure within one year in the normal course of operations. Accordingly, these assets have been included in the quantitative information above for financial assets to meet general expenditures within one year.

The Health Center has certain board-designated assets limited as to use which are not considered available for general expenditure within one year in the normal course of operations. These assets limited as to use are more fully described in *Notes 1* and *6*. However, the board-designated amounts could be made available at the discretion of the board of directors, if necessary. Additionally, the Health Center has investments in equity investees which are not available for general expenditure within one year. These investments are more fully described in *Note 7*.

As part of the Health Center's liquidity management, it has a policy to structure its financial assets to be available as its general expenditures, liabilities and other obligations come due. In addition, the Health Center invests cash in excess of daily requirements in short-term investments. To help manage unanticipated liquidity needs, the Health Center has a committed line of credit of \$1,500,000, which it could draw upon.

Note 14: Functional Expenses

The Health Center provides health care services primarily to residents within its geographic area. Certain costs attributable to more than one function have been allocated among the health care services and general and administrative functional expense classifications based on use. The following schedule presents the natural classification of expenses by function as follows:

	2023		
	Health Care	General and Administrative	Total
Salaries and wages	\$ 14,506,423	\$ 2,576,591	\$ 17,083,014
Employee benefits	3,030,415	281,770	3,312,185
Purchased services and professional fees	1,606,656	885,161	2,491,781
Supplies and other	3,830,023	1,816,234	5,646,257
Depreciation and amortization	489,870	1,058,393	1,548,263
Loss on disposal of property and equipment	46,771	11,508	58,279
	<u>\$ 23,510,158</u>	<u>\$ 6,629,657</u>	<u>\$ 30,139,779</u>

Samuel U. Rodgers Health Center, Inc.

Notes to Financial Statements

September 30, 2023 and 2022

	2022		
	Health Care	General and Administrative	Total
Salaries and wages	\$ 13,341,951	\$ 2,580,388	\$ 15,922,339
Employee benefits	2,412,554	275,395	2,687,949
Purchased services and professional fees	1,677,470	791,133	2,468,603
Supplies and other	2,372,235	2,831,928	5,204,163
Depreciation and amortization	676,553	993,281	1,669,834
Gain on disposal of property and equipment	(527,807)	-	(527,807)
	<u>\$ 19,952,956</u>	<u>\$ 7,472,125</u>	<u>\$ 27,425,081</u>

Note 15: Defined Contribution Pension Plan

The Health Center has a defined contribution pension plan covering substantially all employees. The plan allows for employee contributions, subject to certain IRS contribution limits. The Health Center matches 100 percent of the employee contributions up to 5 percent of compensation. For the years ended September 30, 2023 and 2022, pension expense was approximately \$547,000 and \$450,000, respectively.

Note 16: Disclosures About Fair Value of Assets and Liabilities

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. There is a hierarchy of three levels of inputs that may be used to measure fair value:

- Level 1** Quoted prices in active markets for identical assets or liabilities
- Level 2** Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities
- Level 3** Unobservable inputs supported by little or no market activity and are significant to the fair value of the assets or liabilities

Samuel U. Rodgers Health Center, Inc.

Notes to Financial Statements

September 30, 2023 and 2022

Recurring Measurements

The following table presents the fair value measurements of assets recognized in the accompanying balance sheets measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at September 30, 2023 and 2022:

	Fair Value	Fair Value Measurements Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
September 30, 2023				
Short-term investments				
Equity mutual funds	\$ 1,504,828	\$ 1,504,828	\$ -	\$ -
Corporate bonds	365,019	365,019	-	-
U.S. Treasury and other government bonds	328,740	328,740	-	-
Samuel U. Rodgers Legacy Fund	86,971	-	86,971	-
September 30, 2022				
Short-term investments				
Equity mutual funds	\$ 1,300,531	\$ 1,300,531	\$ -	\$ -
Fixed income mutual funds	662,705	662,705	-	-
Samuel U. Rodgers Legacy Fund	77,627	-	77,627	-

Following is a description of the valuation methodologies and inputs used for assets and liabilities measured at fair value on a recurring basis and recognized in the accompanying balance sheets, as well as the general classification of such assets and liabilities pursuant to the valuation hierarchy. There have been no significant changes in the valuation techniques during the year ended September 30, 2023.

Investments

Where quoted market prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. If quoted market prices are not available, then fair values are estimated by using quoted prices of securities with similar characteristics or independent asset pricing services and pricing models, the inputs of which are market-based or independently sourced market parameters, including, but not limited to, yield curves, interest rates, volatilities, prepayments, defaults, cumulative loss projections and cash flows. Such securities are classified in Level 2 of the valuation hierarchy. In certain cases where Level 1 or Level 2 inputs are not available, securities are classified within Level 3 of the hierarchy.

Samuel U. Rodgers Health Center, Inc.
Notes to Financial Statements
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Note 17: Significant Estimates and Concentrations

Accounting principles generally accepted in the United States of America require disclosure of certain significant estimates and current vulnerabilities due to certain concentrations. Those matters include the following:

Significant Estimates

Estimates of variable consideration in determining transaction price for patient service revenue are described in *Notes 1* and *2*. Estimates related to the accrual for employee health benefits are described in *Note 1*.

Investments

The Health Center invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect the amounts reported in the accompanying balance sheets.

Litigation

In the normal course of business, the Health Center is, from time to time, subject to allegations that may or do result in litigation. Some of these allegations are in areas not covered by the Health Center's commercial insurance; for example, allegations regarding employment practices or performance of contracts. The Health Center evaluates such allegations by conducting investigations to determine the validity of each potential claim. Based upon the advice of counsel, management records an estimate of the amount of ultimate expected loss, if any, for each of these matters. Events could occur that would cause the estimate or ultimate loss to differ materially in the near term.

Note 18: COVID-19 Provider Relief Fund

During the year ended September 30, 2022, the Health Center received approximately \$285,000 of distributions from the CARES Act and other regulations (collectively the Provider Relief Fund). No amounts were received for the year ended September 30, 2023. These distributions from the Provider Relief Fund are not subject to repayment, provided the Health Center is able to attest to and comply with the terms and conditions of the funding, including demonstrating that the distributions received have been used for qualifying expenses or lost revenue attributable to COVID-19, as defined by the Department of Health and Human Services.

The Health Center accounts for such payments as conditional contributions in accordance with ASC Topic 958-605 – *Revenue Recognition*. Payments are recognized as contribution revenue once the applicable terms and conditions required to retain the funds have been substantially met. Based on an analysis of the compliance and reporting requirements of the Provider Relief Fund and

Samuel U. Rodgers Health Center, Inc.
Notes to Financial Statements
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the effect of the pandemic on the Health Center's revenues and expenses through September 30, 2022, the Health Center recognized approximately \$285,000 in the year ended September 30, 2022, related to the distributions from the Provider Relief Fund, and these payments are recorded as grant revenue in the accompanying statements of operations. No amounts were recognized in the accompanying statements of operations for the year ended September 30, 2023.

The Health Center will continue to monitor compliance with the terms and conditions of the Provider Relief Fund and the effect of the pandemic on the Health Center's revenues and expenses. The terms and conditions governing the Provider Relief Fund are complex and subject to interpretation and change. If the Health Center is unable to attest to or comply with current or future terms and conditions, its ability to retain some or all of the distributions received may be affected. Additionally, the amounts recorded in the financial statements compared to the Health Center's Provider Relief Fund reporting could differ. Provider Relief Fund payments are subject to government oversight, including potential audits.

Note 19: Leases

Change in Accounting Principle

In February 2016, the FASB issued ASU 2016-02, *Leases* (Topic 842). This ASU requires lessees to recognize a lease liability and a right-of-use (ROU) asset on a discounted basis, for substantially all leases, as well as additional disclosures regarding leasing arrangements. Disclosures are required to enable users of financial statements to assess the amount, timing and uncertainty of cash flows arising from leases. In July 2018, the FASB issued ASU 2018-11, *Leases* (Topic 842): *Targeted Improvements*, which provides an optional transition method of applying the new lease standard. Topic 842 can be applied using either a modified retrospective approach at the beginning of the earliest period presented or, as permitted by ASU 2018-11, at the beginning of the period in which it is adopted, *i.e.*, the comparatives under ASC 840 option.

The Health Center adopted Topic 842 on October 1, 2022 (the effective date), using the comparatives under ASC 840 transition method, which applies Topic 842 at the beginning of the period in which it is adopted. Prior period amounts have not been adjusted in connection with the adoption of this standard. The Health Center elected the package of practical expedients under the new standard, which permits entities to not reassess lease classification, lease identification or initial direct costs for existing or expired leases prior to the effective date. The Health Center has lease agreements with nonlease components that relate to the lease components. The Health Center elected the practical expedient to account for nonlease components and the lease components to which they relate as a single lease component for all. Also, the Health Center elected to keep short-term leases with an initial term of 12 months or less off the balance sheet. The Health Center did not elect the hindsight practical expedient in determining the lease term for existing leases as of October 1, 2022.

The most significant impact of adoption was the recognition of operating lease ROU assets and operating lease liabilities of \$288,853, while the accounting for existing capital leases (now referred to as finance leases) remained substantially unchanged.

Samuel U. Rodgers Health Center, Inc.
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The cumulative effect of the changes made to your balance sheets for the adoption of this standard are as follows:

	September 30, 2022 As Reported	ASC 842 Adjustment October 1, 2022	October 1, 2022 As Adjusted
Assets			
Right-of-use assets - operating leases (B)	\$ -	\$ 288,853	\$ 288,853
Liabilities			
Current portion of long-term debt (A)	108,896	(108,896)	-
Current portion of operating lease liabilities (B)	-	101,836	101,836
Current portion of finance lease liabilities (A)	-	108,896	108,896
Long-term debt (A)	35,418	(35,418)	-
Long-term operating lease liabilities (B)	-	187,017	187,017
Long-term finance lease liabilities (A)	-	35,418	35,418

- (A) The adjustment represents the derecognition of financing obligations and reclassification to and finance lease liabilities.
- (B) The adjustment represents the capitalization of right-of-use assets - operating leases and the recognition of corresponding operating lease liabilities.

Accounting Policies

The Health Center determines if an arrangement is a lease or contains a lease at inception. Leases result in the recognition of ROU assets and lease liabilities on the balance sheets. ROU assets represent the right to use an underlying asset for the lease term, and lease liabilities represent the obligation to make lease payments arising from the lease, measured on a discounted basis. The Health Center determines lease classification as operating or finance at the lease commencement date.

The Health Center combines lease and nonlease components, such as common area and other maintenance costs, and accounts for them as a single lease component in calculating the ROU assets and lease liabilities for its office buildings.

At lease commencement, the lease liability is measured at the present value of the lease payments over the lease term. The ROU asset equals the lease liability adjusted for any initial direct costs, prepaid or deferred rent, and lease incentives. The Health Center has made a policy election to use a risk-free rate (the rate of a zero-coupon U.S. Treasury instrument) for the initial and subsequent measurement of all lease liabilities. The risk-free rate is determined using a period comparable with the lease term.

The lease term may include options to extend or to terminate the lease that the Health Center is reasonably certain to exercise. Lease expense is generally recognized on a straight-line basis over the lease term.

The Health Center has elected not to record leases with an initial term of 12 months or less on the balance sheets. Lease expense on such leases is recognized on a straight-line basis over the lease term.

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Nature of Leases

The Health Center has entered into the following lease arrangements:

Finance Leases

These leases mainly consist of equipment for the use of operations. Termination of the leases generally are prohibited unless there is a violation under the lease agreement.

Operating Leases

The Health Center leases medical building space that expires in 2025. Lease payments have an escalating fee schedule, which increase approximately 2 percent each year. Termination of the lease is generally prohibited unless there is a violation under the lease agreement.

The Health Center leases certain office equipment that expires in 2025. These leases contains renewal options for periods ranging from 1 to 3 years.

Short-Term Leases

The Health Center leases certain building space with lease terms that are less than 12 months. Total lease expense included in operating expenses for the years ended September 30, 2023 and 2022, was \$12,000.

All Leases

The Health Center has no material related-party leases.

The Health Center's lease agreements do not contain any material residual value guarantees or material restrictive covenants.

Quantitative Disclosures

The lease cost and other required information for September 30, 2023 are:

	2023
Lease cost	
Finance lease cost	
Amortization of right-of-use asset	\$ 86,700
Interest on lease liabilities	11,517
Operating lease cost	127,991
Short-term lease cost	12,000
Total lease cost	\$ 238,208

Samuel U. Rodgers Health Center, Inc.
Notes to Financial Statements
September 30, 2023 and 2022

Other information

Cash paid for amounts included in the measurement of lease liabilities

Operating cash flows from finance leases	\$ 11,517
Finance cash flows from finance leases	108,896
Operating cash flows from operating leases	126,490
Weighted-average remaining lease term	
Finance leases	0.51 years
Operating leases	1.54 years
Weighted-average discount rate	
Finance leases	7.12%
Operating leases	4.12%

Future minimum lease payments and reconciliation to the balance sheet at September 30, 2023, are as follows:

	<u>Finance Leases</u>	<u>Operating Leases</u>
2024	\$ 36,156	\$ 128,771
2025	-	64,522
Total future undiscounted lease payments	36,156	193,293
Less interest	(738)	(6,276)
Lease liabilities	<u>\$ 35,418</u>	<u>\$ 187,017</u>

Note 20: 2022 Operating Leases – ASC 840

Noncancellable operating leases for primary care outpatient office and equipment expire in various years through 2033. These leases generally contain renewal options for periods ranging from three to 10 years and require the Health Center to pay all executory costs (property taxes, maintenance and insurance). Rental expense for the year ended September 30, 2022 amounted to approximately \$266,000.

Future minimum lease payments at September 30, 2022, were:

2023	\$ 111,584
2024	113,926
2025	49,740
2026	3,233
2027	3,297
Thereafter	<u>19,669</u>
Future minimum lease payments	<u>\$ 301,449</u>

Samuel U. Rodgers Health Center, Inc.
Notes to Financial Statements
September 30, 2023 and 2022

Note 21: 2022 Capital Leases – ASC 840

	2022
Capital lease obligations (A)	\$ 144,314
Less current maturities	108,896
	\$ 35,418

(A) In 2018, the Health Center entered in capital lease obligations for network and phone equipment. The leases carry varying rates of imputed interest from 4.4 percent to 27.1 percent. Payments are due through September 2023.

In 2019, the Health Center entered into a capital lease obligation for photocopier equipment. The lease carries an imputed interest rate of 7.12 percent. Payments are due through March 2024.

Aggregate annual maturities of payments on capital lease obligations at September 30, 2022, are:

	Capital Lease Obligations
2023	\$ 120,408
2024	36,156
	156,564
Less amount representing interest	(12,250)
Present value of future minimum lease payments	\$ 144,314

Property and equipment include the following equipment under capital leases at September 30, 2022:

	2022
Equipment	\$ 857,078
Less accumulated depreciation	735,087
	\$ 121,991

Samuel U. Rodgers Health Center, Inc.
Notes to Financial Statements
September 30, 2023 and 2022

Note 22: Future Change in Accounting Principle

Accounting for Financial Instruments – Credit Losses

The Financial Accounting Standards Board amended its standards related to the accounting for credit losses on financial instruments. This amendment introduces new guidance for accounting for credit losses on instruments including trade receivables and finance receivables. The new standard is effective for fiscal years beginning after December 15, 2022, including interim periods within those years. The Health Center is in the process of evaluating the effect the amendment will have on the financial statements.

Note 23: Subsequent Events

Subsequent events have been evaluated through March __, 2024, which is the date the financial statements were available to be issued.

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Supplementary Information

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Samuel U. Rodgers Health Center, Inc.
Schedule of Expenditures of Federal Awards
Year Ended September 30, 2023

Federal Grantor/Pass-Through Grantor/Program or Cluster Title	Federal Assistance Listing Number	Pass-Through Entity Identifying Number	Passed through to Subrecipients	Total Federal Expenditures
Department of Agriculture				
Passed through the Missouri Department of Health and Senior Services				
Special Supplemental Nutrition Program for Women, Infants and Children	10.557	ERS04520038	\$ -	\$ 653,156
United States Department of Treasury				
Passed through Jackson County, Missouri				
COVID-19 Coronavirus State and Local Fiscal Recovery Funds	21.027	R.21092	-	508,381
Passed through Clay County, Missouri				
COVID-19 Coronavirus State and Local Fiscal Recovery Funds	21.027	N/A	-	137,894
Passed through Missouri Primary Care Association				
COVID-19 Coronavirus State and Local Fiscal Recovery Funds	21.027	SLFRP4542	-	360,315
Total COVID-19 Coronavirus State and Local Fiscal Recovery Funds			-	1,006,590
Department of Health and Human Services				
Direct programs:				
Health Center Program Cluster - Consolidated Health Centers (Community Health Centers, Migrant Health Centers, Health Care for the Homeless and Public Housing Primary Care)	93.224	N/A	-	5,363,619
Health Center Program Cluster - COVID-19 Consolidated Health Centers (Community Health Centers, Migrant Health Centers, Health Care for the Homeless and Public Housing Primary Care)	93.224	N/A	-	1,105,080
Total Health Center Program Cluster - Consolidated Health Centers (Community Health Centers, Migrant Health Centers, Health Care for the Homeless and Public Housing Primary Care)				6,468,699
Health Center Program Cluster - Affordable Care Act (ACA) Grants for New and Expanded Services Under the Health Center Program	93.527	N/A	-	649,336
Total Health Center Program Cluster			-	7,118,035
Advanced Nursing Education Grant Program	93.247	N/A	-	43,916
Passed through Missouri Primary Care Association				
Immunization Cooperative Agreements	93.268	N/A	-	41,311
Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)	93.323	N/A	-	108,377
Cooperative Agreement to Support Navigators in Federally-Facilitated and State Partnership Marketplaces	93.332	N/A	-	218,951
Improving the Health of Americans Through Prevention and Management of Diabetes and Heart Disease and Stroke	93.426	CS182792001	-	25,544
Medicaid Cluster - Medical Assistance Program	93.778	C315240001	-	120,259
Passed through the Missouri Department of Health and Senior Services				
COVID-19 Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crisis	93.391	N/A	-	457,772
Well-Integrated Screening and Evaluation for Women Across the Nation (Wisewoman)	93.436	ERS16152203	-	6,973
Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations	93.898	ERS16152203	-	179,621
			\$ -	\$ 9,980,505

Samuel U. Rodgers Health Center, Inc.
Notes to the Schedule of Expenditures of Federal Awards
Year Ended September 30, 2023

Note 1: Basis of Presentation

The accompanying schedule of expenditures of federal awards (the “Schedule”) includes the federal award activity of Samuel U. Rodgers Health Center, Inc. (the “Health Center”) under programs of the federal government for the year ended September 30, 2023. The information in this Schedule is presented in accordance with the requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Because the Schedule presents only a selected portion of the operations of the Health Center, it is not intended to and does not present the financial position, changes in net assets or cash flows of the Health Center.

Note 2: Summary of Significant Accounting Policies

Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in the Uniform Guidance, wherein certain types of expenditures are not allowable or are limited as to reimbursement. Negative amounts shown on the Schedule represent adjustments or credits made in the normal course of business to amounts reported as expenditures in prior years.

Note 3: Indirect Cost Rate

The Health Center has elected not to use the 10 percent de minimis indirect cost rate allowed under the Uniform Guidance.

**Report on Internal Control Over Financial Reporting and on Compliance
and Other Matters Based on an Audit of Financial Statements
Performed in Accordance with *Government Auditing Standards***

Independent Auditor’s Report

Board of Directors
Samuel U. Rodgers Health Center, Inc.
Kansas City, Missouri

We have audited, in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States (*Government Auditing Standards*), the financial statements of Samuel U. Rodgers Health Center, Inc. (the “Health Center”), which comprise the Health Center’s balance sheet as of September 30, 2023, and the related statements of operations, changes in net assets and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated March __, 2024, which contained an “Emphasis of Matter” paragraph regarding a change in accounting principle.

Report on Internal Control over Financial Reporting

In planning and performing our audit of the financial statements, we considered the Health Center’s internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Health Center’s internal control. Accordingly, we do not express an opinion on the effectiveness of the Health Center’s internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the Health Center’s financial statements will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses or significant deficiencies may exist that were not identified.

Report on Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Health Center’s financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Health Center’s internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Health Center’s internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Kansas City, Missouri
March __, 2024

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Report on Compliance for Each Major Federal Program and Report on Internal Control Over Compliance

Independent Auditor's Report

Board of Directors
Samuel U. Rodgers Health Center, Inc.
Kansas City, Missouri

Report on Compliance for Each Major Federal Program

Opinion on Each Major Federal Program

We have audited Samuel U. Rodgers Health Center, Inc.'s (the "Health Center") compliance with the types of compliance requirements identified as subject to audit in the *OMB Compliance Supplement* that could have a direct and material effect on each of the Health Center's major federal programs for the year ended September 30, 2023. The Health Center's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

In our opinion, the Health Center complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended September 30, 2023.

Basis for Opinion on Each Major Federal Program

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America (GAAS); the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States (*Government Auditing Standards*); and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Our responsibilities under those standards and the Uniform Guidance are further described in the "Auditor's Responsibilities for the Audit of Compliance" section of our report.

We are required to be independent of the Health Center and to meet our other ethical responsibilities, in accordance with relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion on compliance for each major federal program. Our audit does not provide a legal determination of the Health Center's compliance with the compliance requirements referred to above.

Responsibilities of Management for Compliance

Management is responsible for compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules, and provisions of contracts or grant agreements applicable to the Health Center's federal programs.

Auditor's Responsibilities for the Audit of Compliance

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on the Health Center's compliance based on our audit. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS, *Government Auditing Standards*, and the Uniform Guidance will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material, if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about the Health Center's compliance with the requirements of each major federal program as a whole.

In performing an audit in accordance with GAAS, *Government Auditing Standards*, and the Uniform Guidance, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the Health Center's compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances.
- Obtain an understanding of the Health Center's internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of the Health Center's internal control over compliance. Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

Report on Internal Control Over Compliance

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. *A material weakness in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. *A significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the “Auditor’s Responsibilities for the Audit of Compliance” section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance. Given these limitations, during our audit we did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above. However, material weaknesses or significant deficiencies in internal control over compliance may exist that were not identified.

Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Kansas City, Missouri
March __, 2024

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Samuel U. Rodgers Health Center, Inc.
Schedule of Findings and Questioned Costs
Year Ended September 30, 2023

Section I – Summary of Auditor’s Results

Financial Statements

1. Type of report the auditor issued on whether the financial statements audited were prepared in accordance with GAAP:
 Unmodified Qualified Adverse Disclaimer

2. Internal control over financial reporting:
Significant deficiency(ies) identified? Yes None reported
Material weakness(es) identified? Yes No

3. Noncompliance material to the financial statements noted? Yes No

Federal Awards

4. Internal control over major federal awards programs:
Significant deficiency(ies) identified? Yes None reported
Material weakness(es) identified? Yes No

5. Type of auditor’s report issued on compliance for major federal programs:
 Unmodified Qualified Adverse Disclaimer

6. Any audit findings disclosed that are required to be reported by 2 CFR 200.516(a)? Yes No

Samuel U. Rodgers Health Center, Inc.
Schedule of Findings and Questioned Costs (Continued)
Year Ended September 30, 2023

7. Identification of major federal programs:

Name of Federal Program or Cluster	Assistance Listing Number
Health Center Program Cluster	
Consolidated Health Centers (Community Health Centers, Migrant Health Centers, Health Care for the Homeless and Public Housing Primary Care)	93.224
Affordable Care Act (ACA) Grants for New and Expanded Services Under the Health Center Program	93.527
COVID-19 Coronavirus State and Local Fiscal Recovery Funds	21.027

8. Dollar threshold used to distinguish between Type A and Type B programs: \$750,000.

9. Auditee qualified as a low-risk auditee? Yes No

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Samuel U. Rodgers Health Center, Inc.
Schedule of Findings and Questioned Costs (Continued)
Year Ended September 30, 2023

Section II – Financial Statement Findings

No matters are reportable.

Section III – Federal Award Findings and Questioned Costs

No matters are reportable.

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Samuel U. Rodgers Health Center, Inc.
Summary Schedule of Prior Year Audit Findings
Year Ended September 30, 2023

Reference Number	Summary of Finding	Status
	No matters are reportable	

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SAMUEL U. RODGERS
HEALTH CENTER

CONTINUOUS PERFORMANCE IMPROVEMENT (CPI) PLAN
SAMUEL U. RODGERS HEALTH CENTER

2022 – 2025

Approved
March 23, 2022
Board of Directors

Quality Improvement Policies & Procedures
Samuel U Rodgers Health Center

Policy:	Continuous Performance Improvement Plan	Next Review Date:	03/2025
Original Date:	12/04/2006		
Revision Date:	3/2022	Depts. Affected:	All

MISSION

Samuel U. Rodgers Health Center’s mission is *“To provide high quality, compassionate and affordable healthcare for all”*. We are committed to excellence in patient care.

VISION

Our vision is *“Healthy people in a healthy community”*.

VALUES

Kindness, Integrity, Professionalism and Excellence

PURPOSE

The Continuous Performance Improvement (CPI) Plan for Samuel U. Rodgers Health Center (SURHC) establishes a planned, systematic, organization-wide approach to process design and performance measurement, analysis and improvement for the health care services we provide. This plan defines the structures for the design of quality service programs that support our strategic goals.

SURHC commitment to its community is demonstrated by its dedication to continually monitor and improve its provision of high quality health care services. This Plan complies with applicable federal law requirements including those established under the federal regulations for community health centers (42 C.F.R. §51c.303), the Bureau of Primary Health Care (BPHC) Program Expectations. The Plan is consistent with the NCQA Patient Centered Medical Home standards, and appropriate guidelines of the Federal Tort Claims Act (FTCA). The plan is designed to achieve the accomplishment of the 330 Health Care Plan, and other measures as indicated.

SCOPE

The scope of the CPI program covers all aspects of the Health Center’s operations. It is comprehensive, organization-wide and includes all clinical and administrative departments and activities that have a direct or indirect influence on the quality and outcome of care delivered to all Samuel U. Rodgers Health Center patients. All departments within the organization will participate in monitoring and implementing performance management strategies to improve services.

Refer to the Scope of Service (see 330 grant submission) for a complete review of the services provided within the facility.

OBJECTIVES

1. To design efficient and effective processes to meet the needs of patients which are consistent with the health center's mission, vision, and strategic goals and initiatives.
2. To establish a Continuous Performance Improvement agenda that supports the delivery of safe, appropriate, efficient, and cost-effective, quality care with patient/customer service consistent with professionally recognized standards of care.
3. Standardize the quality framework of SURHC.
4. Develop an organization-wide CPI methodology that promotes collaboration at all levels of the organization enabling the creation of a culture focused on performance.
5. Promote a data-driven approach to improvement. This approach includes planning, designing, piloting, implementing, measuring, assessing, improving, and sustaining performance improvements.
6. To develop effective systems for continuous problem assessment/identification, corrective action planning, plan implementation and evaluation of organization processes and services while maintaining the confidentiality of patient records.
7. To achieve improved performance and sustain the improvement throughout the organization.
8. To educate leaders and staff regarding responsibilities and effective participation in performance improvement activities.

AUTHORITY AND RESPONSIBILITY

Board of Directors

The Board of Directors has the final authority and responsibility for ensuring the quality of all services throughout the organization and authorizes the Continuous Performance Improvement Committee to oversee the CPI activities.

The Board of Directors has the responsibility to provide overall direction and oversight for quality initiatives, to evaluate the achievement and sustain desired outcomes and improvements based upon strategic goals. The Board provides necessary resources to support CPI initiatives.

Executive Team Members

The Executive Team is comprised of the Chief Executive Officer, Chief Operating Officer, Chief Financial Officer, Chief Clinical Officer and Chief Quality Officer. The Executive Team is responsible for assuring that the CPI Committee has the resources and support necessary to accomplish its work.

CPI Committee

The CPI Committee is chaired by the Chief Clinical Officer and co-chaired by the Chief Quality Officer. The CPI Committee is accountable for coordinating the approach to improving patient care and client and patient service and sustaining those improvements. The CPI Committee is also responsible for the

Quality Improvement Policies & Procedures **Samuel U Rodgers Health Center**

ongoing planning, prioritizing, process design, measurement, assessment, and improvement activities for SURHC. The CPI Committee will meet at a minimum six times per year.

The Committee is responsible for the following activities:

- Achievement of project improvement objectives;
- Ensuring SURHC adheres to clinical guidelines, standards of care, and/or standards of practice;
- Reviewing the CPI Plan on an annual basis;
- Reviewing service utilization patterns;
- Reviewing productivity (efficiency and effectiveness) of the health center;
- Reviewing summary reports of incidents and patients' complaints/grievances and ensuring follow-up actions occur;
- Reviewing the results of patient satisfaction activities;
- Reviewing the results of QI/QA assessments on at least quarterly basis to identify modifications in the provision of SURHC services.

Improvement activities and opportunities are prioritized by the CPI Committee based on criteria including, but not limited to:

- Mission and vision
- Strategic goals
- Patient Safety - The performance of key processes that promote a safe environment for patients and staff
- High risk, high volume, problem prone activity
- The needs and expectations (satisfaction) of patients, clients, staff, and other stakeholders

The CPI Committee:

1. Utilizes a proactive approach to identify interdisciplinary systems and processes to improve patient safety, patient care, patient satisfaction, clinical and non-clinical services, and outcomes.
2. Reviews performance indicators for key processes and functions and takes immediate action when appropriate.
3. Promotes a customer/patient-focused approach to daily activities.
4. Analyzes and aggregates data, using statistical analysis tools and techniques.
5. Promotes data-driven decision making using appropriate data collection and statistical analysis tools.
6. Forms CPI teams as appropriate to address opportunities for improvement, and provides guidance, support, and resources to implement approved team recommendations.
7. Benchmarks process performance measures and outcomes both internally and externally using reference databases and examples of best practice.

Quality Improvement Policies & Procedures **Samuel U Rodgers Health Center**

Provider and Clinical Support Staff

The provider team helps to achieve the desired outcomes of the CPI Plan by participating in the peer review process and CPI activities. Provider staff includes physicians, dentists, physician assistants, nurse practitioners, dental hygienists, counselors, and other behavioral health clinicians. Registered nurses (RNs), licensed practical nurses (LPNs), medical assistants, and dental assistants make up the clinical support staff. QI/QA assessments will be performed on at least a quarterly basis to inform the modification of the provision of services and by using data systematically collected from patient records. Provider staff shall ensure adherence to current evidence-based guidelines, standards of care and standards of practice within the provision of health center services.

Employees

With the support of the Quality department, each department will identify and track ongoing quality indicators or projects in their operational area (clinical and administrative). Staff will participate in improvement cycles; implement policies, procedures and processes as directed. All staff members will receive performance improvement related education and ongoing trainings based on each department's needs. New employees are oriented to the SURHC CPI program during new employee orientation.

CPI Teams

Interdisciplinary CPI teams are chartered by the CPI Committee when appropriate opportunities are identified. The CPI Teams will utilize the CPI Framework to plan, design, measure, assess, improve, and reassess to give surety to sustained improvement. CPI teams are time limited and focused on a particular process and outcomes.

CPI FRAMEWORK

The CPI process utilizes an interdisciplinary approach with a customer service focus. Emphasis is on processes, system improvements, and the initiation of action when an opportunity for improvement is identified. An integrated approach is used to improve outcomes and ensure the improvement is sustainable.

CPI activities include but are not limited to the following:

- Identifying important functions, processes, and outcomes;
- Developing performance measures;
- Establishing a performance baseline;
- Collecting and analyzing data, including benchmarking, as appropriate;
- Use of team techniques and statistical tools;
- Sustaining improved performance.

The Plan-Do-Study-Act (PDSA) cycle is utilized as the basis for continuous performance improvement. This model provides a consistent problem-solving approach for all CPI activities.

PDSA MODEL

- Plan:** Identify and analyze a problem, process or issue. Measurable goals and team members are identified.
- Do:** Implement identified improvement processes.

Quality Improvement Policies & Procedures

Samuel U Rodgers Health Center

Study: Measure effectiveness of implemented changes.

Act: Identify additional steps or interventions to ensure process changes are effective.

Through effective quality planning, process design, performance measurement, and continuous performance improvement activities are integrated do the organization's performance improvement initiative become integrated into the organization's culture.

SURHC measurement activities will include, but are not limited to the following:

- Achievement of project objectives as noted in the following:
 - 330 Grant Performance Measures
 - UDS (Uniform Data Set) Measures
 - Meaningful Use (MU) Measures
 - NCQA Patient Centered Medical Home (PCMH) Standards
 - HEDIS Measures
- Utilization of Services and the Quality of Care and Services provided or proposed to be provided to individuals served by the center. QI/QA assessments will:
 - Be conducted by physicians or by other health professionals under supervision of physicians
 - Be based on the systematic collection and evaluation of patients' records
 - Assess patient satisfaction, achievement of project objectives, and
 - Include a process for hearing and resolving patient concerns/grievances
- Patient Safety, including adverse events
- Productivity (Efficiency and Effectiveness)
- Risk management to include near misses, sentinel events and error reporting
- Environment of Care Measures
- Infection Control Surveillance Data
- High-risk Procedures
- HIPAA and Compliance
- Others as identified/required

The CPI Committee will integrate and consolidate metrics when data measures are required for two or more reports.

REPORTING

Formal reporting will flow through the CPI Committee. CPI Teams will report as noted in the teams' charters and/or at the CPI Committee's request. The CPI Committee reports to the Chief Executive Officer who in turn submits reports to the Board of Directors.

ANNUAL EVALUATION

The CPI program is evaluated on an annual basis by the Chief Quality Officer, Chief Clinical Officer, and the CPI Committee. This review includes the evaluation of the effectiveness of CPI activities and initiatives, the achievement and sustaining of improved processes, and program initiatives. CPI objectives and appropriate plans may be modified based on the results of the annual program evaluation and strategic goals. This assessment will be reported annually to the Board of Directors. The Board of Directors will review the assessment and make recommendations to the Chief Executive Officer who will in turn share information with the CPI Committee for continuous improvement in identified areas.

Quality Improvement Policies & Procedures
Samuel U Rodgers Health Center

CONFIDENTIALITY AND DOCUMENTATION

Every patient is entered into our EHR system and is assigned a unique patient number. Patient records are kept confidential and private in accordance with Health Insurance Portability and Accountability Act (HIPAA) regulations. New patients are given the Summary Notice of Privacy Practices (HIPAA) and the HIPAA Consent and Acknowledgement Form to sign. The signed HIPAA Consent and Acknowledgement Form is part of the patient record.

Any person or committee performing any duty pursuant to the Continuous Performance Improvement or Risk Management Plan shall be designated as a peer review officer or committee pursuant to RS Mo. §537.035 et seq.

All reports and records made pursuant to RS Mo. §537.035 shall be confidential and privileged. Such reports and records shall not be subject to discovery, subpoena, or other means of legal compulsion for their release to any person or entity and shall not be admissible in any civil or administrative action.

No employee or health care provider shall disclose information concerning sentinel events or other incidents except to their superiors, administration, the Risk Manager, the appropriate Health Center and provider committees, legal counsel for the facility, or the applicable licensing agencies, unless authorized to do so by the CEO or administrative designee, or legal counsel.

APPROVED BY:

Rhonda Holman Chair, Board of Directors	Date
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Bob Theis Chief Executive Officer	Date
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Patricia Beatty Chief Quality Officer Co-Chair, Continuous Performance Improvement Committee	Date
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Dan Gillen Chief Clinical Officer Co-Chair, Continuous Performance Improvement Committee	Date
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SAMUEL U. RODGERS
HEALTH CENTER

SAMUEL U. RODGERS HEALTH CENTER
CORPORATE COMPLIANCE PROGRAM

2022- 2027

I. SCOPE

This Corporate Compliance Program (“Compliance Program”) applies to all directors, officers, employees, and agents of Samuel U. Rodgers Health Center (the “Health Center”), to all of the Health Center’s activities, services, divisions, units and departments, wherever located, and to any and all of its subsidiaries and affiliates, if any. Consistent with the purpose of this Compliance Program as described in Section II below, the Compliance Program is intended to provide a framework for addressing legal and ethical issues. As a result, the Compliance Program’s scope does not extend to matters that primarily involve human resources/personnel issues which are best handled through the Health Center’s other management channels.

II. PURPOSE

The purpose of the Compliance Program is to provide a formal structure for assisting, coordinating, and documenting those efforts of the Health Center’s employees and directors as they face the increasingly complex and constantly changing laws, regulations and standards governing health care facilities. In accordance with the recommendations of those government authorities responsible for enforcing the laws applicable to the Health Center, the Compliance Program addresses the “Seven Basic Compliance Elements” set forth in the Federal Sentencing Guidelines (United States Sentencing Commission Guidelines, Guidelines Manual, 8 A.1.2). In doing so, the Health Center hopes to establish and implement the Compliance Program in a manner which enables its directors, employees and agents to continuously conduct themselves in a legal and ethical manner by fully informing them about the laws, regulations and standards governing their work and in a manner which facilitates prompt detection and correction of errors and other conduct that results in noncompliance with the laws governing operation of the Health Center and/or with the Corporate Code of Conduct and Specific Standards and Policies adopted by the Health Center pursuant to the Compliance Program.

III. ESSENTIAL ELEMENTS OF THE COMPLIANCE PROGRAM

As discussed more fully herein, the Compliance Program contains the following essential elements which encompass the “Seven Basic Compliance Elements”:

1. The appointment of a Corporate Compliance Officer (the “Compliance Officer”). The Compliance Officer is authorized and responsible for implementing and monitoring the Compliance Program. The Compliance Officer reports directly to the Chief Executive Officer and the Board of Directors in his/her compliance role.
2. A Corporate Compliance Committee will be appointed by the Chief Executive Officer to assist the Compliance Officer to ensure achievement of the objectives of an effective compliance program.
3. A Corporate Code of Conduct, attached hereto as **EXHIBIT A**, describes the basic standards and principles adopted by the Health Center for use by its directors, employees, and agents as a general guide to conducting their work and performing their duties for the Health Center in accordance with the applicable laws and ethical standards.
4. Specific Standards and Policies related to potential risk areas where the Health Center may be vulnerable are developed and implemented as appropriate. These Standards and Policies address specific legal or ethical issues or specific functions or activities that, due to their

nature and complexity, have been identified as key areas of focus for the Health Center's compliance efforts as further discussed in Section V.

5. Regular training and education of the Health Center's employees concerning the Compliance Program, the Corporate Code of Conduct and Ethics, and the specific standards and policies applicable to them.
6. Communication mechanisms for employees to raise questions and receive appropriate guidance on compliance issues, including development of a "hotline" or other means for employees to report instances of possible noncompliance in a manner that protects the anonymity of the person(s) making the report and protects whistle-blowers from retaliation.
7. Development of a fair and effective system for: (a) investigating the facts underlying each report of potentially illegal or unethical conduct, (b) assessing whether the conduct, based on the facts, violates or creates any significant risk of noncompliance with the Corporate Code of Conduct, any specific standard or policy or any applicable law or ethical standard, (c) establishing a plan of action, as necessary or appropriate, for correcting any past noncompliance and for preventing any future noncompliance that could reasonably result from identified problems, and (d) implementing each such plan of correction, which may include establishment of additional training, administering fair and appropriate sanctions for any instances of noncompliance and other corrective actions, and enforcing disciplinary standards through well-publicized guidelines.
8. Regular evaluation and monitoring reviews of the Health Center's compliance status and compliance efforts, including use of audits or other evaluation tools and processes to assess the Health Center's degree of compliance with specific laws or policies, to evaluate the Health Center's progress and achievements in implementing the Compliance Program, and to develop updates and improvements to the Compliance Program, the Corporate Code of Conduct and Ethics and the specific standards and policies as necessary or appropriate.

IV. PARTIES RESPONSIBLE FOR COMPLIANCE OVERSIGHT; THEIR BASIC ROLES.

A. The Board, Chief Executive Officer, and Compliance Officer

1. The Board, Chief Executive Officer and Compliance Officer will retain ultimate responsibility for oversight of the Health Center's legal compliance and compliance activities. The Board, following receipt of the Chief Executive Officer's recommendations, shall appoint the Compliance Officer. The Board and Chief Executive Officer hereby delegate to the Compliance Officer the responsibility for day-to-day implementation and management of Health Center's Compliance Program as further discussed in IV. C below. The Compliance Officer and the Chief Executive Officer shall make recommendations and provide other input to the Board regarding amendments and updates to the terms set forth herein. However, the Board has sole authority for amending or revising such terms following receipt of such recommendations and input.
2. In the performance of duties hereunder, the Compliance Officer shall solely represent the Health Center and not any director, officer, employee, or agent of the Health Center.

B. Compliance Committee and Other Staff Support

1. The Chief Executive Officer of the Health Center shall designate at least three (3) individuals to serve on the multidisciplinary Compliance Committee which shall assist the Compliance Officer in the development, implementation, communication, and operation of the Compliance Program. The Compliance Committee structure is attached hereto as, **EXHIBIT C**. Such **EXHIBIT C** shall be modified from time to time to reflect changes in the Compliance Committee.
2. Upon the approval of the Chief Executive Officer, the Compliance Officer may establish one or more ad hoc compliance subcommittees or task forces as needed to address specific compliance issues or projects under the direction of the Compliance Officer or a member of the Compliance Committee designated by the Compliance Officer. The Compliance Officer shall designate the individuals to serve on each subcommittee or task force, subject to the Chief Executive Officer's approval.
3. The Compliance Officer is authorized to assign to individual members of the Health Center's personnel, tasks and projects needed for administration of the Compliance Program. All individuals to whom such tasks or projects are assigned and their supervisors and co-workers will be advised that these assigned compliance duties are as important as the individual's day to day duties and reasonable efforts must be made by all to accommodate completing time deadlines and responsibilities.

C. General Duties of Compliance Officer

1. The Compliance Officer shall be responsible for proper administration and enforcement of this Compliance Program and for overseeing the Health Center's compliance with applicable law and ethical standards.
2. The Compliance Officer shall confer generally with the Compliance Committee concerning matters related to the Compliance Program, Corporate Code of Conduct and Ethics.
3. The Compliance Officer shall, either upon a complaint or upon his or her own initiative, investigate all alleged or suspected violations of applicable federal, state or local laws and regulations and alleged or suspected violations of the Corporate Code of Conduct and Ethics or any specific standard or policy. Upon request, the Compliance Officer may designate such other individuals, including members of the Compliance Committee, to assist the Compliance Officer in performing any such investigation. If based on the investigation there is sufficient evidence to support a finding that there is significant risk that such a violation has occurred or is about to occur, the Compliance Officer shall report such risk of violation to the Chief Executive Officer and the Compliance Committee; and shall take such other measures as may be appropriate, including seeking the advice of legal counsel (as further set forth in Section D below).
4. On a regular basis throughout the year, the Compliance Officer shall furnish to the Chief Executive Officer and the Board, a semi-annual report concerning (i) the functioning of the Compliance Program; (ii) any recommended modifications to the Compliance Program or to the Corporate Code of Conduct; and (iii) such other matters as may be provided for herein or as the Compliance Officer deems advisable.
5. The Corporate Compliance Plan will be reviewed every three years.

6. The Compliance Officer shall carry out such duties as are assigned by the Compliance Program and such other actions as are necessary and appropriate to implement the Compliance Program.

D. Responsibilities of Department Directors

1. Directors have a responsibility to exhibit a strong commitment to compliance. This commitment is demonstrated by ensuring that all Health Center staff under their direct supervision receive a copy of the Compliance Program and the Corporate Code of Conduct and attend required compliance training. The Directors will also reinforce to their respective staff the steps to be taken in reporting compliance concerns.
2. In conjunction with the Compliance Officer, Directors may develop compliance measures relevant to their respective departments and ensure that the Health Center staff within their department is fully aware of these compliance measures. All activities and efforts performed in relation to the Compliance Program must be approved by the Compliance Officer to assure consistency throughout the organization.

E. Legal Counsel

1. The Chief Executive Officer may consult with the Health Center's legal counsel to obtain legal advice on compliance issues. Notwithstanding the foregoing, the Compliance Officer must consult with the Health Center's legal counsel if the Compliance Officer becomes aware of, through a third-party report supported by reasonable evidence or through the Compliance Officer's own reasonable suspicions, any action or inaction which, if proven true, would be a material violation of law involving a potential felony or fines in excess of \$10,000.
2. In appropriate circumstances, after consultation with legal counsel or the Chief Executive Officer, the Compliance Officer may direct legal counsel to engage outside auditors or experts to perform an audit or provide consulting or other services in connection with the Compliance Program.

V. SPECIFIC STANDARDS AND POLICIES

In accordance with Section III.A.4, the Health Center will establish specific standards and policies to formally inform relevant Health Center employees of their legal or ethical obligations relating to certain issues and/or Health Center activities or functions that are especially complex or have been otherwise identified as key areas of potential noncompliance. Based on the current complexity of applicable regulations and recent heightened government enforcement activities, such areas of focus include Billing and Coding, Medical Records, Behavioral Health Services, Pharmacy, Information Technology, and Laboratory Services. These specific standards and policies will be formulated by and reviewed with the relevant employees as part of the training and education process. These specific standards and policies will be reviewed regularly and updated as necessary to reflect regulatory changes.

In the process of identifying additional target departments and areas of focus for compliance efforts, the Compliance Officer shall consider any new Fraud Alerts or other guidance issued by the Office of the Inspector General for the U.S. Department of Health and Human Services (the "OIG"), any current advice received from legal counsel or outside consultants on areas of heightened risk of violation or

enforcement, and any similar information reported in health care periodicals, compliance seminars and other resources.

VI. COMPLIANCE/EDUCATION AND TRAINING

A. In General

As further discussion in Section VIII, the Health Center believes that cooperation with the Compliance Program and compliance with the Corporate Code of Conduct and the specific standards and policies are essential and, as such, such cooperation and compliance are the obligation of all directors and employees. In order to convey to employees the importance of their compliance obligations, the Health Center shall provide training to all employees as specified herein. Some Health Center staff may receive specialized training because of the areas in which they work. This specialized training may focus on complex or high-risk areas.

B. Compliance Materials; Initial Training

1. Each employee shall receive a copy of the compliance plan and the Corporate Code of Conduct and Ethics as well as the specific standards and policies (if any) that are pertinent to his or her position. In addition, the materials provided to each employee shall include procedures for confidential reports of possible noncompliance as further discussed in Section VIII.B. Also, these compliance materials will provide information regarding possible corrective action and/or sanctions that might result from noncompliance.
2. The Compliance Officer shall invite and promptly provide for a response to any questions of employees regarding the compliance materials.
3. All employees employed by the Health Center shall receive general compliance training and materials as part of their orientation. To the extent that additional or specialized compliance training warranted based upon an employee's particular job classification or responsibilities, the Compliance Officer shall arrange for such training to be provided by the Department Director, as soon as practical after the employee receives initial compliance training as described above, but in no event later than sixty (60) days following commencement of employment
4. Each employee receiving the initial compliance training is required to sign the Statement of Receipt and Understanding of Corporate Compliance Program AND THE Code of Business /conduct and Ethics form. **(EXHIBIT B)** The Chief Human Resource Officer will be responsible for maintaining these forms in the employees' file.

C. Annual Compliance Training

1. The Compliance Officer shall implement procedures to ensure that all employees of the Health Center receive annual Compliance training. The employees will sign an attestation form attached hereto as, **EXHIBIT B**, under which the individual acknowledges that he or she has reviewed statement of receipt and understands, agrees to abide by and has no knowledge of any violations of the Compliance Program, the Corporate Code of Conduct or the specific standards and policies.
2. The Compliance Officer will report semi-annually to the Chief Executive Officer and the Board concerning compliance or the lack thereof, with the requirements under Section VI. B and C.

D. Other Training and Education

1. In addition to the distribution of compliance materials, the Compliance Officer shall ensure that Executive Officers and staff members have training on a yearly basis, whether it is an online training program or as a seminar dealing with compliance with laws and/or with the Compliance Program.
2. Upon completion of such annual compliance education, employees will sign an attestation form (**Exhibit B**) that will be included within each employee's respective personnel file. The Compliance Officer also shall periodically provide additional training to supervisors and other personnel.
3. Attendance at scheduled training sessions shall be mandatory and only the Compliance Officer shall have authority to excuse absences from such sessions. A written record of attendance at each session shall be made and retained by the Chief Human Resource Officer.
4. The Compliance Officer shall also establish a mechanism for employees to raise questions and receive prompt, appropriate guidance on compliance issues.
5. The Compliance Officer shall periodically evaluate the effectiveness of the training. With the input of the Compliance Committee, the Compliance Officer will make adjustments to the training as deemed appropriate or warranted by Regulatory changes.

VII. MONITORING COMPLIANCE

A. Periodic Audits

5. The Compliance Officer shall coordinate periodic audits of targeted issues or functions to assess legal and ethical compliance consistent with the standards and policies established under this Compliance Program. Audits may include statistical sampling of records (i.e. medical records, billing records, etc.) and other appropriate information designed to test compliance with this Program.
6. To the extent any such audits involve coding and/or billing issues, the Health Center shall specifically determine whether: (i) bills are accurately coded and accurately reflect the services provided; (ii) services or items provided are reasonable and necessary; (iii) any incentives for unnecessary services exists; and (iv) medical records contain sufficient documentation to support the charge.

B. Excluded Persons Review

Subject to the general oversight of the Compliance Officer, it shall be the responsibility of the Chief Human Resource Officer to verify that none of its current or potential employees are listed on either of the lists published by the OIG or the United States General Services Administration (the "USGSA") of individuals excluded from participation in Federal health care or Government procurement programs. Exclusion checks for all licensed professional employees shall be conducted upon hire and periodically thereafter. If it is determined that any current employee has been excluded from participating in any such programs and had not been reinstated, the Health Center shall immediately suspend the employee from performing all patient care responsibilities

then assigned to the employee, and the Compliance Officer shall consult with legal counsel and such other parties as necessary to determine whether further action should be taken with respect to the excluded employee. Appropriate action may include permanent or temporary reassignment of the employee to a different position, suspension without pay or termination of employment. If the excluded employee rendered any services for which the Health Center received reimbursement from any Federal health care or Government procurement programs, then such appropriate action may also include the voluntary reporting of such occurrence to such program.

Exclusion checks for all potential employees shall be conducted prior to the making of an offer of employment. A potential employee's exclusion (without reinstatement) from any such program shall render such person ineligible for employment with the Health Center.

C. Response to Non-Compliance

If an audit reveals potential non-compliance conduct, the procedure set forth in Section IX regarding investigation and corrective action shall be followed.

D. Policy Update

As part of the ongoing monitoring and auditing of the Compliance Program, the Compliance Officer will, in cooperation with the Compliance Committee, Chief Executive Officer, or other appropriate personnel, develop and suggest changes to the Program for adoption by the Board as necessary to ensure that the Corporate Code of Conduct and specific standards and policies are updated to reflect changes in the applicable laws, regulations and other changes. The Compliance Officer will also ensure that additional training is provided as necessary to assure continued compliance. Such policy and procedure and training updates shall occur not less than annually.

VIII. REPORTING NONCOMPLIANCE

A. Employee's Duty

1. All employees of the Health Center have the following duties and obligations with respect to this plan.
 - a. To report their good faith belief of any possible violations of law occurring within the Health Center or any violations of the Compliance Program.
 - b. To cooperate fully with the Compliance Officer, the Compliance Committee, the Chief Executive Officer, the Board and their agents in their investigations.

There shall be no retaliation by the Health Center or by any of its agents as a result of such good-faith cooperation or reporting.

B. Reporting Mechanisms

1. The Compliance Officer shall develop, publicize and oversee procedures for employees to report any suspected violation of law or regulation or of the Compliance Program, the Corporate Code of Conduct and Ethics, and/or any specific standards or policies. Any employee who attempts to retaliate against another employee's good faith report of a compliance issue will be subject to disciplinary action, which may include termination of employment. An employee, however, who makes a report that the employee knows is false

or misleading, or who fails to report a known compliance issue will also be subject to disciplinary action, including termination. At a minimum, the Health Center shall:

- a. Provide for the ability to make any reports of suspected violations anonymously as further provided below. A secured suggestion box is located at all the Health Center's locations, for employees to drop off written complaints. Another method for employees to report a suspected violation is to call the Compliance hotline at **(816) 889-4772**. The Compliance Officer or appropriate individual will check the boxes quarterly and voicemail at least one time per week.
 - b. Publicize that each employee has a duty to report, in good faith, any suspected violations.
 - c. Publicize that no employee shall suffer any penalty or retribution for good faith reporting of any suspected misconduct or impropriety and that any employee who attempts to retaliate against another employee's good faith report shall be subject to disciplinary action, including termination of employment; and
 - d. Publicize that failure to report suspected violations as well as the giving of a report the employee knows is false, distorted, exaggerated, minimized or otherwise misleading, may lead to discipline, including termination of employment.
2. If requested by the reporting employee, and to the extent possible under the circumstances (considering the Health Center's obligations to investigate, take corrective action and sometimes report events to appropriate governmental authorities), the Health Center will maintain the anonymity of the reporting employee.
 3. All reports of possible non-compliant conduct shall be immediately forwarded to the Compliance Officer for investigation and resolution in accordance with Section IX of this Plan.

IX. INVESTIGATION AND CORRECTIVE ACTION

A. Investigation

1. Upon receipt of audit results or other information suggesting a possible compliance issue, the Compliance Officer shall make a record of the information. The initial investigation may be conducted by the Compliance Officer alone or with staff assistance and upon completion will be reviewed by legal counsel, if appropriate. If the situation warrants, the matter may be referred to legal counsel for investigation or to an outside expert retained by legal counsel, subject to the requirements of Section IV.D. The appropriate person shall commence an investigation as soon as reasonably possible but no later than fourteen (14) working days following the receipt of the information suggesting a possible compliance issue. All employees will be expected to fully cooperate with the investigator.
2. The procedure for undertaking an investigation shall include, but need not be limited to the following:
 - a. After discovery of potentially illegal or unethical conduct, the Compliance Officer will perform an initial review to determine the seriousness of the claim, including

whether the alleged conduct or arrangement is a violation of law, ethics or violation of the Compliance Program or otherwise puts the Health Center at risk of economic injury or injury to reputation. If the alleged conduct or arrangement appears to violate compliance standards, an investigation will be authorized by the Compliance Officer.

- b. Personnel who may be involved in the investigation include, but are not limited to, the Compliance Officer, Compliance Committee, compliance subcommittee or task force or their designees and legal counsel or other outside experts retained by legal counsel. Notwithstanding such involvement, the Compliance Officer and Health Center shall ensure that each such involved person maintains the anonymity of the reporting employee and the confidentiality of the subject matter to the greatest extent possible under the circumstances.

3. Investigation activities may include but are not limited to:

- a. If the identity of the complainant is known, the Compliance Officer shall report to the complainant that an investigation has been initiated. The complainant will also be informed when an investigation is completed and, if appropriate, whether corrective action has been taken;
- b. Interview of the complainant and others;
- c. Review of relevant documents;
- d. Review of applicable laws/regulations;
- e. A report that describes the facts and circumstances surrounding the alleged problem, investigation procedures taken, any persons who acted inappropriately and their degree of culpability, estimate of any liability or overpayment due, a corrective action plan and disciplinary actions if necessary; and
- f. After this report has been completed by the Compliance Officer and Compliance Committee, it will be submitted to the Chief Executive Officer and the Board.

B. Corrective Action

If upon the conclusion of an investigation, it appears there are genuine compliance concerns, the Compliance Officer shall immediately formulate and implement a corrective action plan. The corrective action plan shall be designed to ensure the specific issue is addressed and to the extent possible and that similar problems do not occur in other departments or areas within the Health Center's operations. The procedure for taking the corrective action shall include, but not be limited to the following:

1. Possible Criminal Incident

If the investigation uncovers what appears to be criminal activity on the part of any employee, the Health Center will:

- a. Notify the CEO, who will notify legal counsel and the Chairman of the Board.
- b. Immediately stop activities related to the problem until such time as the offending practices are corrected.

- c. Initiate appropriate disciplinary actions against the individuals whose conduct appears to have been intentional or with reckless disregard. Appropriate disciplinary actions shall be in accordance with the policies of the Health Center and shall include the removal of the suspect individual from the area being investigated.
 - d. Notify the appropriate law enforcement or regulatory authorities with the advice of legal counsel immediately after credible evidence has been obtained to confirm that a violation has occurred.
 - e. Undertake an appropriate program of education to prevent similar acts of non-compliance in the future.
 - f. Take any other action deemed appropriate by the Compliance Officer or legal counsel under the circumstances.
2. Other Non-Compliance Incidents
- If the investigation reveals problems that do not appear to be the result of conduct that is intentional or with reckless disregard, the Health Center shall take the following steps:
- a. Improper Payment – If the problem results in an overpayment by Federal or State health care programs, or private health insurance plans or contracts due to coding or claims submission errors; payments for non-covered services, for services not rendered, or any other type of overpayment the Health Center will take the following corrective action steps:
 - i. Stop billing for such services until the improper practice is corrected.
 - ii. Determine the need to calculate report and repay the overpayments to the appropriate agency.
 - iii. Initiate such disciplinary actions, if any, as may be appropriate given the facts and circumstances.
 - iv. Undertake an appropriate program of education to prevent future problems of a similar nature.
 - b. No Improper Payment – In the event the problem does not result in improper payments the Health Center will take the following corrective actions.
 - i. Correct the defective practice or procedure as quickly as possible.
 - ii. Determine if the problem needs to be reported to the appropriate agency.
 - iii. Initiate such disciplinary action, if any, as may be appropriate given the facts and circumstances.
 - iv. Undertake an appropriate program of education to prevent future problems of a similar nature.

Future Actions

Any issue for which a corrective action plan is implanted shall be specifically targeted for monitoring and review in future audits for the affected department or area. The Compliance Officer shall report to the Board of Directors on the nature of the investigations that have been conducted, the findings resulting from the investigations, any repayments to health care programs and the corrective actions implemented.

EXHIBIT A

Corporate Code of Conduct

INTRODUCTION

The Samuel U. Rodgers Health Center Code of Business Conduct and Ethics (the "Code") is applicable to all employees, the Samuel U. Rodgers Health Center Board of Directors, business partners, and suppliers of Samuel U. Rodgers Health Center and its subsidiaries (collectively, the "Health Center"), and anyone acting on behalf of the Health Center. It does not cover every issue that may arise, but it sets out basic principles that should be used as a resource when questions of legal or ethical appropriateness arise on the job.

We must take personal responsibility for ethical conduct by complying with the letter and spirit of applicable laws, rules and regulations, and it is expected we will do so respectfully, with professionalism, honesty, a sense of fairness and accountability. We are charged with doing everything in our power to prevent unethical activity by raising concerns, asking questions and reporting potentially unethical situations.

If a law conflicts with a policy in this Code, you must comply with the law; however, if a local custom or policy conflicts with this Code, you must comply with the Code. If you have any questions about these conflicts, you should ask the Health Center "Compliance Officer", or an Executive Officer how to handle the situation. For purposes of this Code, "Executive Officer" shall mean the CEO, COO, CCO, or CFO of the Health Center.

Those who violate the standards in this Code will be subject to appropriate disciplinary action, which may include termination of employment.

This Code is not a guaranty of employment and does not alter existing legal rights and obligations of the Health Center and its employees, including "at will" employment arrangements for employees.

GENERAL GUIDELINES FOR WORKING ETHICALLY

- We treat everyone with dignity and respect and will be fair and impartial in our relationships with others
- We act ethically and comply with all applicable laws
- We are honest in all statements and avoid misrepresentations
- We avoid conflicts of interest
- We are obligated to maintain the confidentiality of confidential information entrusted to us on behalf of the Health Center
- We ensure information received in confidence for conducting Health Center affairs is not used for personal gain

SEEKING ASSISTANCE

If you have uncertainty about any activity or situation and its ethical implications, you should contact your manager, the Compliance Officer, Human Resources, or an "Executive Officer" to seek assistance.

CONFLICTS OF INTEREST

You should avoid any situation that may involve a conflict between your personal interest and the interests of the Health Center or create the appearance of such a conflict. A "conflict of interest" may exist when a situation resulting from your personal activities or financial affairs may adversely influence your judgment in the performance of duties for the Health Center. A "conflict of interest" can also arise when you utilize

your position with the Health Center to receive an improper personal benefit. Identifying potential conflicts of interest may not always be clear-cut. The following situations are examples of conflicts of interest:

Outside Employment and Activities

- It is a conflict of interest for you to provide services to any business entity that competes with the Health Center.
- A conflict of interest also may occur if any outside employment activities impair your timely and effective performance of job responsibilities for the Health Center.
- Except for approved charitable work, doing outside work on Health Center time or using the Health Center resources or personnel for non-Health Center work is unacceptable.

Personal Benefits

- It is a conflict of interest if you obtain any material unauthorized personal benefits or favors because of your position with the Health Center.

Financial Interests

- It is a conflict of interest to have a direct or indirect financial investment in any organization that competes with the Health Center, or has a business relationship with the Health Center, if the investment compromises or could reasonably appear to compromise your independent judgment or work at the Health Center. In these situations, unless written approval has been obtained to do otherwise, you should disclose it to your manager, and you should be removed from any position where you can make or influence business decisions.

Family Members and Friends

- Those activities that you are prohibited from doing should not be done indirectly through relatives, partners, or friends. If your spouse, partner, relative, or friend is an employee of, or has an ownership interest in a company that competes with the Health Center, or where the Health Center has a business relationship with the company, a conflict may exist because they may influence, or appear to influence, your objectivity in making decisions on behalf of the Health Center. For purposes of this Code, “family members” include your spouse or life-partner, siblings or siblings-in-law, parents or parents-in-law and children, whether such relationships are by blood or adoption. If any of these situations exist, you should disclose this information to your manager immediately as the Health Center must ensure that decisions are based solely on objective business judgment.

Board and Committee Memberships

- You may not serve on a board of directors or trustees for a profit or not-for-profit organization that raises the potential for a conflict of interest. You must obtain prior approval from the Executive Officer(s) before accepting any such board or committee position.

Gifts, Favors, Gratuities and Entertainment

- Gifts, favors, gratuities, and entertainment from potential or actual suppliers, customers, or other employees may create a conflict of interest with obligations to the Health Center. Unless prior approval has been obtained from management, you should not accept or provide gifts, favors, gratuities, or entertainment if these items have **more than a nominal value** that could influence or appear to influence judgment or business decisions of the Health Center. Nominal value is defined as follows:
 - o Entertainment of a nominal value includes an occasional breakfast, lunch, local athletic or cultural event or entertainment at a company’s facilities.

- Gifts of a nominal value are valued under \$100, such as promotional items (flowers, pens, gift bags, jackets) given in the regular course of conducting business and as a matter of custom or courtesy.
- Gifts of money, cash, or gift cards can never be accepted. You should never solicit gifts, favors, travel or entertainment, except for Health Center-authorized causes.
- You should not give gifts, favors, gratuities or travel or entertainment to anyone in the course of doing company business, except for company-sponsored promotional programs and reciprocal business meals.
- You cannot accept bribes, kickbacks, payoffs or other unusual or improper payments to obtain or keep business. Doing so is unethical, illegal and forbidden. If there is ever a doubt about accepting or giving a gift, favor, travel or entertainment, and you feel it might be inappropriate, should contact the Compliance Officer, Human Resources, or an Executive Officer for guidance.

Other Potential Conflicts of Interest

- The potential for conflict of interest also exists if your spouse, partner, relative or other person with whom you have a close personal relationship also works at the Health Center and is in a reporting relationship to you. You should not supervise or be in a position to influence the hiring, work assignments or assessments of such persons. If such a relationship develops or exists in the course of your employment, you should notify Human Resources so appropriate action can be taken.

Disclosure of Conflicts of Interest

- The Health Center requires that employees disclose any situations that reasonably would be expected to give rise to, or create the appearance of, a conflict of interest. If you suspect that you have a conflict of interest, or something that others could reasonably perceive as a conflict of interest, you must report it to your supervisor, if applicable, or the Compliance Officer. Your supervisor, if applicable, and the Compliance Officer will work with you to determine whether you have a conflict of interest and, if so, how best to address it.

COMPLIANCE WITH APPLICABLE LAWS, RULES AND REGULATIONS

The Health Center is subject to a variety of local, state and federal laws pertaining to all aspects of its operation. Compliance with these laws is of critical importance to the Health Center. Each employee is expected to be familiar with the basic legal requirements relevant to his or her job responsibilities, and to abide by those laws in the performance of his or her job. It is expected that all employees will ask their respective supervisor or the Compliance Officer for assistance whenever the employee does not understand their legal obligations.

HEALTH CARE FRAUD AND ABUSE

Each employee of the Health Center is required to comply with laws that prohibit health care fraud and abuse. Specifically, these laws prohibit:

- Filing a false or fraudulent claim for payment or reimbursement.
- Using or causing to be made or used, a false record or false statement to get a claim paid or approved.
- Offering or receiving cash or any other thing of value as a kickback, bribe, or rebate in exchange for a referral for the furnishing or arranging for the furnishing of any healthcare item or service.
- Submitting false information for the purpose of obtaining or retaining the right to participate in a plan or obtain reimbursement for services.

- Participating in a scheme with others to do any of the above.

Health Center personnel must diligently comply with this Code and the Health Center's specific standards and policies on proper and timely documentation of claims, proper use of billing codes and other mechanisms for assuring accurate and ethical billing. If any employee becomes aware of potential errors or other compliance violations in billing, such individual should report their concerns to their managers or the Compliance Officer.

It is also unethical and unlawful for any Health Center employee or agent to pay or offer to pay any cash or other thing of value to a physician or other referral source with an intent of influencing that physician or other referral source to refer a patient to the Health Center or to order any laboratory or other healthcare item or service from the Health Center (Federal Anti-Kickback Statute).

It is unethical and unlawful for any Health Center employee or agent to request or accept any payment of cash or other thing of value from a hospital, nursing home, or other provider of health care services, equipment or supplies as a bribe or kickback in exchange for the Health Center employee's or agent's agreement to refer or influence the referral of any patients to that provider.

It is unethical for any physician, medical group, medical group administrator, or other physician representative or health care provider representative to request cash or other thing of value from the Health Center in exchange for establishing, maintaining, or increasing referral of patients to the Health Center. Additionally, if any hospital, nursing home or other provider of health care items or services ever offers cash or other thing of value to any Health Center employee or agent in exchange for referring or influencing the referral of any patient to that provider, these requests or offers must be refused and efforts must be made to educate the person making the request or offer about the illegality of their request or offer. The employee should report this incident to their manager and the Compliance Officer should be informed of the situation and how it was handled, so that corrective action can be taken to permanently resolve the situation.

DISCRIMINATION AND HARASSMENT

The diversity of our employees is a tremendous asset to the Health Center. We should treat each other as we would want to be treated, with respect and dignity. We are firmly committed to providing an environment that is free from discrimination and harassment based on race, color, religion, gender, ethnicity, national origin, sexual orientation, veteran status, age, pregnancy, physical or mental disability, or any other legally protected status. We are firmly committed to equal opportunity in all aspects of employment and development, and will not tolerate any discrimination or harassment of any kind within our Health Center facilities. Examples include derogatory comments based on racial or ethnic characteristics and unwelcome sexual advances.

Any employee who has a question, concern, or complaint of discrimination or harassment should bring the matter to the attention of his or her immediate supervisor, Human Resources, or any member of management.

The Health Center prohibits retaliation against anyone for good faith reporting of discrimination/harassment, assisting in making a discrimination/harassment complaint or cooperating in a discrimination/harassment investigation.

HEALTH AND SAFETY

The Health Center strives to provide each employee with a safe and healthful work environment for employees, visitors and patients. The Health Center is committed to complying with all local, state and federal laws designed to improve workplace safety. Each employee has responsibility for maintaining a safe and healthy workplace for all employees by following safety and health rules and practices, and reporting accidents, injuries and unsafe equipment, practices or conditions. Employees are expected to adhere to the procedures in place to protect them from generally recognized workplace hazards and are required to comply with such procedures and report dangerous conditions immediately so that workplace hazards can be minimized.

Violence and threatening behavior are not permitted. Employees should report to work in condition to perform their duties, free from the influence of illegal drugs or alcohol. The use of illegal drugs in the workplace will not be tolerated.

The Health Center is committed to providing a workplace free from substance abuse. You are expected to be in your assigned workplaces at the scheduled time, and in the proper mental and physical condition to perform your job.

The manufacture, distribution, possession, use of or being under the influence of alcohol or a controlled substance is prohibited on the Health Center property or elsewhere during work-related activities. No employee may perform job duties or be at work while under the influence of alcohol or when illegal drugs are present in the bloodstream. Use of prescription drugs consistent with a physician's direction, or use of over-the-counter medications consistent with the product directions is not considered a violation of the policy. If an employee is using a prescription or non-prescription drug that might impair alertness or judgment, the employee should inform their manager and inform Human Resources or the Chief Health Officer.

RECORD KEEPING

The Health Center requires honest and accurate recording and reporting of information in order to make responsible business decisions and meet its disclosure obligations to government entities and other third parties. It is critical that every employee accurately and clearly report the relevant facts or the true nature of a transaction. All official records and reports are to be prepared and retained in accordance with applicable requirements. In conducting business and affairs for the Health Center, no employee should make any false or misleading statement on any form or document, to any director, employee or auditor for the Health Center or to any government official or other outside party.

Employees regularly travel and may use Health Center funds that must be documented and recorded accurately. If you are not sure whether a certain expense is legitimate, ask your manager or contact the Accounting Department for proper interpretation of the rules and guidelines.

All of the Health Center's books, records, accounts and financial statements must be maintained in reasonable detail, must appropriately reflect the Health Center's transactions and must conform both to applicable legal requirements and to the Health Center's system of internal controls.

Business records and communications have the potential for being publicly disclosed. We should ensure our records and communications are clear, concise, truthful and as accurate as possible, and we should avoid exaggerations, inappropriate or derogatory characterizations, colorful language guesswork or speculations.

Health Center records should be retained or discarded according to the Health Center record retention policies. Any questions related to record retention or destruction should be directed to the Compliance Officer or a Chief Officer.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) PRIVACY AND SECURITY RULES

The confidentiality of patient information is essential. All employees have an obligation to maintain confidentiality in accordance with all applicable laws. Employees should refrain from revealing any personal or confidential information concerning patients unless required by legitimate business or patient care purposes.

In addition, information relating to employees of the Health Center, including but not limited to, salary, benefits, disciplinary and other personal information shall be confidential. Personnel information shall be maintained, in accordance with applicable law, in a manner designed to protect the confidentiality of such information. All personnel with access to such information shall exercise due care in protecting its confidentiality and shall limit dissemination of such information to those individuals in the organization who need the information to perform their job.

PROTECTION AND PROPER USE OF COMPANY ASSETS

All employees and officers should endeavor to protect the Health Center's assets and ensure their efficient use. Theft, carelessness, and waste have a direct impact on the Health Center's profitability. Any suspected incident of fraud or theft should be immediately reported for investigation. Health Center equipment shall not be used for non-Health Center business, though incidental personal use may be permitted.

The obligation of employees, officers, and trustees to protect the Health Center's assets includes its proprietary information. Proprietary information includes intellectual property such as trade secrets, trademarks and copyrights, business strategies, investment and acquisition strategies, market research, business information and analysis, ideas, contacts, negotiations, potential transactions, projections, financial models, plans, proposals, databases, records, salary information and any other unpublished financial data and reports. Unauthorized use or distribution of this information is a violation of the Health Center policy. It could also be illegal and result in civil or even criminal penalties.

REPORTING ANY ILLEGAL OR UNETHICAL BEHAVIOR

Employees are encouraged to talk to their Manager, Executive Officers, the Compliance Officer, Human Resources, or other appropriate personnel about perceived and observed illegal or unethical behavior, or when they are in doubt about the best course of action in a particular situation. We are all responsible for reporting all potential violations. If you do not feel comfortable discussing the problem within the usual Health Center channels, you may contact THE COMPLIANCE HOTLINE anonymously. The Hotline operates 24 hours a day, seven days per week. The number is **816-889-4772**. It is the policy of the Health Center not to allow any reprisal or retaliation for reports of misconduct made in good faith by employees, and is in itself, an act subject to disciplinary action. Employees are expected to cooperate in internal investigations of misconduct.

COMPLIANCE PROCEDURES

We must all work to ensure prompt and consistent action against violations of this Code. However, in some situations it is difficult to know right from wrong. Since we cannot anticipate every situation that will arise,

it is important you have a way to approach a situation, question or problem. These are the steps to keep in mind:

- Make sure you have all the facts. In order to reach the right solutions, we must be as fully informed as possible.
- Ask yourself: What specifically am I being asked to do? Does it seem unethical or improper? This will enable you to focus on the specific question you are faced with, and the alternatives you have. Use your judgment and common sense; if something seems unethical or improper, it probably is.
- Clarify your responsibility and role. In most situations, there is shared responsibility. Are your colleagues informed? It may help to get others involved where appropriate and discuss the problem.
- Discuss the problem with the Compliance Officer. This is the basic guidance for all situations. In many cases, the Compliance Officer will be more knowledgeable about the question, and will appreciate being brought into the resolution process. Remember that it is the Compliance Officer's responsibility to help solve problems

EXHIBIT B

Corporate Code of Conduct - Summary

Leading with Integrity

- Leaders have a role in setting the right ethical tone for the organization. Leaders must be cognizant of their actions in dealing with patients, suppliers, and employees to create an atmosphere of ethical leadership and integrity.

Integrity in the Workplace

- Discrimination, harassment, bullying, intimidation, dishonesty, and discrimination of any kind toward anyone in the workplace will not be tolerated.
- Maintain an environment free from cursing, derogatory or demeaning remarks and general distractions which may keep you from performing your job to your highest potential.
- Employees are required to protect all company assets-tangible and intangible and are not to remove company property unless authorized to do so. (Laptops, tablets, etc.)
- Employees should understand that all workplace communications (email, internet activity, instant messages, social media, and voicemail) and their company provided workspace are the property of Samuel U. Rodgers Health Center.
- Unprofessional conduct and open disregard for property, patients, visitors, co-workers and policies of the organization will not be tolerated.
- Do not engage in any activities that are in conflict with the interest of the Health Center. This includes board membership, business ventures, investments, and outside employment.
- Do not accept gifts valued above \$100.00. If you are unsure contact the Compliance Officer, Janelle Harvey Jordan at 816-889-4664.
- Employees must report accidents and injuries to your supervisor or Human Resources.
- Unsafe conditions must be reported to your supervisor and the Director of Plant Operations.
- Failure to call in or show up for your shift will result in disciplinary action up to and including termination.
- The Health Center is a drug and alcohol free workplace. The Health Center reserves the right to have any employee tested if there is a reasonable suspicion that he or she is under the influence of drugs or alcohol. If you witness an employee impaired, you should report it immediately.

Integrity with our Patients

- All patients will be treated with dignity and respect. Failure to provide the highest level of customer service to our patients may result in disciplinary action up to and including termination.
- You are obligated to protect all personal health information (PHI) which includes-personnel information, health information, billing information etc.
- Each employee of the Health Center is required to comply with laws that prohibit health care fraud and abuse.

Integrity in the Marketplace

- The Health Center believes in doing business with suppliers that embrace and demonstrate high principles of ethical business behavior. All companies engaging in business with the Health Center must abide by the Code of Conduct. Procurement decisions should be based on obtaining the best overall value for the Health Center.
- Confirming the financial and legal condition of the supplier are important steps in the procurement process.

Integrity in our Community

- Employees are encouraged to participate in community activities of their choice, however you should make it clear that your views, actions and support are your own not those of the Health Center.
- Employees should not make contributions on behalf of the Health Center or use its name, funds, personnel, property, or services for the support of political parties or candidates.
- Employees should not pressure other employees to express a political view or contribute to a political party or candidate.
- Reasonable entertainment and courtesies should be extended only if not prohibited by law and then only to the extent that is customary and appropriate.
- It is never appropriate to mislead an investigator or to alter or destroy documents or records.
- If you receive a subpoena, court order or other non-routine request for information from a law enforcement agency, you should contact the CEO or COO.
- All media requests should be directed to the Director of Marketing and Communications or the Chief External Relations Officer and Director.

See Something, Say Something

- You are obligated to report violations of the code of conduct, the law or any other company policy or procedure. You may be subject to discipline, up to and including termination for your failure to do so.
- Ask yourself: Does it seem unethical or improper? If something seems unethical or improper it probably is.
- Making intentionally false reports or allegations against an employee is a violation of the Code of Conduct.
- If you have a question about the Code of Conduct or you need to report a known or suspected violation you should contact the Compliance Officer, Janelle Harvey Jordan at 816-889-4664. If you wish to remain anonymous you may call the compliance hotline at 816-889-4772.

Retaliation

- The Health Center forbids any form of retaliation or adverse action against any employee for reporting in good faith a suspected violation of the law, code of conduct or for assisting in an investigation. Violators are subject to corrective action up to and including termination.

Print Name: _____ Date: _____

Signature: _____

EXHIBIT C

Corporate Compliance Committee and Structure

The Corporate Compliance Officer will chair the Corporate Compliance Committee. The Corporate Compliance Committee assists the Corporate Compliance Officer in the development, implementation, communication, and operation of the Corporate Compliance Program. This includes investigations, training, and administrative requirements.

The Committee will meet as necessary, but at least quarterly. The meetings should be used to resolve open issues, announce new initiatives, review new rules, regulations and policies and procedures, develop work plans and assign responsibilities for meeting the Compliance Program. Minutes must be prepared and maintained for each meeting.

The Chief Executive Officer will appoint the members of the committee. Recommended members should include representation from the potential risk areas recognized by the Office of Inspector General: Coding and billing, documentation, and improper inducements.

The Compliance Committee members will be:

- Corporate Compliance Officer & Chief Operating Officer
- Chief Executive Officer
- Chief Clinical Officer
- Chief Dental Officer
- Chief Financial Officer
- Chief Quality Officer
- Director of Information Technology
- Credentialing and Operations Support Manager
- HIM Manager

[Revised 10/2022]

Samuel U. Rodgers Health Center

Board Of Directors

Annual Work Plan

December 2024	January 2025	February 2025	March 2025	April 2025	May 2025	June 2025	July 2025	August 2025	September 2025	October 2025	November 2025
Adopt Board Annual Work Plan	Approve HHS Poverty Guidelines	Approve Submission of UDS Report	Federal Tort Claims Act Training	Accept Auditors Report; Approve Submission of Audit & Corrective Plan to HRSA (if needed)	Approve Operational Sites and Hours of Operation	Approve Updates to Financial Policy	Board Membership Matrix & Board Utilization of Services	Board Education - Administrative Functions	Approve HRSA Grants & Approve 2026 Budget	Attend MPCA Board Education Sessions	Review Investment Portfolio
Approve Employee Health & Dental Benefits	Approve Board of Directors Meeting Schedule	Board Education	CEO Quarterly Feedback	Approve Submission of Medicare & Medicaid Cost Reports	Review and Discuss By-Laws	Board Development & Coaching	Approve Updates to Clinical Policies	Review 403B Plan Audit	Begin 2025 Board Evaluation Survey	Strategic Plan Quarterly Report	Board Education
Chair - Appoint Committee Members	Strategic Plan Quarterly Report	CEO Performance & Compensation Review		Strategic Plan Quarterly Report		CEO Quarterly Feedback	Approve 990 Tax Returns		CEO Quarterly Feedback	Initiate Board Self Evaluation	
Sign Annual Confidentiality & Disclosure Statements	Review and Discuss Board Evaluation						Strategic Plan Quarterly Report				
Nominate & Elect Board Members											
Place Holder - every other year - Nominate & Elect Officers (Chair, Vice Chair, Treasurer, Secretary, Health Professional, Other)											

KEY to Work Plan
HRSA Requirements
By-Laws Requirements
Board Requirements

Annual Clinical Risk Assessment Report to the Board

January 1, 2023-December 31, 2023

Samuel U. Rodgers Health Center, Inc.

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Assessment of Infection Risks- Summary/ Evaluation of 2023

IPC Program Goals and Indicators

Program Goals for 2023 for SURHC:

- 1) Maintain patient safety related to IPC issues by monitoring infections and HAIs, ensuring that clinical and non-clinical staff is alert to their role. This will be done through surveillance, communication, and education.
- 2) Develop and implement in-service education relating to prevention and control of infection. This is to include Standard Precautions, proper use of Personal Protective Equipment (PPE), donning, and doffing and isolation precautions procedures when applicable.
- 3) Continue implementation and monitoring of best practices for prevention of infections. Especially those that are Healthcare Associated Infections such as: those associated with poor hand hygiene, post-procedure infections, nosocomial respiratory viral infections, other communicable diseases, bloodborne pathogen exposures (BBP), and clinic and environmental cleanliness throughout SURHC.
- 4) Partner with Environmental Services and Medical Staff to operationalize a process to increase cleanliness throughout the organization. Perform rounds to assess and report areas that have opportunities for improvement regarding high dust on flat surfaces in high-risk patient care areas.
- 5) Maintain elements of infection prevention set forth by the CDC for ambulatory clinical guidance.
- 6) Monitor respiratory viruses (especially influenza, RSV, & COVID-19) in the community when transmissions increase and operationalize evidence-based practices to decrease nosocomial infections in patients, clients, visitors, and staff.
- 7) Continued involvement with sterile processing, instrument processing, and clinic needs regarding instruments. This includes point of use (POU) and transportation of instruments.
- 8) Create robust policies and procedures regarding the onboarding of new staff.
- 9) Monitor and create processes for clean and sterile patient care supplies, storage of sterile supplies, contaminated instruments, hand hygiene, and other IPC-related items.

2023 Risk Prioritization and Management Plan

Prioritized Risk for 2023	Goals for 2023	Risk Reduction Strategies / Interventions (Plan) for 2023	Evaluation Metrics
1. Proper handling of reusable contaminated instruments	<ol style="list-style-type: none"> 1. Use CDC guidelines (along with AAMI when applicable) for proper handling of reusable instruments 2. All staff who work with contaminated instruments will have proven competency 3. Equipment and materials will be up to date based on evidence-based research 	<ol style="list-style-type: none"> 1. Educate staff based on CDC and AAMI standards 2. Staff that handle and transport contaminated instruments will complete a competency 3. Equipment and materials will be assessed for compliance with best practice 4. Develop quick reference guides 5. Incorporate into onboarding of new staff during their orientation 	<ol style="list-style-type: none"> 1. Perform surveillance audits in real time and track and report 2. Perform compliance tracking on the education 3. Track events that are logged if instruments are not transported safely and in compliance
2. Employee Respiratory Protection Program	<ol style="list-style-type: none"> 1. Respiratory questionnaire and mask fitting (when indicated) for those staff at risk (this includes N95 and/or PAPRs) 2. Look at acquiring more PAPRs if indicated 3. Consistent respirator education 4. Compliance with CDC, NIOSH, and OSHA standards and recommendations 5. Development of staff respiratory protection policy 	<ol style="list-style-type: none"> 1. Respirator mask fitting (N95) and PAPRs education completed on at-risk workers 2. Re-mask fitting and/or re-education for those individuals that are due yearly 3. Documentation completed per OSHA requirements 4. Continued respirator education to at risk workers 5. Determine if respirator mask fitting will occur onsite or will it be contracted out if applicable 6. Incorporate into orientation. 7. Create documentation system for occupational health regarding respiratory protection plan 	<ol style="list-style-type: none"> 1. Compliance reports on staff requiring respirator mask fitting for N95 and those who require PAPR 2. Compliance of staff on respiratory protection education
3. Reprocessing medical instruments/ Sterile Processing	<ol style="list-style-type: none"> 1. Increase efficiency of instrument processing and potential expansion into more instruments 2. Increase knowledge base of staff performing sterilization 3. Yearly competency for staff 4. Leader appointed for sterile processing 	<ol style="list-style-type: none"> 1. Continue maintenance and testing all machines involved in sterile processing 2. Look at staffing levels and determine if more is needed 3. Yearly competency for staff and increase education/training 4. Purchase more instruments and this will also decrease wait time 5. Leader will be a member of a sterile processing professional organization 	<ol style="list-style-type: none"> 1. QCs on machines and other maintenance logs 2. Compliance of staff that completed yearly competency. 3. Number of patients that have procedures that use reusable instruments 4. Number of loads completed weekly

Prioritized Risk for 2023	Goals for 2023	Risk Reduction Strategies / Interventions (Plan) for 2023	Evaluation Metrics
4. Storage of sterile instruments	<ol style="list-style-type: none"> 1. Sterile instruments will be stored appropriately as recommended by AAMI and CDC standards 2. Shelf life of sterile instruments will be increased due to rotation of stock 3. Staff is educated on proper storage of sterile instruments 	<ol style="list-style-type: none"> 1. Create a plan for storage areas that have clean and sterile instruments/supplies that is consistent throughout the organization 2. Education to staff on AAMI and CDC standards of proper storage of sterile instruments 3. Purchase new racks or bins to store sterile instruments 	<ol style="list-style-type: none"> 1. Random audits of storage areas and issues reported to area/unit leader
5. Transportation of contaminated instruments	<ol style="list-style-type: none"> 1. Staff will transport contaminated instruments safely and in compliance with CDC and OSHA recommendations 2. Education and onboarding education will be given to those staff members handling instruments 3. Staff will have the necessary resources and supplies to safely transport contaminated instruments 	<ol style="list-style-type: none"> 1. Necessary supplies will be purchased for the transportation of instruments to be compliant 2. Competencies will be performed on staff 3. Designated areas will be established where contaminated instruments will be placed until they go to official decontamination 4. Contaminated instruments will not be kept in exam rooms and/or procedures rooms once the room has been cleaned for the next patient 	<ol style="list-style-type: none"> 1. Competencies performed 2. Audits of instrument transportation compliance and noncompliance 3. Ordering of necessary supplies and establishing par levels 4. Core train the trainer staff members designated
6. Point of Use Cleaning	<ol style="list-style-type: none"> 1. Decontamination of contaminated instruments will begin at POU so that instruments can be safely transported 2. CDC and OSHA recommendations will be followed with POU process 3. Instruments will not be left dry after use. They will be treated with a POU spray 4. Staff will show competency in POU process 	<ol style="list-style-type: none"> 1. Education to all staff who work with instruments regarding POU process 2. Education will start during onboarding and prn 3. Appropriate supplies and equipment will be on hand for staff to use of POU process 4. Standardize process for POU in the organization 	<ol style="list-style-type: none"> 1. Perform random audits on POU process 2. Perform audits on the availability of necessary supplies for POU process 3. Number of staff that show competency

Data Summary

Prioritized Risk Numbering	Person responsible	KPI	Goal	Q1	Q2	Q3	Q4	Annual Total
1	CMO	Proper handling of reusable contaminated instruments	4x per year	completed	completed	completed	completed	4
2	CMO	Employee Respiratory Protection Program	1x/per year				completed	1
3	Clinical Officer	Reprocessing medical instruments/ Sterile Processing	4x/per year	completed	completed	completed	completed	4
4	Clinical Officer	Storage of sterile instruments	Ongoing activity	completed	completed	completed	completed	ongoing
5	Clinical Officer	Transportation of contaminated instruments	Ongoing activity	completed	completed	completed	completed	Ongoing
6	Clinical Director	Point of Use Cleaning	≥20/time per year	completed	completed	completed	completed	21

Follow-up Actions

- **Q1, 2023** – Revised storage plan from 2022 and begin to implement new processes and procedures. Annual competency skills training assessments are given to all clinical staff members.
- **Q2, 2023** – Reviewed new policy with all clinical staff in provider and staff meetings. Random audits on equipment logs were monitored. Additional instruments were purchased to account for the increase in procedures done in the clinics.
- **Q3, 2023** – Reviewed cleaners in quarterly provider meetings with all staff. PPE donning is reviewed in annual risk training via Medtrainer.
- **Q4, 2023** – In quarters four, two, and one the IPC rounds were completed by the consultant.

Annual Training Risk 2023

Training Completion

Training course	# of employees	Completion %	Comments
Bloodborne Pathogens	288	89%	Some staff are PRN, and others out on maternity leave
HIPAA	288	87%	Some staff are PRN, and others out on maternity leave
Infection Control	288	85%	Some staff are PRN, and others out on maternity leave
Social Determinants of Health	288	88%	Some staff are PRN, and others out on maternity leave
Overview of 340B	288	86%	Some staff are PRN, and others out on maternity leave

Data Summary

Risk Activity Focus Area

Completion of annual training requirements

Summary

The health center provides annual training at the start of the new year and all employees except for new hires are required to complete by the due date.

Person responsible	KPI	Goal	Q1	Q2	Q3	Q4	Annual Total
Director of Risk	# of employees who have completed annual training	90%	22%	39%	16%	10%	87% completion rate

- According to various sources, including MedTrainer and Relias, the inferred training completion rate for Federally Qualified Health Centers (FQHCs) is typically around 90% ([MedTrainer](#)) ([Relias](#)).
- 90% represents a common goal for many healthcare organizations striving to meet compliance and regulatory standards. Our current completion rates are slightly below this benchmark, indicating potential areas for improvement, particularly among PRN staff and those on maternity leave.

Follow-up Actions

- Other courses were offered, such as OB training for Women’s Health providers.
- Dental sterilization is required for all dental team members.

Additional Training courses		# of dental employees	Completion %	Comments
Dental Sterilization for DA		21	100%	All DA staff took this training on 6/14/2023
OB WH providers		6	100%	All 6 women health providers took additional training

Annual Incident Reporting

The use of Medtrainer for reporting and capturing incidents within the health center includes falls, sharps injuries, near misses, medication/vaccine errors, and more, which are reported quarterly to the QPRC team. This report includes an annual readout of what was presented in each QPRC meeting for 2023. (See Figures 1-3) Below you will see the Top 5 incidents type that we are reporting in this annual board report.

Figures 1 & 2

Incident Table (Figure 1)

The data report is all in-composing for all our practice locations.

Figure 1 Change in Incident Frequency by Year (Table)

Category	2021	2022	2023	Total
Grievance	1	1	3	5
Medication/Vaccine Error	6	11	6	23
Patient Complaint	7	18	27	52
Sharps Injury	9	10	5	24
Taken by Ambulance	0	3	7	10
TOTAL	23	43	48	114

Bar Chart (Figure 2)

Change in Incident Frequency by Year

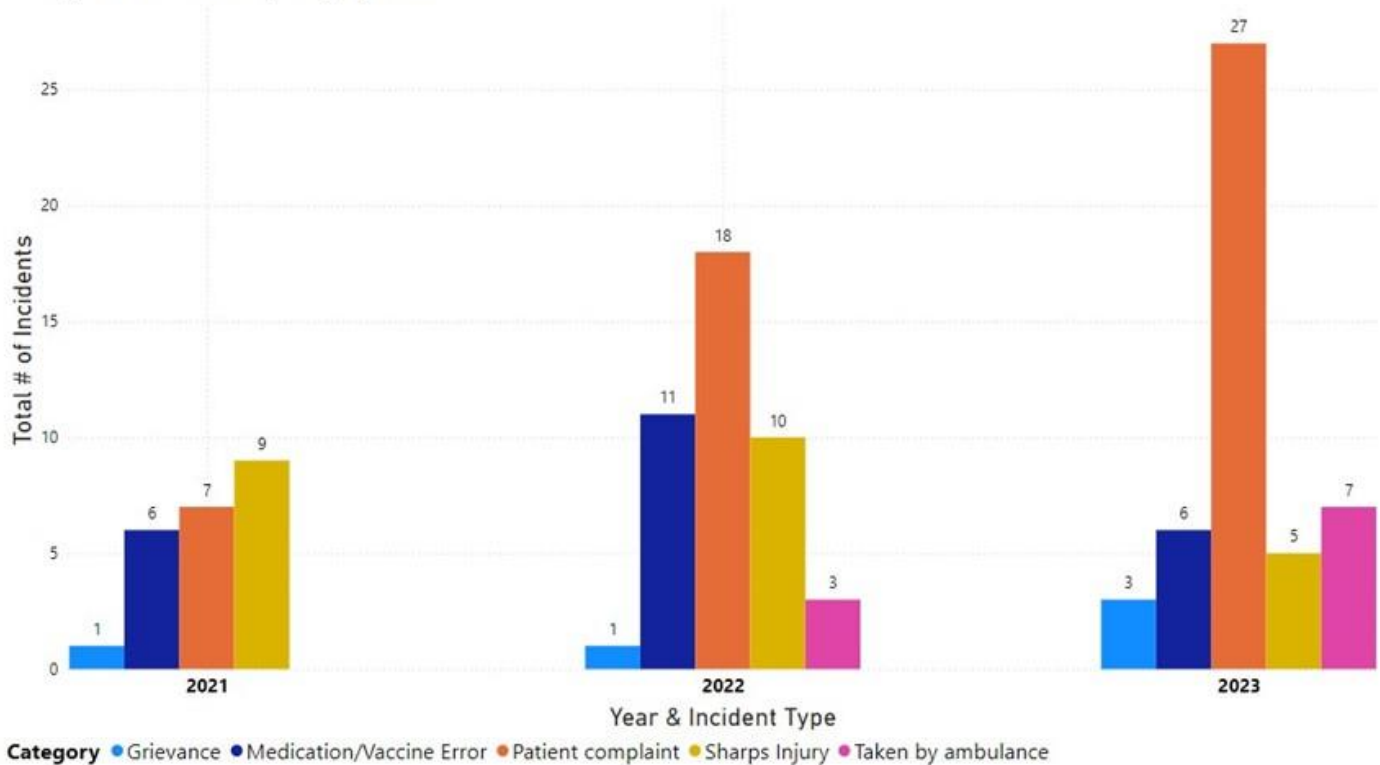


Figure 2 Change in Incident Frequency by Year (Bar Chart)

Summary of Incident Data (Figures 1 and 2)

The data presented covers the period from 2021 to 2023 (Figure 1, Figure 2) highlighting year-over-year trends and tracking the most frequently reported incident types. Notably, there has been a decline in medication and vaccine errors, which directly correlates with the implementation of an updated checklist for pediatric doses to ensure age-appropriate administration.

As an example, reviewing the category of patient complaints year over we see the trend going up. This is in part due to more robust and consistent communication with our employees to report all patient complaints. The health center staff is responsible for documenting the concerns of our patients outside of the patient satisfaction surveys which are distributed after a visit. These complaints range from unprofessional PCRs to wait times to be seen by the provider, or even the amount they must pay if on our sliding scale fee.

Medication Error Rates:

The data presented below shows medication/vaccine errors as a top focus for the health center in 2023.

Vaccines administered: 2023	# of incidents of medication errors reported by quarter	Percentage of error	Target
Q1 2023- 5,283	2	0.038%	<0.05%
Q2 2023- 4,260	1	0.023%	<0.05%
Q3 2023- 4,915	0	0%	<0.05%
Q4 2023- 7,410	3	0.040%	<0.05%

- A study in the Journal of Community Health (2019) found that medication error rates in outpatient settings can range from 0.02% to 0.10%, with FQHCs typically aiming for error rates below 1%.
- Our FQHC has maintained error rates well below the 5% target and mostly within the lower end of the national range (0.02%-0.10%). This suggests robust performance in medication safety.

Key Takeaways

1. **Q1:** 0.038% – Slightly above the lowest national error rate but still excellent and far below the target.
2. **Q2:** 0.023% – Close to the lower end of the national range, indicating very good performance.
3. **Q3:** 0.000% – No errors, which is exemplary.
4. **Q4:** 0.040% – Within the national range and still well below the target.

Follow-up Actions

Monthly, the Risk Management committee team met to discuss and review patient safety, security, and infection control risks. Action plans were created to include the following:

Topic	Action Item	Person Responsible	Due Date	Progress	Additional Comments
How to enter Incidents into MedTrainer	Discuss with managers the SMART method to use. Emailed SMART steps to all managers	Director of Risk and Compliance	Q4 12/31/2023	Ongoing	Annual training is done for all employees.
Infection Control	The Chief Clinical officer hired a consultant to do an Infection control report for the health center	Chief Clinical Officer and Director of Clinical Operations	Q4 12/31/2023	Ongoing	The team worked to mitigate 5 of the 10 findings and will continue into 2024 to resolve all matters
Cyber Security	To report quarterly on any security breaches and our phishing simulations. Implementation of Duo multifactor authentication tools	Director of IT	Q4 12/31/2023	Ongoing	IT team implemented Duo in 2022 and is an ongoing process. Scot Elston has been reporting quarterly reports from phishing simulations to the Risk management committee
Sharps Injuries	Revised policy and re-trained staff on processes and procedures	Chief Clinical Officer	Q3 9/30/2023	Completed	The revised policy is reviewed with all clinical staff annually during FIT testing.

Pharmacy Gaps

Prescription Pickup

Prescriptions filled: 2023	# Picked up	Percentage of Pickup	Target
Q1 2023- 13,393	11,498	84.39%	85%
Q2 2023- 13,758	11,838	85.57%	85%
Q3 2023- 14,403	12,325	86.04%	85%
Q4 2023- 14,776	12,470	85.85%	85%

Filled vs Picked up Prescriptions

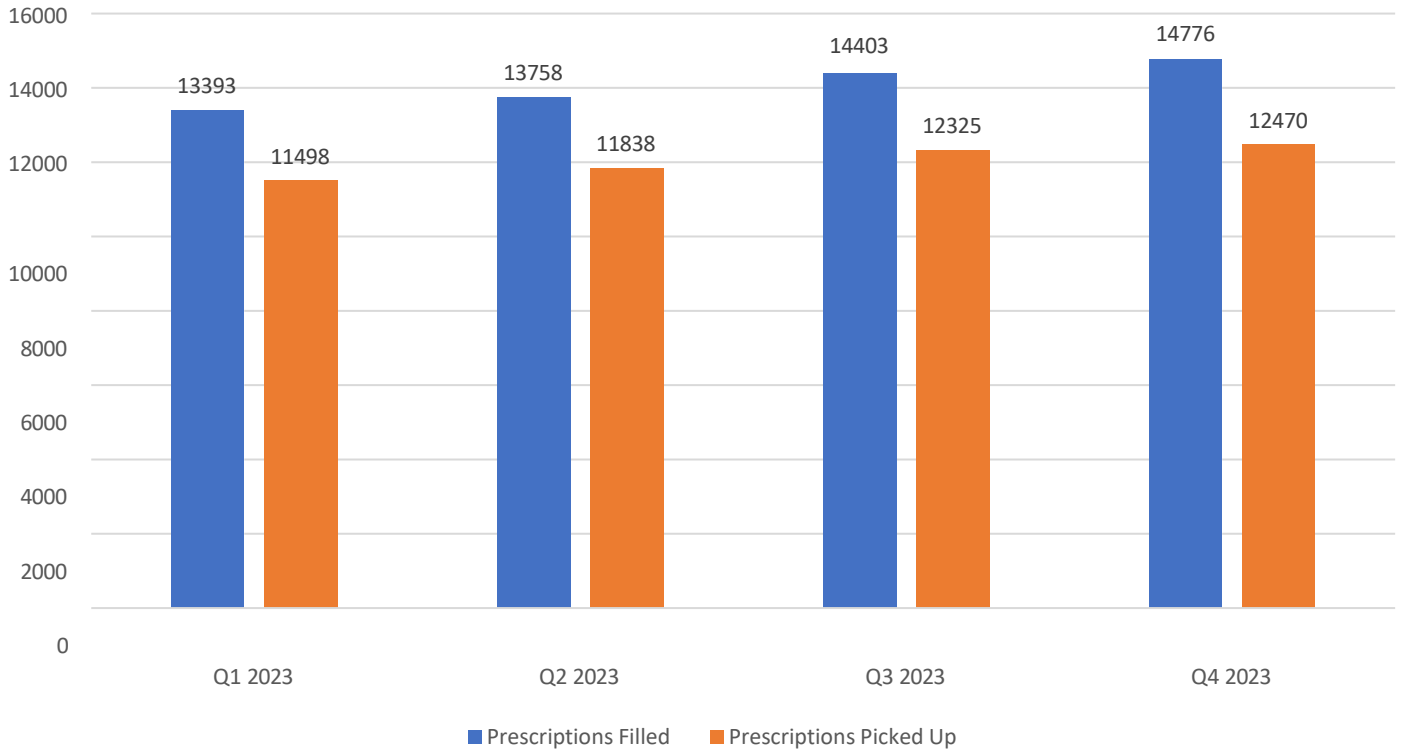


Figure 4: A Bar Chart depicting quarterly Filled vs Picked up Prescriptions

Pickup vs Gap/Exposure Percentage

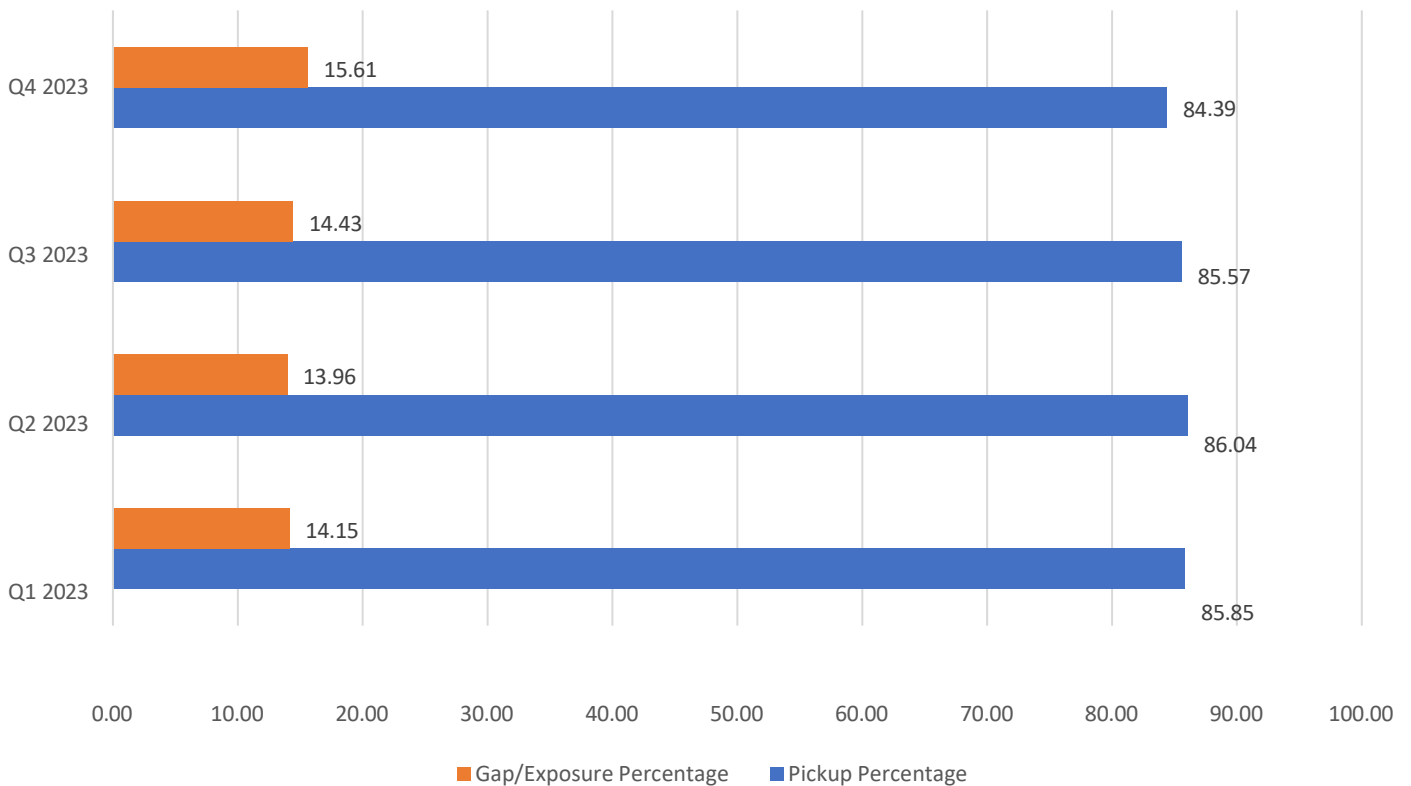


Figure 5: A Horizontal Bar Chart depicting prescription Pickup vs Gap/Exposure Percentage

Data Summary

The health center is meeting the 2023 target of 85% prescription pick-up rate (Figure 5). The national average rate of patients who don't pick up their prescriptions is 20-30%.

Action items gleaned from other health centers that have talked about filling their pharmacy-related gaps:

Improved Communication

- a. **Reminder Calls and Messages:** Implementing a robust system of reminder calls or text messages to notify patients when their prescriptions are ready for pickup.
- b. **Education:** Educate patients on the importance of timely medication pickup and adherence to their prescribed treatment plans.

Follow-up Actions

Implementation of pharmacists working in medical clinics in 2024 to address education and the importance of patients filing and taking their required medications.

Quality reporting measures

Quarterly reporting to the QPRC committee on the following metrics: peer reviews, diabetes, UDS clinical measures, and our patient experience surveys, clinical infection control updates to include vaccinee (HPV, RSV, Covid and others).

Key performance measure	Threshold/Goal	Q1	Q2	Q3	Q4
QPRC Meeting	4 times per year	2 times completed (January & March)	1 time completed (May)	2 times completed (July & September)	1 time completed (November)

VFC annual reporting

VFC site visits were conducted in 2023 to ensure we comply with the VFC Program. Vaccines are to be stored at proper temperatures. At least one minimum/maximum temperature readings per day 2 the date and time of reach reading and 3 the name or initials of the person who assessed and recorded the readings. Monthly these logs are being checked and stored.

Follow-up Actions

As of 10/8/2023, the health center took the necessary steps to store and submit the completed documentation for ASH 317 Refrigerator-TempPure Scientific-Refrigerator, Refrigerator PEDS TempPure Scientific-Refrigerator and Freezer PEDS TempPure Scientific-Freezer.

Claims Management

Claim Management Focus Area Measure	Summary Description of Assessment/Methodology/Indicators
#of claims submitted to HHS	The health center immediately sends court complaints to HHS Office of General Counsel and monitors the number of claims sent per quarter. There is no minimum nor maximum threshold set.
# of claims settled or closed	The health center monitors the number of claims sent per quarter. There is no minimum nor maximum threshold set.
# of claims open	The health center monitors the number of claims sent per quarter. There is no minimum nor maximum threshold set.
# of Lawsuits filed	The health center monitors the number of claims sent per quarter. There is no minimum nor maximum threshold set.
# of Lawsuits settled	The health center monitors the number of claims sent per quarter. There is no minimum nor maximum threshold set.
# of Lawsuits litigated	The health center monitors the number of claims sent per quarter. There is no minimum nor maximum threshold set.

Data Summary

Person responsible	Measure Key Performance Indicator	Threshold	Q1	Q2	Q3	Q4	Annual Total
Director of Risk	#of claims submitted to HHS	n/a	1	0	0	0	1
COO	# of claims settled or closed	n/a	0	0	0	0	0
COO	# of claims open	n/a	1	0	0	0	1
COO	# of Lawsuits filed	n/a	0	0	0	0	0
COO	# of Lawsuits settled	n/a	0	0	0	0	0
COO	# of Lawsuits litigated	n/a	0	0	0	0	0

Claims Management Conclusion

Dental claim was submitted to HHS per incident that took place on March 15, 2023, Claimant No. 2019-0002 where Dr. Amanda Whiting was servicing a patient, and the flame bur came out of the handpiece and fell on the patient's tongue and the bur was swallowed. No official lawsuit has been filed at this time. The claim has been submitted and open, which is the same incident.

Follow-up actions

- Awaiting further information for HHS General counsel on this matter in 2024.

Overall Conclusion

Samuel U. Rodgers Health Center, Inc. has been closely monitoring and reporting on several key areas of significant risk for the health center, including quality, infection control, and patient satisfaction. To enhance patient education, we have implemented new strategies that empower our patients to better understand their health, from managing diabetes to adhering to prescribed medications.

We are committed to maintaining high standards by frequently training and re-training our staff on products, procedures, and policies. This includes ensuring compliance with new training requirements, such as OB training for all staff, and ongoing hand hygiene courses and observations.

Our top priority remains ensuring that our patients receive high-quality, affordable, and compassionate care here at Samuel U. Rodgers.

Future ongoing activities

- Continue partnership with the IPC consultant for joint quarterly rounds, with readouts delivered directly to QRPC committee members.
- Monitor the VFC program, with reports delivered bi-annually to the Risk Committee team.
- Track the success of pharmacists in medical clinics as they educate and support patients and providers, aiming to improve patient satisfaction scores related to "Satisfaction with overall medical care" and increase pharmacy pick-up rates.
- Provide ongoing education on patient safety, focusing on creating a culture of safety through training on manufacturer cleaning policies for clinical staff members.
- Enhance monitoring and enforcement of adherence to the Risk Management Training plan to achieve the 90% compliance standard with training requirements.

Risk Management Dashboard

Person Responsible	Measure/Key Performance Indicator	Threshold	Q1	Q2	Q3	Q4	Annual Total
	Risk Assessment						
Director of Risk	# Completed quarterly assessments	Min 1/qrt.	1	1	0	1	3
	Training and Education						
Director of Risk	Annual training completion rate	90%	22%	39%	16%	10%	87%
Director of Risk	Obstetrics annual completion rate	90%	23%	39%	16%	10%	88%
	Risk and Patient Safety Activities						
Director of Quality	Patient satisfaction with overall medical care	85%	85.8%	93%	90.6%	87%	89%
Director of Risk	# of Grievances opened	≤10	1	2	0	0	3
Director of Risk	# of Grievances resolved	100%	1	2	0	0	All 3 resolved

Dashboard Key- Performance Threshold

Improved/exceeded expectations (green shading)

Acceptable/needs improvement (yellow shading)

Not meeting the target, action needed (red shading)

Report Submission:

The 2023 Annual Risk management report to the Samuel U. Rodgers Health Center, Inc. board is respectively

submitted to demonstrate the ongoing risk management program to reduce the risk of adverse outcomes and provide safe, efficient, and effective care and services.

1. Health Center KPI's, Accounting estimates, definitions, and operational strategies
 - Days in Reserve
 - Current Ratio
 - Days in A/R
 - Gross Aged A/R
 - Payer Mix (Cost Report, reimbursement)
 - Encounters (reimbursement)
 - Collection Rates (Denial Rates)
 - Net A/R (management/accounting estimates)
2. Health Center Services Offered
 - Primary Care Services
 - Medical, Dental, Behavioral Health
 - Imaging, Point of Care Labs,
 - LabCorp
 - Pharmacy
 - Enabling Services
 - WIC
 - CHW's
 - Population Health
 - Health Insurance Services
3. Revenue Mix
 - Patient claim billing
 - Payer Mix (Commercial, Medicaid/Managed Care, Medicare, Self-pay)
 - Collection Rates
 - Pediatric Care Network, PMPM/incentives
 - Managed Care Contracts, incentives
 - Medicaid Primary Care Health Home (PCHH), PMPM
 - Grants
 - Federal
 - KCMO Health Levy
 - Jackson County Levies
 - Non-Federal
 - 340B contract pharmacies (Walgreens, CVS)
 - General contributions
4. HRSA Compliance
 - HRSA Federally Qualified Health Center
 - HRSA Compliance Manual
 - HRSA Operations Site Visits
 - HRSA Board Governance
5. Value Based Care
 - Definitions and current industry practice
 - Health center VBC contracts and incentives
6. UDS – Uniform Data Set

Benefits of Prenatal Care

Prenatal care refers to the medical care and support that pregnant individuals receive throughout their pregnancy. This type of care is essential for ensuring a healthy pregnancy, a safe childbirth, and the well-being of both the mother and the developing baby. Here are some key benefits of receiving prenatal care:

1. **Monitoring and Early Detection:** Prenatal care involves regular check-ups with healthcare professionals, allowing them to monitor the health of both the pregnant person and the developing fetus. This enables early detection and management of any potential complications or health issues.
2. **Optimal Fetal Development:** Prenatal care includes guidance on nutrition, exercise, and lifestyle choices that contribute to the optimal development of the fetus. Adequate nutrition and healthy habits during pregnancy can help prevent birth defects and promote healthy growth.
3. **Risk Identification and Management:** Prenatal care involves screening and testing for various conditions such as gestational diabetes, preeclampsia, and genetic disorders. Identifying these risks early on enables healthcare providers to implement appropriate interventions and treatment plans.
4. **Education and Support:** Pregnant individuals receive education and guidance on various aspects of pregnancy, childbirth, and postpartum care. This empowers them to make informed decisions about their health and the health of their baby. They also receive emotional support, which can be crucial during this transformative time.
5. **Reduced Maternal and Infant Mortality:** Adequate prenatal care is associated with a reduced risk of maternal and infant mortality. Regular check-ups and medical guidance can prevent or manage complications that might otherwise lead to serious health issues or even death.
6. **Preventive Care:** Prenatal care focuses on prevention, which means addressing potential problems before they become serious. By managing conditions early, healthcare providers can prevent complications and ensure a smoother pregnancy experience.
7. **Improved Birth Outcomes:** Women who receive prenatal care are more likely to give birth to babies with healthy birth weights and fewer birth defects. This contributes to a lower likelihood of premature birth, which is associated with a range of health problems.
8. **Better Planning and Preparation:** Prenatal care allows expecting parents to plan for the arrival of their baby, both practically and emotionally. This includes preparing for childbirth, making arrangements for maternity leave, and setting up a supportive environment for the newborn.
9. **Maternal Health Monitoring:** Prenatal care includes monitoring the health of the pregnant person, such as blood pressure, weight gain, and general well-being. This ensures that any maternal health issues are identified and managed promptly.
10. **Continuity of Care:** Establishing a relationship with healthcare providers during pregnancy creates a foundation for continued care after childbirth. This ongoing relationship can facilitate postpartum recovery, breastfeeding support, and family planning.

In summary, prenatal care plays a crucial role in promoting a healthy pregnancy, reducing risks, and ensuring the well-being of both the pregnant individual and the developing baby. It's important for expectant parents to engage with healthcare professionals early in their pregnancy and attend regular prenatal appointments to reap these benefits.

Benefits of using a Community Health Worker

Community Health Workers (CHWs) play a crucial role in bridging gaps in healthcare delivery, especially in underserved or marginalized communities. These individuals are often from the same communities they serve, and they receive training to provide essential health services and education. Here are some of the benefits of using Community Health Workers:

Cultural Competency: CHWs are often members of the communities they serve, and they have a deep understanding of the culture, language, and norms of those communities. This cultural competence helps build trust and rapport, making it easier for CHWs to communicate health information effectively.

Access to Hard-to-Reach Populations: CHWs can reach populations that may have limited access to healthcare due to geographical, cultural, or socioeconomic barriers. They can provide care and education in familiar and comfortable settings, increasing the likelihood that individuals will engage with healthcare services.

Health Education and Promotion: CHWs are skilled educators who can deliver health information in a culturally appropriate and easily understandable manner. They can teach individuals and communities about preventive measures, healthy behaviors, and disease management.

Advocacy and Empowerment: CHWs often act as advocates for their communities, helping individuals navigate complex healthcare systems and access the services they need. They empower community members to make informed decisions about their health.

Early Detection and Referrals: CHWs can identify health issues early on and refer individuals to appropriate healthcare providers for further assessment and treatment. This can lead to timely interventions and better health outcomes.

Medication Adherence: CHWs can help individuals understand their medications, manage dosages, and follow prescribed treatment plans. This improves medication adherence and reduces the risk of complications.

Maternal and Child Health: CHWs play a significant role in promoting maternal and child health by providing prenatal and postnatal care, assisting with breastfeeding, and educating mothers on infant care and nutrition.

Chronic Disease Management: CHWs can help individuals with chronic conditions manage their health by providing education on self-care, helping with medication management, and offering support for lifestyle changes.

Data Collection and Reporting: CHWs often collect valuable health data from their communities, contributing to epidemiological research and helping healthcare providers understand the specific health needs of different populations.

Health Screening and Prevention: CHWs can conduct basic health screenings, such as blood pressure checks and blood sugar tests, in community settings. This promotes early detection of health issues and encourages individuals to seek further medical attention if needed.

Cost-Effective Healthcare Delivery: CHWs can provide essential health services at a lower cost compared to traditional healthcare providers, making healthcare more accessible and cost-effective.

Community Engagement and Mobilization: CHWs help mobilize communities around health issues, leading to greater community engagement and participation in health programs and initiatives.

Reducing Health Disparities: CHWs contribute to reducing health disparities by providing targeted interventions and education in underserved communities.

In summary, Community Health Workers play a vital role in improving healthcare access, promoting health education, and addressing health disparities in communities. Their cultural competence, community connections, and ability to provide personalized care make them essential partners in delivering effective and equitable healthcare services.

Pre-visit planning is a strategic healthcare practice that involves careful preparation and coordination before a patient's scheduled visit to a healthcare provider. This process can significantly improve quality outcomes in healthcare by enhancing patient care, optimizing clinical workflows, and promoting effective communication between patients and healthcare providers. Here's how pre-visit planning contributes to improved quality outcomes:

1. **Enhanced Patient Experience:** Pre-visit planning allows healthcare providers to gather necessary information about patients before their appointments. This includes medical history, current medications, allergies, and any recent test results. With this information readily available, providers can offer more personalized and relevant care, making patients feel valued and understood.
2. **Time Efficiency:** By collecting essential patient information before the visit, healthcare providers can streamline the appointment process. This reduces the time spent on data collection during the visit and allows providers to focus on addressing the patient's concerns, conducting necessary examinations, and discussing treatment options.
3. **Improved Clinical Decision-Making:** Having access to comprehensive patient data enables healthcare providers to make more informed and accurate clinical decisions. This can lead to better diagnoses, appropriate treatment plans, and reduced chances of medical errors.
4. **Preventive Care:** Pre-visit planning helps identify preventive care measures that are due for the patient. This could include vaccinations, screenings, and tests that are recommended based on the patient's age, medical history, and risk factors. By addressing these preventive measures, healthcare providers can help patients stay healthier in the long run.
5. **Care Coordination:** Pre-visit planning supports better coordination among healthcare professionals. If a patient is seeing multiple specialists, having access to a unified patient profile helps ensure that all providers are on the same page regarding the patient's health status, ongoing treatments, and planned interventions.
6. **Medication Management:** Accurate medication reconciliation is crucial to avoid medication-related problems, such as adverse drug interactions or incorrect dosages. Pre-visit planning allows healthcare providers to review a patient's medication list, make necessary adjustments, and provide clear instructions to the patient.
7. **Patient Engagement:** Engaged patients tend to have better health outcomes. When patients are actively involved in their care plans and understand the reasoning behind recommendations, they are more likely to comply with treatment plans and make healthier lifestyle choices.
8. **Reduced No-Shows:** By engaging patients before their appointments, confirming the date and time, and addressing any concerns or questions they might have, healthcare providers can help reduce the likelihood of no-shows and last-minute cancellations.
9. **Resource Allocation:** Pre-visit planning helps healthcare facilities allocate resources more efficiently. Providers can anticipate the type of care a patient will need and allocate the appropriate resources, including staff time, equipment, and examination rooms.

10. **Data Accuracy:** Gathering patient information well in advance of the visit provides ample time to verify and update records, ensuring that the data used for clinical decision-making is accurate and up-to-date.

In summary, pre-visit planning plays a crucial role in improving quality outcomes in healthcare by enhancing patient experiences, optimizing workflows, facilitating better communication, and enabling more informed clinical decisions. It empowers healthcare providers to deliver personalized, efficient, and effective care to their patients.

Acronym	Full Name	Brief Description
AA	Associate Administrator	Leading HRSA officials who oversee the operations of an office or bureau.
AAC	All-Advisory Committee	Committee which brings four BHP related committees together (COGME, NACNEP, ACICBL, and ACTPCMD) to work on issues of "common interest" (i.e., training).
AAFP	American Academy of Family Medicine	Membership/advocacy organization for family physicians. With more 100,000+ members is the largest primary care only medical organization in the US.
AAP	American Academy of Pediatrics	Membership/advocacy organization for pediatricians.
ACBSCT	Advisory Council on Blood Stem Cell Transplantation	Advises the Secretary and HRSA Administrator on the C.W. Bill Young Cell Transplantation and National Cord Blood Inventory Programs.
ACCV	Advisory Committee on Childhood Vaccines	Advises the Secretary on the National Vaccine Injury Compensation Program.
ACF	Administration for Children and Families	HHS OPDIV that promotes the "economic and social well-being" of children and families.
ACOG	American College of Obstetricians and Gynecologists	Membership/advocacy organization for OBGyns.
ACP	American College of Physicians	Membership/advocacy organization for internists.
ACS	American College of Surgeons	Membership organization for surgeons. Professional Association for Surgeons.
ADA	American Dietetic Association	Membership/advocacy organization for dieticians. Professional Association for Professional Dieticians.
ADA	American Dental Association	Membership/advocacy organization for dentists. Professional Association for Dentists.
ADM	Administrator of HRSA	The top official at HRSA. Selected by political appointment. The top official at HRSA.
AEP	Annual Enrollment Period	Period when public employees can make changes to health insurance.
AoA	Administration of Aging	HHS agency responsible for advancing the concerns and interests of older people and their caregivers.
BCRS	Bureau of Clinician Recruitment and Service	Helps underserved communities deal with health care provider shortages through scholarship and loan repayment programs (in return for a service commitment).
BHP	Bureau of Health Professions	Seeks to decrease shortages and increase quality and diversity in the health professions through scholarships, grants, and loan repayment programs. Also administers the NPDB.
BPHC	Bureau of Primary Health Care	Funds health centers through section 330 of the PHSA to provide health care for underserved communities. Funds health centers to provide health care for underserved communities. Also administers the National Hansen's Disease Program.
CDC	Centers for Disease Control	HHS OPDIV that promotes disease specific surveillance and intervention to protect the public welfare.
CHIP	Children's Health Insurance Program	HHS Program which provides states with funds to help provide health insurance for children.
CMHC	Community Mental Health Center	A local health center that provides mental health services.

CMN	Certified Nurse Midwife	A nurse who has received advanced training and has been certified to serve as a midwife.
CMS	Centers for Medicare and Medicaid Services	HHS OPDIV which manages the Medicare and Medicaid programs.
CY	Calendar Year	Measuring a year beginning January 1 and ending December 31.
DPIC	Division of Policy and Information Coordination	Coordinates correspondence, rules & regulations, Reports to Congress, FACA activities, records management, and delegations of authority and Federal Register notices.
FACA	Federal Advisory Committee Act	A United States Federal law (6 October 1972), which governs the behavior of Federal advisory committees.
FRN	Federal Register Notice	A compilation of all presidential proclamations, executive orders, and federal agency regulations and proposed rules. It informs citizens of their rights and obligations, and it includes a listing of Federal benefits and funding opportunities.
FY	Fiscal Year	Measuring a year beginning October 1 and ending September 31.
HAB	HIV/AIDS Bureau	HRSA bureau that grant funds providers/institutions/states to provide HIV/AIDS services for medically underserved or those with poor health care access.
HRSA	Health Resources and Services Administration	HHS OPDIV which seeks to improve access to health care for underserved populations.
HSB	Healthcare Systems Bureau	HRSA bureau oversees organ, bone marrow and cord blood donation & transplantation programs; assists poison control centers; administers vaccine injury compensation; provides a drug discount program for safety-net providers.
I.H.S.	Indian Health Services	
MCHB	Maternal and Child Health Bureau	HRSA bureau that administers programs (including grants) which seek to improve the health of mothers, children, and families.
MOC	Member of Congress	A member of the Senate or House of Representatives of the United States.
NPRM	Notice of Proposed Rule marking	Federal device to solicit public opinion on pending regulatory changes or rulemaking.
NVAC	National Vaccine Advisory Group	A group in the office of the Assistant Secretary of Health (ASH) who advises on national immunization policy.
OTC	Over the Counter	Medication that can be received from a pharmacy without a prescription.
SEC	Secretary of HHS	The person who holds the secretary ship of the Department of Health and Human Services. Is appointed by the president of the United States.
SWIFT	Strategic Work Information and Folder Transfer	A program used to electronically manage documents within an organization.
UDS	Uniform Data System	System into which all community health centers must annually report their data on work force, service delivery, patient demographics, finance and specified clinical measures

330 Grants	Grants that are authorized under Section 330 of the Public Health Service (PHS) Act	Grants that are authorized under Section 330 of the Public Health Service (PHS) Act Legislation authority provided in 1964 to support community health centers. There are various kinds including those dedicated to at large populations, public housing, school based health centers, homeless populations and seasonal/migrant farm workers
COI	Conflict of Interest	When an individual or entity is involved in activities with multiple interests who may financially, professionally or ethically conflict with one another.
EDM	Electronic Data Management	A system or approach used to track electronic documents.
FSHCAA	Federally Supported Health Centers Assistance Act of 1992 and 1995.	Federally Supported Health Centers Assistance Act of 1992 and 1995. This extended the FTCA.
Form 5A	Documents <i>Services</i> provided by a Health Center Program grantee	Site of UDS where mandatory, annual <i>Services</i> provided by a Health Center Program grantee are documented.
Form 5B	Documents <i>Sites</i> where a Health Center Program grantee provides services	Documents <i>Services</i> provided by a Health Center Program grantee.
Form 5C	Documents <i>Other Activities</i> provided by a Health Center Program grantee	Site of UDS where mandatory, annual <i>Sites</i> provided by a Health Center Program grantee are documented.
FPL	Federal Poverty Level	Documents <i>Sites</i> where a Health Center Program grantee provides services.
GASB	Government Accounting Standards Board	Sites of UDS where mandatory, annual <i>Other Activities</i> provided by a Health Center Program are documented.
GMO	Grants Management Officer	Documents <i>Other Activities</i> provided by a Health Center Program grantee.
MIS	Management Information System	In 2011 for a family of 4, was \$22,350.
MOU	Memorandum of Understanding	Agency dedicated to greater accountability and well-informed decision making through excellence in public-sector financial reporting.
NDA	Notice of Deeming Action (with FTCA)	An individual authorized to manage a federal grant or manager of a specific grants project.
OAA	Office of the Associate Administrator	Management Information System.
OFAM	Office of Federal Assistance Management	Memorandum of Understanding.
OMSP	Office of Minority Health and Special Populations	Notice of Deeming Action (with FTCA).
OPPD	Office of Policy and Program Development	Refers to the highest level within the org chart of a bureau or office. Reports to Office of the Administrator of HRSA.
OQD	Office of Quality and Data	Office of Federal Assistance Management.
PAC	Progressive Action Condition	An Office within the Bureau of Primary Health Care.
PAO	Program Approving Official (Division Director or Operations Director)	An Office within the Bureau of Primary Health Care dedicated to grant guidance and policy development for health center programs.
PHPC	Public Housing Primary Care	An Office within the Bureau of Primary Health Care dedicated to promoting quality across the health centers. Additionally houses the FTCA program, UDS reporting system and grants for HIT adoption and advancement.

		housing developments, or at least other locations immediately accessible to residents of public housing.
PMP	Performance Management Appraisal Plan	Performance Management Appraisal Plan.
PMM	Project Management Module	Project Management Module within EHB/BHCMIS.
PMS	Payment Management System	Electronic system (that may or may not be part of an E.H.R. software package) that facilitates clinical administration (such as scheduling, billing, patient follow up, etc.).
PQC	Program Quality Control (Branch Chief)	A role typically supported by Branch Chief, which reviews and authorizes programmatic tasks within the Electronic Handbook system.
BP	Budget Period	A Grants Management term referring to a grantee's annual period of HRSA funding award.
BPR	Budget Period Renewal	A non-competitive application submitted by HRSA grantee.
CHAMPS	Community Health Association of Mountain/Plains States	Region VIII Primary Care Association (cooperative agreement from HRSA).
CIP	Capital Improvement Project	ARRA funded capital grants awarded to Health Center Program grantees for equipment, renovations and/or construction projects.
CIS	Change in Scope	A grantee request to HRSA to add, delete or otherwise change their provision of sites and/or services in their approved scope of project.
FIP	Facilities Improvement Program	A competitive ARRA-funded program available to Health Center Program grantees for construction and/or renovation projects.
FQHC	Federally Qualified Health Center	Entities as defined under Sections 1861 and 1905 of the Social Security Act as being eligible to be reimbursed under Medicaid and Medicare as federally qualified health centers.
FRP	Financial Recovery Plan	Prepared by Health Center Program grantees in response to a financial viability finding.
FTCA	Federal Tort Claims Act	The provision in law under which Federal employees (or other named parties) receive their professional liability coverage from the US government.
FTE	Full Time Equivalent	Used to refer to employment status of Health Center staff, particularly clinical providers.
HCQR	Health Center Quarterly Report	BPHC report on ARRA activities.
IDS	Increased Demand for Services	ARRA-funded grants to Health Center Program grantees to increase operations via hiring additional providers and/or support staff, increasing hours of operation, etc.
MOA	Memorandum of Agreement	A signed agreement between two or more parties (ex: an agreement signed by a community, the NHSC, and a health professional which allows him/her to be assigned to a practice site).
MUA	Medically Underserved Area	An area that has a shortage of primary care physicians, and is eligible for federal support. Designation is applied for by the State Health Department and granted by the federal Office of Shortage Designation.
MUP	Medically Underserved Population	A population identified by certain criteria as having a shortage of primary care physicians, and is eligible for federal support.
NAP	New Access Points	Funding opportunity for existing and new health centers for operation of new clinical sites in scope.
NoA	Notice of Award	Notice of Award – The official written notification of the funding award sent to the grantee or cooperative agreement by HRSA.
PAL	Program Assistance Letter	Published document that provides programmatic guidance to Health Center Program grantees.

PAR	Program Analysis and Recommendation	Project Officer's annual review of a Health Center Program grantee's application for renewed HRSA funding (competitive or non-competitive).
PIN	Policy Information Notice	BPHC document conveying programmatic guidance for Health Center Program grantees on a specific topic area.
PO	Project Officer	Monitors grants for compliance with program requirements.
	Quality Assurance/Quality Improvement	Related to clinical requirements and best practices. Whereas quality assurance is typically defined as systematic inculcation of safety and quality processes, quality improvement suggests a retrospective and self-reflective effort to identify areas of suboptimal performance and dedication to improving them.
QA/QI		
SAC	Service Area Competition	Competitive grant application submitted by a Health Center Program grantee to establish a new Project Period.
ACBSCT	Advisory Council on Blood Stem Cell Transplantation	Advises the Secretary and HRSA Administrator on the C.W. Bill Young Cell Transplantation and National Cord Blood Inventory Programs.
HRSA	Health Resources and Services Administration	HHS OPDIV which seeks to improve access to health care for underserved populations.
CCHIT	Certification Commission for Healthcare Information Technology	Independent, nonprofit organization with mission of accelerating the adoption of robust, interoperable health information technology. Approved by the Office of the National Coordinator for Health Information Technology (ONC) of the U.S. Department of Health and Human Services (HHS) as an Authorized Testing and Certification Body (ONC-ATCB).
CDS	Clinical Decision Support	Interactive tool(s) designed to assist clinical providers with best practice and appropriate decision making tasks.
CIO	Chief Information Officer	Title given to executive tasked with information and computer systems.
CISO	Chief Information Security Officer	Title given to executive tasked with security and information activities.
DURSA	Data use and reciprocal support agreement	An agreement around rights and responsibilities for data use and security in a health information exchange.
EA	Enterprise Architecture	A comprehensive description of an enterprise and relationship between business entities that make up the enterprise.
EHR / EMR	Electronic Health Record / Electronic Medical Record	Medical records that are saved and shared electronically, through many different methods. A health or medical record in digital format
HIE	Health Information Exchange	An entity comprised of multiple stakeholders (i.e., providers, clinics, health departments, state actors, etc.) exchanging health information in a digital format.
HIMSS	Healthcare Information Management Systems Society	Organization dedicated to promoting a better understanding of health care information and management systems.
HIPAA	Health Insurance Portability and Accountability Act	Legislation that ensures a right to buy health insurance after losing a job, sets standards for EMRs, and protects the privacy health information.
HL7	Health Level 7	Standards for the exchange, integration, sharing, and retrieval of electronic health information.
ICD	International Statistical Classification of Diseases and Related Health Problems	A medical classification system of codes for classifying an array of symptoms and causes for injury or disease.
NHIN	Nationwide Health Information Network	Standards, services and policies that enable secure health information exchange over the Internet.
ONC	Office of the National Coordinator	ONC is the principal Federal entity charged with coordination of nationwide efforts to implement and use the most advanced health information technology and the electronic exchange of health information.

ONC-ATCB	Office of the National Coordinator - Authorized Testing and Certification Body	An entity authorized by ONC to perform complete and EHR Testing.
PHR	Personal Health Record	A bi-directional health record that allows patients easy access to and the ability to input additional relevant health information.
RHIO	Regional Health Information Network	An entity comprised of multiple stakeholders exchanging health information in a digital format across a designated region.
RPMS	Resource and Patient Management System	An EHR used by the majority of health care facilities within the Indian Health Service health care delivery system.
Vista	Veterans Health Information Systems and Technology Architecture	enterprise-wide information system used across Veterans Health Administration
TJC	The Joint Commission	Non-profit organization dedicated to patient safety through evaluation of delivery settings and recognition of quality processes.
AAAHC	Accreditation Association for Ambulatory Health Care	An organization dedicated to developing standards to advance and promote patient safety, quality and value for ambulatory health care through peer-based accreditation processes, education and research.
CQF	Clinical Quality Forum	Initiative in BPHC and OQD that focuses on internal capacity building of clinical acumen.
NCQA	National Committee for Quality Assurance	Private, not-for-profit organization dedicated to improving health care quality, founded in 1990.
AHRQ	Agency for Healthcare Research and Quality	Federal agency charged with improving the quality, safety, efficiency, and effectiveness of healthcare
ARRA	American Recovery and Reinvestment Act	Act approved by Congress - one of its main objectives was to support health care initiatives
HCCN	Health Center Controlled Network	Group of three or more community health centers that adopt a single E.H.R in order to promote patient safety and improve clinical data sharing to enhance quality outcomes. In 2011 approximately 70 networks existed nationwide.
HDC	HRSA's Health Disparities Collaborative	Run by HRSA for a decade, collaborative aimed at achieving excellence through goal setting, building strategic partnerships and transforming clinical practice.
HHS	U.S. Department of Health and Human Services	The principle institution of the United States for protecting the health of all Americans and providing essential human services.
HIT	Health Information Technology	Describes the platforms and tools for management of health information across computerized systems.
OHITQ	HRSA's Office of Health Information Technology and Quality	Branch within Bureau of Primary Health Care. Office that supports all HiT work and cross cutting quality initiatives in HRSA.
OSPH	Office of Special Population Health	An office within the Bureau of Primary Health Care dedicated to homeless, migrant, mentally ill and other populations.
NCA	National Cooperative Agreement	Provides Training and Technical Assistance to Health Centers serving special populations. More flexible than a contract (since an NCA supports a dynamic relationship over a specific work product) and different than a grant (given government's ability to provide real time feedback and co-manage tasks with NCAs).
NACMH	National Advisory Council on Migrant Health	Advises the Secretary on migrant farm worker health issues.
MCN	Migrant Clinicians Network	A National Cooperative Agreement that provides training on clinical issues for migrant and seasonal farm worker patients.
FJ	Farm worker Justice	A Migrant National Cooperative Agreement that provides training on policy and research.

HOP	Health Outreach Partners	A Migrant National Cooperative Agreement that provides training on outreach programs.
MHP	Migrant Health Promotion	A National Cooperative Agreement that provides training on promotora programs directed for migrant patients and farm worker patients.
NCFH	National Center for Farm worker Health	A Migrant National Cooperative Agreement that provides training on capacity building and program requirements.
MHC	Migrant Health Center	Provides health care services to migrant and seasonal farm workers and their families.
MSFW	Migrant and Seasonal Farm worker	A migrant is defined as a person whose primary employment is in agriculture and established temporary abodes for the purposes of such employment, whereas a seasonal farm worker is a person who is employed in agriculture on seasonal basis.
NAWS	National Agricultural Workers Survey	A national demographic survey of agricultural workers.
DFO	Designated Federal Official	Provides support and represent the Federal Government to the National Advisory Council on Migrant Health.
CHC	Community Health Center	Deliver preventive and primary health care to an underserved community/population.
FQHC	Federally Qualified Health Center	Receives funds from BPHC to provide health care.
AAPCHO	Association of Asian Pacific Community Health Organizations	A National Cooperative Agreement with the BPHC that provides training and technical assistance to health center grantees serving the Asian American, Native Hawaiian and other Pacific Islander populations.
AA&NHOP	Asian American Native Hawaiian and other Pacific Islanders	A person of Asian American, Native Hawaiian or other Pacific Islander decent.
AAPI	Asian American Pacific Islander	A person of Asian American or Pacific Islander decent.
NHPI	Native Hawaiian Pacific Islander	A person of Native Hawaiian or Pacific Islander decent.
LGBT	Lesbian Gay Bisexual Transgender	A person that is lesbian, gay, bisexual or transgender.
GLBT	Gay Lesbian Bisexual Transgender	A person that is gay, lesbian, bisexual or transgender.
Fenway	Fenway Community Health Center	A community health center located in Boston, MA that specializes in LGBT health and The Fenway Institute is housed within this health center.
TFI	The Fenway Institute	A National Cooperative Agreement with the BPHC that provides training and technical assistance to health center grantees around LGBT health issues.
CIHS	Center for Integrated Health Solutions	SAMHSA/HRSA Cooperative agreement which provides training and technical assistance for the integration of primary and behavioral health care.
SAMHSA	Substance Abuse Mental Health Services Administration	HHS OPDIV which manages substance abuse and mental health programs.
NASBHC	National Assembly on School-Based Health Care	A national non-profit organization that supports school-based health centers and provides technical assistance to these health centers through a National Cooperative Agreement with HRSA.
SBHC	School-Based Health Center	A health center located in or near a school facility. A comprehensive definition can be found in section 2110(c) (9) of the Social Security Act.
NNCC	National Nursing Centers Consortium	Public Housing Primary Care National Cooperative Agreement Grantee.

CHPFS	Community Health Partners for Sustainability	Subsidiary of the National Nursing Centers Consortium and the programmatic arm that delivers technical assistance to PHPC health centers to increase access to primary and preventive health care for residents of public housing through partnerships and best practices.
NAM	North American Management	HRSA's national cooperative agreement partners for Public Housing Primary Care grantee recipients.
NCHPH	National Center for Health in Public Housing	A project of North American Management that provides training and technical assistance to strengthen the capacity of federally funded PHPC health centers and other health centers to meet the special health care needs and to enhance health care delivery to residents living in public and assisted housing.
HUD	U.S. Housing and Urban Development	OPDIV that oversees programs to create strong, sustainable, inclusive communities and quality affordable homes nationwide.
PHA	Public Housing Agency	Administers HUD's low-income and public housing programs.
USPHSA	United States Public Health Service Act	Section 330 provides the authorizing legislation for the basis of the health center program as well as defines the special populations served.
AoA	Administration on Aging	Federal agency responsible for advancing the concerns and interests of older people and their caregivers.
AAA	N4A	The National Association of Area Agencies on Aging's primary mission is to build the capacity of its members to help older persons and persons with disabilities live with dignity and choices in their homes and communities for as long as possible. N4A's primary mission is to build the capacity of its members to help older persons and persons with disabilities live with dignity and choices in their homes and communities for as long as possible.
NCST	National Center on Senior Transportation	Their mission is to increase transportation options for older adults and enhance their ability to live more independently within their communities throughout the United States.
NHCOA	National Hispanic Council on Aging	Advocates, celebrates, and enhances the quality of life for Hispanic older adults, their families, and their communities.
NACHC	National Association of Community Health Centers	To address the widespread lack of access to basic health care, Community Health Centers serve 20 million people at more than 8,000 sites located throughout all 50 states and U.S. territories.
AARP	American Association of Retired Persons (AARP)	Addresses the needs and concerns of the 50+ population, including the 76 million strong baby boom generation.
HCH	Health Care for the Homeless	Special population program authorized under section 330(h) of U.S. Public Health Service Act, aims to deliver high-quality comprehensive, case managed, and family-based preventive primary health care services, including behavioral health, to individuals and families experiencing homelessness.
NHCHC	National Health Care for the Homeless Council	HRSA/BPHC cooperative agreement to support the Health Care for the Homeless program and provide training and technical assistance to Health Care for the Homeless health centers.

NGA	Notice of Grant Award	Notices of Grant Award (NGA) are the legal documents issued to notify the grantee that an award has been made and that funds may be requested from the HHS payment system.
FOA	Funding Opportunity Announcement	A publicly available document by which a Federal agency makes known its intentions to award discretionary grants or cooperative agreements, usually as a result of competition for funds.
PIT	Point in Time survey	One-night count of sheltered and unsheltered homeless persons.
EHR	Electronic Health Records	Medical records that are saved and shared electronically, through many different methods.
PCMH	Patient Centered Medical Home	A model of patient-centric, culturally competent care delivery that is well coordinated and supported by primary care teams using HIT.
MU	Meaningful Use	Meaningful Use is the way in which EHR technologies must be implemented and utilized for a provider to be eligible for the EHR Incentive Programs and to qualify for incentive payments.
NCQA	National Committee for Quality Assurance	Private, not-for-profit organization dedicated to improving health care quality, founded in 1990.
NHDP	National Hansen's Disease Program	A division within the Bureau of Primary Health Care historically rooted in and focused on leprosy.
NED	North East Division	A geographic division within the Bureau of Primary Health Care that administers ME, NH, VT, MA, RI, CT, NY, NJ, PA, MD, DE, VA, WV, PR, and the USVI.
CSE	Central Southeast Division	A division within the Bureau of Primary Health Care.
NCD	North Central Division	A geographic division within the Bureau of Primary Health Care that administers AK, WA, OR, ID, UT, MT, WY, CO, ND, SD, MN, WI, IL, MI, IN, and OH.
SWD	Southwest Division	A geographic division within the Bureau of Primary Health Care that administers HI, CA, AZ, NM, TX, OK, AR, LA, and the US Pacific territories.
OTTAC	Office of Training and Technical Assistance Coordination	An office within the Bureau of Primary Health Care dedicated to providing education and technical assistance to grantees on a variety of topics including clinical, programmatic complaints and quality improvement.
OAM	Office of Administrative Management	An office within the Bureau of Primary Health Care.

MPCA Acronym List		
Acronym	What it represents	What it “really” means
AAFP	American Academy of Family Physicians	
AAMP	American Association of Medical Assistants	
AAPC	American Academy of Professional Coders	
ACA	Affordable Care Act	
ADA	American Dental Association	
AG	Attorney General	
AHRQ	Agency for Healthcare Research and Quality	
AMA	American Medical Association	
APCP	Advanced Primary Care Practice	
ASSIST	Alcohol, Smoking & Substance Involvement Screening Test	
AUDIT	Alcohol Use Disorders Identification Test	
BHC	Behavioral Health Consultant	
BPHC	Bureau of Primary Health Care	
CAC	Certified Application Counselors	
CCIP	Contractor Controlled Insurance Program	
CDC	Center Disease Collaborative	
CERP	Continuing Education Recognized Provider	
CHC	Community Health Center	
CHF	Congestive Heart Failure	
CHIP	Children's Health Insurance Program	
CHIPRA	Children's Health Insurance Program Reauthorization Act	
CHP	Community Health Partners	
CKD	Chronic Kidney Disease	
CMHC	Community Mental Health Center	
CMS	Centers for Medicare and Medicaid Services	
CMT	Care Management Technology	
CQI	Continuous Quality Improvement	
DAST	Drug Abuse Screening Tool	
DCF	Data Collection Form	federal form for reporting Single Audits
DESE	Department of Elementary and Secondary Education	
DHSS	MO Department of Health and Senior Services	
DMH	MO Department of Mental Health	
DOJ	US Department of Justice	
DRVS	Data Reporting and Visualization System	
DSS	MO Department of Social Services	

ECC	Early Childhood Caries	
ECHO	Extension for Community Healthcare Outcomes	
EHR	Electronic Health Record	variant of "Electronic Medical Record"
EP	Eligible Professionals	
EPSDT	Early and Periodic Screening, Diagnostic & Treatment	
FOA	Funding Opportunity Announcements	
FPL	Federal Poverty Level	
FQHC	Federally Qualified Health Center	
FRA	Federal Reimbursement Allowance	
FSD	Family Support Division	
FSR	Financial Status Report	form for fiscal reporting on federal funds
FTE	Full-Time Equivalent	
G2M	Gateway to Marketplace project	
GAAP	Generally Accepted Accounting Principles	
GAAS	Generally Accepted Auditing Standards	
GAO	US Government Accountability Office	
HBAI	Health Behavior Assessment/Intervention	
HCCA	Health Care Compliance Association	
HCCN	Health Center Controlled Network	
HEDIS	Healthcare Effectiveness Data and Information Set	
HHS	US Department of Health and Human Services	
HIE	Health Information Exchange	
HIM	Health Insurance Marketplace	
HIO	Health Information Organization	
HIT	Health Information Technology	
HPSA	Health Professional Shortage Area	
HRSA	Health Resources and Services Administration	
ICD-10	International Classification of Diseases - 10	
IG	Inspector General	
IHN	Integrated Health Network	
ILPCA	Illinois Primary Care Association	
IPA	Independent Practice Association	
LACIE	Lewis and Clark Information Exchange	
LCSW	Licensed Clinical Social Worker	
LMKOAQ	Let Me Know Of Any Questions	
M-ICT	Medical-Incident Coordination Team	
MFH	Missouri Foundation for Health	

MHA	Missouri Hospital Association	
MHCC	MO HealthNet for Children in Care	
MHD	MO HealthNet Division	
MHF	MO HealthNet for Families	
MHK	MO HealthNet for Kids	
MHPPS	Missouri Health Professional Placement Services	
MIMH	Missouri Institute of Mental Health	
MOHEC	Missouri Health Equity Collaborative	
MO HIT	Missouri Health Information Technology	
MONA	Missouri Nurses Association	
MOQuIN	Missouri Quality Improvement Network	
MOSDOH	Missouri School of Dentistry and Oral Health	
MOU	Memorandum of Understanding	variant of "Memorandum of Agreement"
MPCA	Missouri Primary Care Association	
MPW	MO HealthNet for Pregnant Women	
MU	Meaningful Use	
NACHC	National Association of Community Health Centers	
NAP	New Access Point	
NCQA	National Committee for Quality Assurance	
NGA	Notice of Grant Award	
NHSC	National Health Service Corps	
NQF	National Quality Forum	
O&E	Outreach and Enrollment	
ORO	Office of Regional Operations	
PCA	Primary Care Association	
PCC	Primary Care Clinic	(non-FQHC)
PCHH	Patient-Centered Health Home	variant of "Patient-Centered Medical Home"
PCSP	Patient-Centered Specialty Practice	
PDSA	Plan, Do, Study, Act	
PII	Pharmacy Integration	(CDC initiative)
PII	Program Integrity Initiative	
PMPM	Per Member, Per Month	
PMS	Payment Management System	
PPS	Prospective Payment System	
PRIMO	Primary Care Resource Initiative for Missouri	
QI	Quality Improvement	
REC	Regional Extension Center	

RHIE	Regional Health Information Exchange	
ROI	Return on Investment	
SAC	Service Area Competition	
SAMHSA	Substance Abuse and Mental Health Services Administration	
SBI	Screening & Brief Intervention	
SBIRT	Screening, Brief Intervention, and Referral to Treatment	
SEARCH	Student/Resident Experiences and Rotations in Community Health	
SF	Standard Form	forms for applying for federal funds
SFS	Sliding Fee Scale	
SLBMI	St. Louis Behavioral Medicine Institute	
SLR	State Level Registry	
SM	Self-Management	
SNS	Strategic National Stockpile	
SOD	School of Dentistry	
SOW	Scope of Work	
TEMP	Temporary MO HealthNet During Pregnancy	
TMH	Transitional MO HealthNet	
UDS	Uniform Data System	
UM-C	University of Missouri- Columbia	

A Patient-Centered Medical Home (PCMH) is a model of healthcare delivery that is designed to provide comprehensive, patient-centered, and coordinated care to individuals. The PCMH model is intended to enhance the quality and efficiency of healthcare services while improving patient outcomes and satisfaction. Here are some key characteristics and principles of a Patient-Centered Medical Home:

1. **Primary Care Focus:** PCMHs are typically based in primary care settings, such as family medicine practices, internal medicine practices, or pediatric offices. These serve as the central point of contact for patients' healthcare needs.
2. **Patient-Centered:** The term "patient-centered" in PCMH refers to the emphasis on putting the patient at the forefront of healthcare decision-making. It involves actively involving patients in their care, respecting their preferences, and tailoring care plans to meet their unique needs and goals.
3. **Comprehensive Care:** PCMHs aim to provide a wide range of healthcare services, including preventive care, acute care, chronic disease management, and behavioral health services. The goal is to address all aspects of a patient's health.
4. **Coordinated Care:** One of the key features of a PCMH is care coordination. This involves ensuring that all healthcare providers involved in a patient's care communicate effectively, share information, and work together to provide seamless and coordinated care. This reduces fragmentation and improves the overall quality of care.
5. **Accessible Care:** PCMHs strive to offer accessible care by providing same-day appointments, extended office hours, and various communication channels for patients to reach their healthcare team.
6. **Quality and Safety:** PCMHs prioritize delivering high-quality care and focus on patient safety. They often implement evidence-based practices and quality improvement initiatives to enhance care outcomes.
7. **Electronic Health Records (EHRs):** Many PCMHs utilize electronic health records to facilitate information sharing among healthcare providers and to track and manage patient health information more efficiently.
8. **Team-Based Care:** In a PCMH, care is often provided by a team of healthcare professionals, which may include physicians, nurses, nurse practitioners, physician assistants, social workers, and pharmacists. Each member of the team plays a specific role in delivering care.
9. **Payment Reform:** PCMHs may be associated with payment reform models that reward healthcare providers for delivering high-quality, cost-effective care rather than relying solely on fee-for-service reimbursement.
10. **Continuous Improvement:** PCMHs engage in ongoing quality improvement efforts to enhance care delivery processes and patient outcomes. They regularly assess and adapt their practices to meet changing patient needs.

The PCMH model is intended to enhance the patient experience, improve health outcomes, and control healthcare costs by providing more efficient and effective care. It has gained traction as a promising approach to healthcare delivery, and many healthcare organizations and practices have adopted PCMH principles in recent years to better meet the needs of their patients.

A Nurse Practitioner (NP) residency program is valuable for several reasons, as it offers a structured and intensive postgraduate training experience that enhances the skills, confidence, and competence of newly graduated nurse practitioners. Here are some key reasons why a Nurse Practitioner residency program is considered valuable:

1. **Smooth Transition to Practice:** Nurse Practitioner residency programs help bridge the gap between education and full independent practice. New NPs often face a learning curve as they transition from student to practicing clinician. Residency programs provide a supportive environment where they can refine their clinical skills under the guidance of experienced mentors.
2. **Hands-On Experience:** Residency programs offer hands-on clinical experience in various specialties and healthcare settings. NPs can apply their theoretical knowledge to real patients, gaining practical skills and confidence in diagnosing and treating a wide range of medical conditions.
3. **Mentorship and Guidance:** Residency programs typically pair new NPs with experienced preceptors or mentors. These mentors provide guidance, feedback, and support, helping new NPs navigate complex clinical scenarios, make informed decisions, and develop critical thinking skills.
4. **Skill Development:** The intensive nature of residency programs allows new NPs to focus on honing their clinical skills. This includes refining physical assessment techniques, improving diagnostic accuracy, developing treatment plans, and enhancing procedural skills.
5. **Exposure to Complex Cases:** Residency programs often expose NPs to complex and challenging cases they might not encounter during their basic education. This exposure helps them gain confidence in managing patients with multiple co-morbidities and intricate healthcare needs.
6. **Interprofessional Collaboration:** Residency programs encourage collaboration with other healthcare professionals, including physicians, nurses, pharmacists, and allied health staff. Learning to work effectively in a team-based environment enhances patient care and provides a comprehensive understanding of different roles in healthcare.
7. **Continued Learning:** Residency programs promote continuous learning and professional development. NPs can attend educational sessions, workshops, and case discussions that keep them updated with the latest evidence-based practices and medical advancements.
8. **Patient Safety and Quality Improvement:** With close supervision and guidance, new NPs can focus on patient safety and quality improvement initiatives. They learn to recognize and address potential risks, implement evidence-based guidelines, and contribute to maintaining high standards of care.
9. **Confidence Building:** Navigating the complexities of clinical practice can be overwhelming for new NPs. A residency program provides a supportive environment where they can build confidence in their clinical judgment, communication skills, and ability to manage various patient scenarios.
10. **Career Advancement:** Completing a residency program adds a valuable credential to an NP's resume, showcasing their commitment to excellence in practice. This can enhance job prospects, open doors to more specialized roles, and potentially lead to leadership positions.
11. **Patient-Centered Care:** The additional training and experience gained through a residency program enable NPs to provide more patient-centered care. They can spend more time with patients, listen to their concerns, and tailor treatment plans to individual needs.

Overall, a Nurse Practitioner residency program enhances the transition from student to practicing clinician by providing targeted training, mentorship, and clinical exposure. It's a valuable investment in the professional development of new NPs, ultimately benefiting both the practitioners and the patients they serve.

Medicaid is important for a variety of reasons, mainly centered around providing healthcare access and financial relief to individuals and families with limited resources. Here are some key reasons why Medicaid is important:

1. **Access to Healthcare:** Medicaid ensures that individuals and families who might not have access to private health insurance can still receive necessary medical care. It offers a safety net for those who might otherwise go without healthcare due to financial barriers.
2. **Healthcare Equity:** Medicaid plays a vital role in reducing health disparities. It aims to provide healthcare coverage to low-income individuals and communities, helping to level the playing field and address systemic inequalities in healthcare access.
3. **Preventive Care:** Medicaid covers preventive services, which can lead to early detection and treatment of health issues. This can improve overall health outcomes and reduce the need for more expensive treatments later on.
4. **Chronic Disease Management:** For people with chronic illnesses, Medicaid provides access to ongoing medical care and treatments. This can help manage conditions effectively, prevent complications, and improve quality of life.
5. **Maternal and Child Health:** Medicaid covers maternal care, childbirth, and pediatric services. This is crucial for ensuring healthy pregnancies, safe deliveries, and proper healthcare for infants and children.
6. **Mental Health Services:** Medicaid often includes coverage for mental health and substance abuse treatment. This is essential for addressing mental health issues and providing support to those in need.
7. **Long-Term Care:** Medicaid provides coverage for long-term care services, including nursing home care and home-based services, for eligible individuals who require assistance with daily living due to age, disability, or other factors.
8. **Financial Protection:** Medical expenses can be financially devastating, especially for those with limited resources. Medicaid helps protect individuals and families from high medical bills and potential medical debt.
9. **Community Well-Being:** When more people have access to healthcare through Medicaid, communities become healthier overall. This can lead to improved public health and a stronger workforce.
10. **Emergency Coverage:** Medicaid can cover emergency medical services, ensuring that individuals can receive urgent care without the fear of exorbitant costs.
11. **Reduced Uninsured Rates:** Medicaid expansion under the Affordable Care Act (ACA) has significantly reduced the number of uninsured individuals in participating states. This leads to more people receiving appropriate medical care and decreases the burden on emergency departments.
12. **Support for Vulnerable Populations:** Medicaid particularly benefits vulnerable populations such as low-income families, elderly individuals, individuals with disabilities, and pregnant women, providing them with the healthcare and support they need.
13. **Government Safety Net:** Medicaid is a crucial component of the social safety net, helping to alleviate poverty-related health disparities and promote general well-being.
14. **Economic Impact:** Medicaid funding also has positive economic effects, as it supports healthcare jobs and stimulates local economies by injecting federal funds into states' healthcare systems.

Overall, Medicaid is a fundamental program that addresses healthcare access and affordability issues, promotes health and well-being, and supports individuals and families who would otherwise struggle to obtain necessary medical care.

WIC, or the Special Supplemental Nutrition Program for Women, Infants, and Children, is a federal assistance program in the United States that provides nutrition support to pregnant women, postpartum women, infants, and young children. The program aims to improve the health of low-income individuals by providing nutritious foods, nutrition education, and access to healthcare referrals. Some advantages of the WIC program include:

1. **Nutrition Support:** WIC provides essential nutritious foods such as fruits, vegetables, whole grains, dairy products, and infant formula. This helps ensure that pregnant women, new mothers, infants, and young children receive the necessary nutrients for proper growth and development.
2. **Healthcare Access:** In addition to providing nutrition assistance, WIC also offers referrals to healthcare services. Participants can receive screenings, immunizations, and access to medical care, which can contribute to better overall health outcomes.
3. **Improved Pregnancy Outcomes:** Pregnant women who participate in WIC are more likely to receive prenatal care, leading to healthier pregnancies and better birth outcomes. Adequate nutrition during pregnancy is crucial for both the mother's well-being and the baby's development.
4. **Early Childhood Development:** The nutrition and support provided by WIC during infancy and early childhood contribute to healthy growth and development. Proper nutrition during these stages can have long-term positive effects on cognitive and physical development.
5. **Nutrition Education:** WIC offers education on healthy eating, breastfeeding promotion, and infant feeding practices. This empowers participants to make informed dietary choices and adopt healthier lifestyles.
6. **Breastfeeding Support:** WIC encourages and supports breastfeeding by providing education, counseling, and access to breast pumps. Breastfeeding offers numerous benefits for both mothers and infants, including better immune protection, bonding, and optimal nutrition.
7. **Cost Savings:** By providing nutritious foods and supporting healthcare access, WIC can help reduce healthcare costs associated with preventable health issues in low-income populations.
8. **Community Impact:** The WIC program helps alleviate food insecurity and malnutrition in vulnerable populations. This, in turn, contributes to healthier communities and better quality of life for those who might otherwise struggle to afford adequate nutrition.
9. **Targeted Assistance:** WIC is specifically designed to support the nutritional needs of pregnant and breastfeeding women, infants, and young children under the age of 5. This targeted approach ensures that those who are most vulnerable and in need receive appropriate support.
10. **Long-Term Benefits:** The positive effects of adequate nutrition and healthcare during early childhood can have lasting benefits on individuals' health, education, and overall well-being as they grow into adulthood.

It's important to note that the advantages of WIC may vary based on individual circumstances and the effectiveness of program implementation in different regions. WIC plays a vital role in promoting health and nutrition equity for underserved populations, helping to break the cycle of poverty and poor health outcomes.

Samuel U. Rodgers Health Center, Inc.

Health Center Key Performance Metrics

May 15, 2024

- Days in Reserve (Days Cash on Hand)
 - This ratio indicates the number of days the health center could pay its operating expenses given the amount of cash it has available.
 - The metric is calculated as current fiscal year-to-date expenses divided by the number of months in the fiscal year.
 - Industry best practice is between 30 and 90 days.
 - Sam Rodgers currently uses a goal of > 45 days.
- Current Ratio
 - The current ratio is a liquidity measure and indicates the ability of the health center to pay its short-term and long-term liabilities.
 - The metric is calculated as Current Assets divided by Current Liabilities.
 - The industry's minimum benchmark is > 1.25.
 - Sam Rodgers uses the benchmark of > 1.25.
- Days in Net Accounts Receivable
 - This measure indicates the number of days patient AR is outstanding before it is collected. The lower the number the better as this would indicate the health center is turning around receivables quickly.
 - The metric is calculated by dividing the Net Accounts Receivable balance by the Average Net Daily Charges for the trailing six-month period.
 - For health center's that do not rely on WRAP payments, the industry goal is < 30 days. Due to the amount of WRAP payments and the subsequent delay in the collection of WRAP, which can be 60-90 days or more, an additional 30 days is added to the industry benchmark.
 - Sam Rodgers uses the goal of < 60 days.
- Gross Aged Accounts Receivable (as a percentage)
 - This measure identifies the effectiveness in billing, collecting and/or writing off older bad debt as a percentage of total account receivable.
 - This measure is based on the percentage of gross accounts receivable aged by 90-day buckets and is represented as a percentage of total gross accounts receivable.
 - While there is not a specific industry goal for 0-90 days, industry benchmarks focus on: % of AR more than 90 days at < 20%, and % of AR more than 120 days at < 10%.
 - Sam Rodgers uses a target of 60% of gross accounts receivable in the 0-90-day bucket to measure timeliness and effectiveness of revenue cycle operations.
- Productivity (Encounters)
 - Productivity measures the number of patient visits with a provider.
 - Productivity trends are important when budgeting revenues and cash flow and identifies the effectiveness of clinical operations and provider performance.
 - Productivity benchmarks differ by type of provider and service line.

- Sam Rodgers utilizes an average industry benchmark of 3,000 medical encounters per FTE for medical providers, and 2,600 encounters per FTE for mid-level medical providers, as an example.
- Payer-Mix (as a percentage)
 - Payer-mix measures the percentage of gross charges by financial class – Commercial, Medicare, Medicaid, Medicaid Managed Care and Self-pay.
 - Payer-mix is utilized in budgeting revenues and directly impacts the level of reimbursement and the timing of cash flows when utilizing WRAP around payments with Medicaid claims.
 - There is not an industry benchmark for payer-mix, however, in the state of Missouri, the goal is to achieve the highest level of Medicaid payer-mix to maximize cost reimbursement on the Cost Report.
 - State Medicaid legislation, location of the health center, and outreach efforts in enrolling patients in Medicaid has the largest impact on changes in the payer-mix.
- Collection Rates
 - Collection rates are the percentage of gross charges that are estimated to be collected and represent effectiveness of coding, processing, and collection of claims.
 - Collection rates are used to estimate Net Patient Revenues, which is a management estimate of collectable claim amounts.
 - Collection rates can differ by payer, are grouped by financial class, and measured on a historical, look-back basis.
 - Collection rate trends are used for revenue budgeting and whether an insurer should be accepted by the health center.

For a Federally Qualified Health Center (FQHC), which typically focuses on providing comprehensive healthcare services to underserved populations, the KPIs of a strategic plan may include indicators related to healthcare access, quality of care, financial sustainability, patient outcomes, and community impact. Here are some specific KPIs that may be relevant:

1. **Patient Volume:** Measure the number of patients served by the FQHC over a specific period of time, including new patients and returning patients. This reflects the organization's ability to reach and serve its target population.
2. **Appointment Wait Times:** Monitor the average time patients wait for appointments, both for routine and urgent care. Shorter wait times indicate improved access to care and better patient satisfaction.
3. **Service Utilization Rates:** Track the utilization rates of various healthcare services offered by the FQHC, such as primary care visits, dental services, behavioral health consultations, and preventive screenings.
4. **Clinical Quality Metrics:** Measure clinical outcomes and adherence to evidence-based guidelines for chronic disease management, preventive care, immunizations, and screenings. Examples include blood pressure control rates, diabetes management outcomes, and cancer screening rates.
5. **Patient Satisfaction Scores:** Gather feedback from patients through surveys or other means to assess their satisfaction with the care received, including aspects such as communication with providers, coordination of care, and overall experience.
6. **Financial Performance:** Monitor key financial indicators such as revenue, expenses, operating margin, and payer mix. Financial sustainability is crucial for the FQHC to continue providing services to its community.
7. **Staffing and Provider Productivity:** Track metrics related to provider productivity, such as patient encounters per day or RVUs (Relative Value Units) generated per provider. Staffing levels and productivity impact the FQHC's ability to meet patient demand.
8. **Health Equity and Disparities Reduction:** Measure progress in addressing health disparities and promoting health equity among the population served by the FQHC, including metrics related to access to care, health outcomes, and patient demographics.
9. **Community Health Needs Assessment (CHNA) Goals:** Align KPIs with the priorities identified in the CHNA, which may include goals related to addressing specific health issues prevalent in the community or improving health outcomes for priority populations. **Maternal Health Postpartum Health Measures.**
10. **Partnership and Collaboration Metrics:** Evaluate the FQHC's partnerships with community organizations, hospitals, public health agencies, and other stakeholders to address broader health needs and promote population health.

These KPIs provide a comprehensive overview of the FQHC's performance in delivering high-quality, accessible healthcare services while addressing the unique needs of the communities it serves.

Brand Awareness Metrics: Measure the level of brand recognition and recall within the community through surveys, focus groups, or online tracking tools. This can include unaided and aided brand awareness.

Indexing: How to come up with the right index.

UDS Data 3-Year Comparison

Health Services Administration - Uniform Data System -

<https://data.hrsa.gov/tools/data-reporting/program-data?grantNum=H80CS00784>

Samuel U. Rodgers Health Center

	2020		2021		2022	
	Average	2.06	Average	1.94	Average	1.88
Quality of Care Measures						
Perinatal Health						
Early Entry into Prenatal Care (first visit in first trimester)	65.82%	3	65.42%	3	62.94%	3
Number of Access to Prenatal Care (First Prenatal Visit in 1st Trimester)	805		770		788	
% Low and Very Low Birth Weight	6.27%	2	6.98%	2	7.76%	2
Number of Newborns with Low Birth Weight	40		43		56	
Preventive Health Screening & Services						
Cervical Cancer Screening *	68.10%	1	66.35%	1	63.95%	2
Number of Cervical Cancer Screening Patients *	3,967		3,548		3,905	
Breast Cancer Screening	60.38%	1	57.00%	1	57.50%	1
Number of Female Patients Aged 51 through 73 who had a mammogram to screen for breast cancer	884		733		909	
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents *	84.40%	1	57.20%	3	77.09%	2
Number of Children Age 3-16 with Weight Assessment and Counseling for Nutrition and Physical Activity *	3,424		2,066		3,348	
Body Mass Index (BMI) Screening and Follow-Up Plan *	78.48%	2	65.89%	2	69.58%	2
Number of Adult Medical Patients Age 18 and Older with Body Mass Index (BMI) Screening and Follow-Up *	6,920		5,172		6,632	
Percent Adults Screened for Tobacco Use and Receiving Cessation Intervention *	91.50%	2	89.43%	2	90.09%	2
Number of Adult Medical Patients Age 18 and Older Screened for Tobacco Use and Received Cessation Counseling *	6,068		5,169		6,458	
Colorectal Cancer Screening *	22.51%	4	22.97%	4	33.00%	3
Number of Patients Screened for Colorectal Cancer *	611		536		949	
Childhood Immunization Status *	45.30%	2	41.01%	2	35.25%	2
Number of Children Under Age 3 Who Received Appropriate Childhood Immunizations *	159		146		153	
Screening for Depression and Follow-Up Plan *	85.91%	1	86.30%	1	94.31%	1
Number of Patients Screened for Clinical Depression and if Positive had a Follow-Up Plan Documented *	9,530		8,247		10,966	
Depression Remission at Twelve Months	-	4	0.1377	2	-	3
Number of Patients 12 years of age and older with major depression or dysthymia who reached remission 12 months (+/- 60 days) after an index event	-		19		-	
Dental Sealants for Children between 6-9 Years	70.52%	2	62.95%	2	68.98%	2
Number of Children Age 6-9 Who Received Dental Sealants	122		226		298	
HIV Screening	42.96%	2	64.42%	1	70.21%	1
Number of Patients 15 through 65 years of age who were tested for HIV when within age range	4,452		5,952		7,733	
Chronic Disease Management						
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease *	75.81%	2	80.36%	2	83.46%	1
Number of Patients Aged 21 and Older at High Risk of Cardiovascular Events who were Prescribed or were on Statin Therapy *	1,241		1,256		1,594	
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet *	84.87%	2	89.47%	1	85.34%	1
Number of Patients Age 18 and Older Diagnosed with Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic *	101		85		99	
Controlling High Blood Pressure *	55.45%	2	57.53%	2	61.62%	2
Number of Patients with Hypertension (HTN) Whose Blood Pressure (BP) was Controlled (< 140/90 mmHg) *	1,409		1,390		1,400	
Diabetes: Hemoglobin A1c Poor Control *	32.64%	2	29.61%	2	31.69%	2
Number of Diabetic Patients with Poorly Controlled Hemoglobin A1c (HbA1c > 9%) or No Test During Year *	579		482		566	
Total Hispanic/Latino & Non-Hispanic Latino Patients (Denominator for Hispanic/Latino Ethnicity)	20,112		19,014		21,443	
% Best Served in a Language other than English	55.92%		55.57%		59.17%	
Number of Patients Best Served in a Language Other than English	11,577		10,837		13,186	

Sam Rodgers

	2020	2021	2022
Age and Race / Ethnicity			
Total Patients	20,701	19,503	22,284
Age (% of total patients)			
% Children (< 18 years)	39.15%	41.15%	41.38%
Children (< 18 years)	8,104	8,025	9,221
% Adults (18 – 64 years)	55.78%	53.62%	53.77%
Adults (18 – 64 years)	11,548	10,458	11,981
% Older Adults (Age 65 and over)	5.07%	5.23%	4.86%
Older Adults (Age 65 and over)	1,049	1,020	1,082
Patients By Race & Ethnicity (% known)			
% Racial and/or Ethnic Minority Patients	80.90%	84.19%	84.96%
Number of Racial and/or Ethnic Minority Patients	16,168	15,565	17,184
% Hispanic/Latino Patients	53.12%	54.72%	54.65%
Number of Hispanic/Latino Ethnicity Patients	10,684	10,404	11,718
% Non-Hispanic White Patients	19.93%	17.71%	18.48%
Number of Non-Hispanic White Patients	3,817	2,923	3,043
% Asian Patients *	7.06%	6.54%	6.89%
Number of Asian Patients *	1,352	1,080	1,134
% Native Hawaiian/Other Pacific Islander Patients *	0.60%	0.56%	0.89%
Number of Native Hawaiian/Other Pacific Islander Patients *	114	93	147
% Black/African American Patients *	19.52%	21.91%	23.12%
Number of Black/African American *	3,739	3,615	3,807
% American Indian/Alaska Native Patients *	0.33%	0.15%	0.17%
Number of American Indian/Alaska Native Patients *	63	25	28
% More than one race Patients *	8.36%	11.42%	6.41%
Number of Patients with More than one race *	1,602	1,885	1,055
Total Patients with Known Race Ethnicity (Denominator)	19,154	16,503	16,469
Total Racial and/or Ethnic Minority Patients (Denominator)	19,985	18,488	20,227
Total Hispanic/Latino & Non-Hispanic Latino Patients (Denominator for Hispanic/Latino Ethnicity)	20,112	19,014	21,443
Language (% known)			
% Best Served in a Language other than English	55.92%	55.57%	59.17%
Number of Patients Best Served in a Language Other than English	11,577	10,837	13,186
Patient Characteristics			
Income Status (% of patients with known income)			
Total Patients with Known Income (Denominator)	12,719	10,773	11,973
% Patients at or Below 200% of Federal Poverty Guideline	96.08%	98.21%	98.35%
Patients at or Below 200% of Federal Poverty Guideline	12,221	10,580	11,776
% Patients at or Below 100% of Federal Poverty Guideline (included in above)	67.23%	67.55%	67.22%
Patients at or Below 100% of Federal Poverty Guideline (included in above)	8,551	7,277	8,048
Insurance Status (% of total patients)			
% None/Uninsured Patients	34.31%	34.63%	31.40%
None/Uninsured Patients	7,103	6,753	6,997
% None/Uninsured Children (<18 years)	10.41%	10.40%	10.65%
None/Uninsured Children (<18 years)	844	835	982
% Medicaid/CHIP Patients *	49.32%	52.08%	56.96%
Medicaid/CHIP Patients *	10,209	10,157	12,693
% Medicare Patients	3.32%	2.92%	2.64%
Medicare Patients	687	569	588
% Dually Eligible (Medicare and Medicaid)	1.57%	1.89%	1.65%
Dually Eligible (Medicare and Medicaid)	324	369	368
% Other Third-Party Patients	13.05%	10.38%	9.00%
Other Third-Party Patients	2,702	2,024	2,006
Total Patients	20,701	19,503	22,284
Children (< 18 years)	8,104	8,025	9,221
Special Populations			
% Homeless Patients	0.30%	0.55%	0.57%
Total Homeless Patients	62	107	127
% Total Agricultural Workers or Dependents		0.50%	0.53%
Total Agricultural Workers or Dependents		98	119
% Public Housing Patients	0.00%	0.00%	0.00%
Total Patients Served at a Health Center Located In or Immediately Accessible to a Public Housing Site	0	0	0
% School-Based Health Center Patients	0.00%	0.00%	0.00%
School-Based Health Center Patients	0	0	0
% Veterans Patients	0.73%	1.57%	1.46%
Veterans Patients	151	307	325
Number of Female Patients (ages 15-44)	6,250	6,042	6,598
% Patients Under 15 Who are Female	26.94%	27.55%	28.25%
Number of Patients Under 15 Who are Female	3,442	3,388	3,873
Patients 15-64 Who are Female	68.29%	67.76%	67.35%
Number of Patients 15-64 Who are Female	8,725	8,332	9,233
Patients 65 and Over Who are Female	4.77%	4.69%	4.40%
Number of Patients 65 and Over Who are Female	610	577	603
Total Female Patients (Denominator)	12,777	12,297	13,709
% Other (% of known)			0.04%
% Dont know (% of total)			28.16%
% Chose not to disclose (% of total) - Patients by Sexual Orientation			12.43%
% Transgender Man/Transgender Male/Transmasculine (% of known)		0.21%	0.18%
% Transgender Woman/Transgender Female/Transfeminine (% of known)		0.05%	0.06%
% Other (% of total)			0.04%
% Chose not to disclose (% of total) - Patients by Gender Identity			1.03%
Services (% of patients)			
% Medical Patients	77.75%	74.68%	77.32%
Medical Patients	16,094	14,565	17,231
% Dental Patients	31.05%	35.00%	36.82%
Dental Patients	6,428	6,827	8,205
% Mental Health Patients	7.05%	6.63%	7.18%
Mental Health Patients	1,460	1,294	1,601
% Substance Use Disorder Patients	0.00%	0.00%	
Substance Use Disorder Patients	0	0	
% Vision Patients	0.00%	0.00%	0.00%
Vision Patients	0	0	0
% Enabling Services Patients	6.26%	8.35%	8.05%
Enabling Services Patients	1,296	1,629	1,793
Total Patients	20,701	19,503	22,284