

**WILL COUNTY COMMUNITY HEALTH CENTER**

**GOVERNING COUNCIL MEETING MINUTES**

**VIA TELECONFERENCE**

1/6/2021

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**MEMBERS PRESENT**

Marie Lindsey, Chairman  
Deborah Kornacker, Secretary  
Alan Dyche, Treasurer  
Paul Lauridsen  
Judith Easley  
Vernice Warren  
Cynthia Brassea

**MEMBERS ABSENT**

Edith Cline-Kabba

**WCCHC STAFF PRESENT**

Mary Maragos, Chief Executive Officer  
Dr. Jennifer Byrd - Chief Medical Officer  
Stacy Baumgartner - Director of Operations  
Mary Kilbride, Executive Assistant  
Dr. Garg, Chief Dental Officer  
Bose Oshin, Billing Supervisor  
Denise Sitasz, Administrative Assistant

**WCCHC STAFF ABSENT**

**WCHD STAFF PRESENT**

Sue Olenek, Executive Director  
Elizabeth Bilotta, Assistant Executive Director  
Denise Bergin, Director of Finance/Grants Management

**OTHERS PRESENT**

Adam Lipetz, ASA  
Doris Hale, Community member

**Pledge of Allegiance**

**I. CALL TO ORDER**

The regular meeting of the Will County Community Health Center Governing Council was held virtually, via teleconference due to COVID-19 isolation requirements. Ms. Marie Lindsey, Chairman, called the meeting to order at 5:03p.m.

ROLL CALL AND DETERMINATION OF QUORUM – **Quorum present.**

**II. MISSION STATEMENT**

Mr. Dyche read the Mission Statement.

**III. APPROVAL OF MINUTES**

A **motion** was made by Mr. Lauridsen and **seconded** by Ms Kornacker to accept the minutes from December 2, 2020. **Motion carries.**

**Roll Call:** Marie Lindsey, “Aye”, Deborah Kornacker, “Aye”, Alan Dyche, “Aye”, Paul Lauridsen, “Aye”, Judith Easley, “Aye”, Vernice Warren, “Aye”, Cynthia Brassea, “Aye”

**IV. Chairman's Comments:**

Ms. Lindsey commended the staff on their hard work regarding the HRSA site visit in December.

**V. CEO Report**

COVID Testing Update report presented.

**HRSA Virtual Operational Site Visit Report** – is expected on 1/4/21. Meanwhile we have incorporated several changes as suggested by HRSA reviewers;

- Revised policy on drawdowns and disbursements of federal grants, to add specific language
- Revised policy on collection activities to align with current procedures
- Revised GC bylaws to allow for virtual meetings
- Revised dental fee schedule to show sliding fees and minimal charges
- Applied for and received approval from our HRSA project officer to make changes to our “Scope of Services”, to remove 5 services from a “formal written referral arrangement” as not necessary since we provide those services on site. This pertains to coverage for emergencies during and after hours, pharmaceutical services, case management, transportation, and SUD services. By keeping these “formal written referral arrangements” we are also required to have agreements with other entities who will provide a sliding fee discount to our patients that is equal to or better than what we offer. In many instances, that is very difficult to obtain.

• **Strategic Planning for 2021:**

Measurable objectives were assigned to each identified goal. Each manager was assigned a goal to spearhead for the next year and to develop a detailed action plan. The Governing Council will be asked to approve the final product this month.

• **2021 Dental Fees:**

Our fees are based on the Usual and Customary fees as posted by the American Dental Association for the Midwest region at the 75<sup>th</sup> percentile as recommended by HRSA. Also, per HRSA, we have set minimum fees for each procedure that are less than the lowest charge on the sliding fee scale. These fees have been recommended by our dental team, in consideration of what current patients say they can afford. In the next year we will try to develop reports to reflect what charges patients are actually paying for, to support that our fees are affordable.

**VI. CMO Report**

**Numbers of COVID Cases (raw numbers)**

	<u>Cases</u>	<u>Recovered</u>	<u>Deaths</u>
World	76.3 million	53.5 million	1.69 million
United States	17.9 million	9.6 million	321 K
Illinois	887 K	550 K	~16 K

~ worldometer.info

**Death Projections - United States (through MARCH 2021)**

Noted is a **continued rise in projected deaths** through **April 2021**.

You will note that these data include a **new variable**, that being “Rapid Rollout” (in blue). This data point refers to the rapid (over a 45-day period) COVID-19 vaccination efforts.

Also notable, is that Universal Masking at a 95% rate of use has the most dramatic effect on the death rate.

A graph was shown noting the **continued rise in projected COVID deaths** through **March 2021**, and a 58% rise in deaths (274 K to 470 K)

## VI. CMO Report

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### Staff Updates:

Staff was reminded of...

- Our internal "**Food in the Workplace**" policy (number EC-0005) that was published on December 9, 2020
- This policy was developed to decrease the potential for asymptomatic transmission of COVID-19 amongst our staff due to food sharing behaviors, which is common in places of business
- Of note, this policy differentiates between "Commercially Prepared food" and "Personally Prepared food" and the handling & sharing of it
- The policy allows for the sharing of Commercially Prepared food. **However**, given the current Pandemic circumstances, the staff was informed that **NOT EVEN commercially prepared, individually wrapped food is allowed to be brought in and SHARED**
- The staff received a copy of this policy, an email highlighting its details, and a flyer (printed and posted)

### COVID-19 Testing:

The CHC continues to perform COVID-19 testing in the community **four days per week**

On December 19, 2020 the CHC **added a fifth day per week** of testing by adding a **rapid** COVID-19 testing day.

The testing is conducted on the property of 1106 Neal Ave.

The rapid test is called "**BinaxNOW**". It is an **AntiGen test** (see below for details on Antigen testing)

This **rapid** testing:

- Takes place on Fridays
- For now, is open to Will County Health Dept & and CHC staff only (but will be expanded as we evolve)
- Occurs external to the facility for safety
- Takes only 15 minutes to receive the results; thus, the patients wait in their cars while the test develops. They receive an instructional phone call once the test renders results

Of note, there are **two types** of tests, **AntiBody** tests and **Diagnostic** tests (Molecular tests & AntiGen tests)

**AntiBody** tests for **antibodies** made by the body after being infected

- These types of tests detect for **past** infections

- These types of tests are **NOT USED** to diagnose an **acute / active / new** onset infection

**Molecular** tests detect pieces of **genetic material** from the infectious entity

- These tests are the gold standard of diagnostic testing
- They are very accurate
- They required skilled persons to conduct them
- They take days to render results

**AntiGen** tests detect **viral proteins** from the infectious entity

- These tests are not considered the "Gold Standard" for testing
- Though **still** do serve an essential function providing reasonably accurate results
- They are easy to administer (less time investment for staff training)
- They take only minutes to render results

Below, is a **quick reference chart** regarding the different types of tests for your review and edification:

	MOLECULAR TEST	ANTIGEN TEST	ANTIBODY TEST
<b>Also known as...</b>	Diagnostic test, viral test, molecular test, nucleic acid amplification test (NAAT), RT-PCR test, LAMP test	Diagnostic test	Serological test, serology blood test, serology test
<b>How the sample is taken...</b>	Nasopharyngeal (the part of the throat behind the nose), nasal or throat swab (most tests) Saliva (a few tests)	Nasal or nasopharyngeal swab (most tests)	Finger stick or blood draw
<b>How long it takes to get results...</b>	Same day (some locations) or up to a week (longer in some locations with many tests)	Some may be very fast (15 - 30 minutes), depending on the test	Same day (many locations) or 1-3 days
<b>Is another test needed...</b>	This test is typically highly accurate and usually does not need to be repeated.	Positive results are usually highly accurate, but false positives can happen, especially in areas where very few people have the virus. Negative results may need to be confirmed with a molecular test.	Sometimes a second antibody test is needed for accurate results.
<b>What it shows...</b>	Diagnoses active coronavirus infection	Diagnoses active coronavirus infection	Shows if you've been infected by coronavirus in the past
<b>What it can't do...</b>	Show if you ever had COVID-19 or were infected with the virus that causes COVID-19 in the past	Antigen tests are more likely to miss an active COVID-19 infection compared to molecular tests. Your health care provider may order a molecular test if your antigen test shows a negative result but you have symptoms of COVID-19.	Diagnose COVID-19 at the time of the test or show that you do not have COVID-19.

**COMPLIANCE:**

The CHC has a **Latex Allergy policy** that requires that we keep on file a "Latex Allergy Questionnaire" for all of the staff.

This policy was updated and most recently a Latex Allergy Questionnaire was collected from each staff; these are held by Human Resources

The Joint Commission asked that we ensure that those Dentists responsible for the staff who perform Autoclaving receive, they themselves, **Autoclave training**.

Of note, Drs. Garg and Abejide completed this training in compliance with the mandate. We continue to work towards 100% **CPR training** for all of our staff. We now have 2/3 of the staff updated on this requirement.

Our Director of Operations is working towards an electronic training solution so that they remaining staff can be trained (given that in-person training sessions are not possible given our inability to gather).

**VII. DISCUSSION**

**Expenditure Report:** Ms. Maragos presented the Expense report ending on November 30, 2020. Our goal was 91.7% and at the end of November we came in at 85.3%.

**Revenues:** Ms. Maragos presented the Revenue report ending on November 30, 2020. Our target was 100.0% and at the end of November we came in at 87.0%. Our variance was -13.0%.

Ms. Lindsey questioned if it is true that all the Health Centers are losing revenue at this time? Ms. Maragos affirmed, according to IPHCA. Ms. Lindsey questioned if we know how we stand compared to all other Health Centers?

Ms. Maragos stated she is on the Finance Committee of IPHCA as well as Chairperson of the Legislation Committee and will keep the Governing Council informed of what is happening with the other Health Centers of Illinois.

**COVID Testing Statistics:** Ms. Maragos presented the COVID Testing Statistics report. Currently 7,206 people have been tested at our COVID sites. Testing is taking place 5 days a week.

Ms. Olenek commended Ms. Maragos and Dr. Byrd regarding all of the hard-work they have put in due to COVID.

**Provider Productivity:** Dr. Byrd presented the Provider Productivity report.

Ms. Kornacker asked how the Center could further capture Telehealth visits? Ms. Maragos stated we are having a difficult time capturing the Telehealth visits. Although BH is very busy, not all their visits are reflected on this report because they are mainly Telehealth. A program called OTTO can help reflect these Telehealth number but unfortunately at this time OTTO workflows are just being developed.

**Reports from the Governance Committee Chairperson:** Ms. Easley spoke of the interview with applicant Michael Crowner. The interview took place during the Governance Committee meeting that took place prior to the GC meeting. The Governance Committee approved Michael Crowner as an addition to the GC board. The Governing Council board will be asked to vote on his acceptance on to the board during the February 3 meeting.

**Discussion of annual forms to be signed by Governing Council members:** The annual forms required for all Governing Council members were presented. All members will be sent the papers and were asked to sign and return to Ms. Kilbride ASAP.

**Strategic Plan for 2021:** Ms. Maragos presented the Strategic Plan for 2021. She discussed the eight (8) goals and the measurable objectives assigned to each goal. One or more manager was assigned a goal to work on. Discussion took place.

**HRSA OSV report:** Ms. Maragos presented the findings from the HRSA Operational Site Visit. Ms. Olenek questioned if HRSA had given suggestions on #14, a3, "Revenue Cycle Procedures, Paragraph I, subparagraph (b) on how services will be limited or denied when a patient refuses to pay? Ms. Maragos stated she revised a policy and procedure to meet this requirement.

## VII. ACTION

- A **motion** was made by Mr. Dyche and **seconded** by Ms. Warren to approve the policy FIN-013 Drawdown, Disbursement & Expenditure of Federal Grants. **Motion carries.**

**Roll Call:** Marie Lindsey, "Aye", Deborah Kornacker, "Aye", Alan Dyche, "Aye", Paul Lauridsen, "Aye", Judith Easley, "Aye", Vernice Warren "Aye", Cindy Brassea "Aye"

- A **motion** was made by Ms. Warren and **seconded** by Ms. Brassea to approve wording as amended for policy BR-0012 Collection Activities. **Motion carries.**

Ms. Maragos reiterated that patients refusing to pay will need to pay 10% of current balance before they are able to schedule another appointment, and GC will be approving this language as well. Mr. Lauridsen requested that wordage on I b be changed. Decision was made to change "In no event that they be denied or delayed services" TO "In no event **should services be denied or delayed**"

Ms. Warren questioned is there a process outside of contacting the CEO when "unable to reach a patient regarding their balance on their account"? Ms. Oshin stated a note is put in patients account that patient has been spoken to and the conversation. Ms. Oshin then shares that information with Ms. Maragos.

**Roll Call:** Marie Lindsey, "Aye", Deborah Kornacker, "Aye", Alan Dyche, "Aye", Paul Lauridsen, "Aye", Judith Easley, "Aye", Vernice Warren "Aye", Cindy Brassea "Aye"

- A **motion** was made by Mr. Lauridsen and **seconded** by Ms. Easley to approve policy BR-0003 Fee Schedule and Sliding Fee Discount Scale. **Motion carries.** Ms. Maragos discussed the sliding fee scale in detail. Nominal fees must be evaluated by the GC annually, utilized data from billing reports, pt. surveys, comparisons to other FQHCs. Discussion followed and GC members agreed.

**Roll Call:** Marie Lindsey, "Aye", Deborah Kornacker, "Aye", Alan Dyche, "Aye", Paul Lauridsen, "Aye", Judith Easley, "Aye", Vernice Warren "Aye", Cindy Brassea "Aye"

- A **motion** was made by Mr. Dyche and **seconded** by Ms. Easley to approve revised Fee Schedule for Medical/BH/Hospital fees. **Motion carries.** There are no changes to fees for the Optometry Schedule. All agreed that the nominal fees are appropriate and do not pose a barrier to care.

**Roll Call:** Marie Lindsey, "Aye", Deborah Kornacker, "Aye", Alan Dyche, "Aye", Paul Lauridsen, "Aye", Judith Easley, "Aye", Vernice Warren "Aye", Cindy Brassea "Aye"

- A **motion** was made by Mr. Lauridsen and **seconded** by Ms. Easley to approve policy BR-0002 Determine Patient Family Size and Family Income. **Motion carries.**

**Roll Call:** Marie Lindsey, "Aye", Deborah Kornacker, "Aye", Alan Dyche, "Aye", Paul Lauridsen, "Aye", Judith Easley, "Aye", Vernice Warren "Aye", Cindy Brassea "Aye"

- A **motion** was made by Ms. Warren and **seconded** by Ms. Easley to approve policy FIN-015 Procurement. **Motion carries.**

**Roll Call:** Marie Lindsey, "Aye", Deborah Kornacker, "Aye", Alan Dyche, "Aye", Paul Lauridsen, "Aye", Judith Easley, "Aye", Vernice Warren "Aye", Cindy Brassea "Aye"

- A **motion** was made by Mr. Dyche and **seconded** by Ms. Easley to approve policy AD-0029 Purchasing Policy. **Motion carries.**  
**Roll Call:** Marie Lindsey, "Aye", Deborah Kornacker, "Aye", Alan Dyche, "Aye", Paul Lauridsen, "Aye", Judith Easley, "Aye", Vernice Warren "Aye", Cindy Brassea "Aye"
- A **motion** was made by Ms. Kornacker and **seconded** by Ms. Easley to approve policy BR-0005 Accounting Basis. **Motion carries.**  
**Roll Call:** Marie Lindsey, "Aye", Deborah Kornacker, "Aye", Alan Dyche, "Aye", Paul Lauridsen, "Aye", Judith Easley, "Aye", Vernice Warren "Aye", Cindy Brassea "Aye"
- A **motion** was made by Mr. Lauridsen and **seconded** by Ms. Brassea to approve 2021 Dental Fee Schedule. **Motion carries.** The Governing Council does not find this fee schedule or the nominal fees to pose any barrier to care.  
**Roll Call:** Marie Lindsey, "Aye", Deborah Kornacker, "Aye", Alan Dyche, "Aye", Paul Lauridsen, "Aye", Judith Easley, "Aye", Vernice Warren "Aye", Cindy Brassea "Aye"
- A **motion** was made by Ms. Warren and **seconded** by Mr. Lauridsen to approve the revised agreement with WCHD Division of BH. **Motion carries.**  
**Roll Call:** Marie Lindsey, "Aye", Deborah Kornacker, "Aye", Alan Dyche, "Aye", Paul Lauridsen, "Aye", Judith Easley, "Aye", Vernice Warren "Aye", Cindy Brassea "Aye"
- A **motion** was made by Ms. Warren and **seconded** by Ms. Brassea to approve non-renewal of contract for Dr. Ashu Rani Bansal, DDS. **Motion carries.**  
**Roll Call:** Marie Lindsey, "Aye", Deborah Kornacker, "Aye", Alan Dyche, "Aye", Paul Lauridsen, "Aye", Judith Easley, "Aye", Vernice Warren "Aye", Cindy Brassea "Aye"
- A **motion** was made by Ms. Kornacker and **seconded** by Mr. Lauridsen to approve credentialing for Kostantina Kalas, OD. **Motion carries.**  
**Roll Call:** Marie Lindsey, "Aye", Deborah Kornacker, "Aye", Alan Dyche, "Aye", Paul Lauridsen, "Aye", Judith Easley, "Aye", Vernice Warren "Aye", Cindy Brassea "Aye"
- A **motion** was made Mr. Dyche and **seconded** by Ms. Kornacker to approve renewal of contract for Dr. Sangita Garg, DDS. **Motion carries.**  
**Roll Call:** Marie Lindsey, "Aye", Deborah Kornacker, "Aye", Alan Dyche, "Aye", Paul Lauridsen, "Aye", Judith Easley, "Aye", Vernice Warren "Aye", Cindy Brassea "Aye"
- A **motion** was made Mr. Dyche and **seconded** by Mr. Lauridsen to approve bylaws changes to comply with Open Meetings Act. **Motion carries.** Ms. Olenek spoke of the language added to the bylaws which would comply with the Open Meeting Act and allow for virtual (TEAMS) meetings.  
**Roll Call:** Marie Lindsey, "Aye", Deborah Kornacker, "Aye", Alan Dyche, "Aye", Paul Lauridsen, "Aye", Judith Easley, "Aye", Vernice Warren "Aye", Cindy Brassea "Aye"
- A **motion** was made Ms. Warren and **seconded** by Mr. Lauridsen to approve renewal of contract with Midwest Biomedical. **Motion carries.**  
**Roll Call:** Marie Lindsey, "Aye", Deborah Kornacker, "Aye", Alan Dyche, "Aye", Paul Lauridsen, "Aye", Judith Easley, "Aye", Vernice Warren "Aye", Cindy Brassea "Aye"
- A **motion** was made Ms. Kornacker and **seconded** by Ms. Brassea to approve the 2021 Strategic Plan. **Motion carries.**

**Roll Call:** Marie Lindsey, "Aye", Deborah Kornacker, "Aye", Alan Dyche, "Aye", Paul Lauridsen, "Aye", Judith Easley, "Aye", Vernice Warren "Aye", Cindy Brassea "Aye"

- A **motion** was made Mr. Lauridsen and **seconded** by Ms. Warren to approve the change in Scope changes to remove 5 items from column III. **Motion carries.**

**Roll Call:** Marie Lindsey, "Aye", Deborah Kornacker, "Aye", Alan Dyche, "Aye", Paul Lauridsen, "Aye", Judith Easley, "Aye", Vernice Warren "Aye", Cindy Brassea "Aye"

- VIII. **BOARD MEMBERS' CONCERNS AND COMMENTS:** No comments stated  
**PUBLIC CONCERNS AND COMMENTS:** No comments stated

- X. A **motion** was made by Mr. Dyche and **seconded** by Ms. Easley to adjourn the meeting at 6:50pm. **Motion carries.**

**Roll Call:** Marie Lindsey, "Aye", Deborah Kornacker, "Aye", Alan Dyche, "Aye", Paul Lauridsen, "Aye", Judith Easley, "Aye", Vernice Warren, "Aye", Cindy Brassea "Aye"

- XI. **Executive Committee to meet during Executive Session**

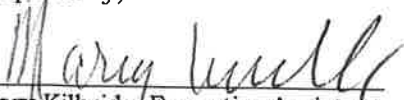
- XII. **NEXT MEETING**

Wednesday, February 3, 2021 4:15pm  
Wednesday, February 3, 2021 5:00pm

Quality Committee mtg.  
Governing Council mtg.

(Meetings will be conducted virtually, through Microsoft Teams)

Prepared by,

  
Mary Kilbride, Executive Assistant

  
Deborah Kornacker, Governing Council Secretary