

FALLS COMMUNITY HEALTH GOVERNING BOARD
THURSDAY, MAY 21, 2026
AT 12:00 PM-1:00 PM
VIRTUAL/ SECOND FLOOR, CLASSROOM 1
“Providing an open door to primary health services.”

Agenda

- Call the Meeting to Order
- Approval of the Minutes of Falls Community Health Governing Board from April 16, 2026*

New Business

- Public Input –
 - If you are here for public input, please check in with the Sioux Falls Health Department for directions to the meeting or call in with the information below.
- Financials*
 - Productivity
 - Grant Funds Legislative Updates
 - Grant Management Policy
- Quality
 - Dental Report
- Access*
 - Scheduling of Appointments Policy-Medical
 - Scheduling of Appointments Policy-Dental
 - Patient Satisfaction Survey Results
 - Dr. Scott Velgersdyk, DDS, re-credentialing, and privileging No concerns with Avera credentialing and no changes to privileging.
 - Dr Mark Huntington, MD, re-credentialing, and privileging No concerns with Avera credentialing and no changes to privileging.
- Public Health Director Update

*Action required

Items added after the deadline: the Falls Community Health Governing Board may include such other business as may come before this body.

RSVP to Lisa at 367-8181 or Lisa.Stensland@siouxfalls.gov -your attendance to the Falls Community Health board meeting.

Join from the meeting link

<https://siouxfalls.webex.com/siouxfalls/j.php?MTID=mf2b3ac753da285f8470543ed69c18919>

Join by meeting number

Meeting number (access code): 2498 479 7318

Meeting password: cvJNPMRk279

Join by phone

+1-408-418-9388 United States Toll

[Global call-in numbers](#)

Falls Community Health Governing Board Minutes

Thursday, April 16, 2026, at 12:00 pm

Present: Amanda Willard, Madeline Shields, Lee Jensen, Dr. Bill Schultz, Moses Pessima, Erin Healy, Jaci Kramer, Murat Sincan-Virtual,

Absent: Josh Keller, Gwen Fletcher, Carlos Castillo,

Staff Present: Joe Kippley, Amy Richardson, Dr. Jen Tinguely, Vanessa Sweeney, Katie Wick, Michelle Jarding, Lisa Stensland

Call to Order: Amanda Willard called the meeting to order at 12:04 pm. Roll call: V Murat, P Jaci, P Madeline, P Lee, P Moses, A Gwen, P Amanda, P Bill, A Carlos, A Josh

A motion was made to approve the minutes for Falls Community Health Governing Board dated March 19, 2026, supported by Madeline seconded by Erin, motion carries. Roll call: Y Murat, Y Jaci, Y Madeline, Y Lee, Y Moses, A Gwen, Y Amanda, Y Bill, A Carlos, A Josh Y Erin

PUBLIC INPUT: None at this time

FINANCIALS:

The Falls Community Health reports attached are through the month ending March 31, 2026. We are 25% through the fiscal year. The last financial statements presented were through the month of February 28, 2026.

Operating Revenues:

- Net Patient Revenue consists of all patient charges and adjustments. Total Net Patient Revenue for March came in at \$385,012, YTD actual is 30% compared to annual budget.
- Total Grant Revenue for March of \$304,004 includes grant revenue from Community Health Center, Ryan White Part C, HIV Prevention and Colon.
- Total Other Revenue for March is \$14,699 which consists of Medicaid Managed Care payments and Lewis Drug 340b revenue.

Total Operating Revenue YTD March is \$1,996,406, which is 27% YTD actual to annual budget.

Operating Expenses: Operating expenses are classified within 7 categories. Total expenses were \$1,101,917 for the month of March.

- Personnel expenses are 20% of the budget and March had 2 pay periods. 2026 is \$419,987 favorable to YTD budget.
- Professional Services are 22% of the YTD budget. This category includes payments for services like Center for Family Medicine, Minnehaha County quarterly shared facility costs, interpreter services, transportation for patients, clinic security, lab testing fees, and phone answering services, etc.
- Rentals are 90% of the YTD budget. Technology charges were recorded in January this year, instead of March like in previous years.
- Repair and Maintenance is 12% of the YTD budget.
- Supplies and Materials are 21% of YTD budget. Category includes expenditures like general medical, lab and dental supplies, office supplies, immunization & pharmaceuticals, electronic medical and dental software system fees, patient education supplies, and claims processing.
- Training is 19% of the YTD budget. Most expenses are continuing education expenses and licensure renewals.
- Utilities are at 16% YTD budget. Most of this expense occurs quarterly and the last payment occurred in March 2026.

Total Operating Expenses YTD March are \$2,978,858 which is 22% YTD actuals to annual budget.

Non-operating Revenue (Expense):

- Total nonoperating revenue (expenses) is 28% of the YTD budget and includes payments from AAA recovery collections, USD dental clinic rent, and interest for March.

Net Income (Loss):

- March actual amounts show a net loss of (\$350,967) and YTD net loss of (\$905,587).

A motion was made to approve the financial report as presented, supported by Moses, seconded by Erin. Motion carried. Roll call: Y Murat, Y Jaci, Y Madeline, Y Lee, Y Moses, A Gwen, Y Amanda, Y Bill, A Carlos, A Josh Y Erin

Productivity:

Medical total visits year to date through March: the providers are at 4,377 visits. The nurses have had 11 visits this year. Total medical visits year to date are 4,388.

The dentists have had 1,851 visits year to date. Hygiene has 363 visits year to date. Total dental visits are 2,214.

The dietitian had 39 visits this year. Mental Health had 146 YTD visits. CD Counselor had 0 visits YTD. Case Management has 159 visits. March totals are 6,946 total visits, which is 89% to goal.

QUALITY:

UDS Report:

Falls Community Health is required to submit an annual data report called Uniform Data System (UDS) for grant compliance. The report includes patient demographics and financial status, revenue and expenses and quality measures and diagnoses. The federal government and FCH uses this information to show and monitor program improvements, monitor quality programs and track fiscal performance.

In 2025 the clinic saw 9,766 patients, 26% of whom live in the 57103-zip code, 22% in 57104. 70% of the patients range from 19-64 years of age and are almost split 50/50 male-female. 47.6% are white, 22.8% are black, 13.3% are American Indian. 1,975 of the patients list they are homeless with 711 in transitional housing and 653 are doubling up. There are more than 30 different languages making 17% of the patients have limited English proficiency. Spanish and Swahili are the top two languages after English. 44% of the patients are covered by Medicaid, 18% private insurance, 11% by Medicare, 27% uninsured.

ACCESS:

Dr. Cornelia Sallar – no concerns with Avera credentialing and no changes to privileging

A motion to accept credentialing and privileging of Dr. Cornelia Sallar supported by Erin, seconded by Bill, motion carried. Roll call: Y Murat, Y Jaci, Y Madeline, Y Lee, Y Moses, A Gwen, Y Amanda, Y Bill, A Carlos, A Josh Y Erin

CMS Preparedness Standards & Update:

CMS preparedness rule requires the clinic as an FQHC to have and maintain an emergency preparedness plan. Our emergency operation plan includes policies and procedures that include evacuations and sheltering. The plan allows us to communicate with staff, patients and external partners to provide ongoing care under an emergency using redundant systems. The plan also calls for ongoing training and testing which includes online training and drills.

The Emergency Preparedness Plan requires facility-specific plan that identifies hazards and outlines how the facility will respond to and recover from events. By requirement it must be updated every two years. Policies and procedures must be reviewed every two years. Emergency communication plan ensures the facility can communicate effectively during a crisis-with staff, patients, families, and external partners. The plan must

include contacts for staff, contractors, and participating physicians, emergency contacts at local, state, tribal, regional and federal levels; a method for sharing patient status and location.

Ongoing staff training and regular emergency drills test the plan's effectiveness and maintains readiness. As and FQHC we must participate in at least two preparedness training/exercises per year.

PUBLIC HEALTH DIRECTOR UPDATE:

City Updates

- Opioid Settlement Awards
 - The Link
 - Center for Family Medicine
 - Midwest Street Medicine

Clinic Updates

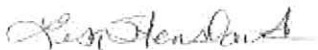
- Strategic Plan Updates
 - Staff Retention Rate
 - New employee onboarding sessions
 - New Recognition Program
 - Open Scheduling for patients
- Plan for Marketing Campaign
 - Medical Clinic construction project – awaiting county approval

Motion to adjourn supported by Moses seconded by Madeline, motion carries. Roll call: Y Murat, Y Jaci, Y Madeline, Y Lee, Y Moses, A Gwen, Y Amanda, Y Bill, A Carlos, A Josh Y Erin

12:58 pm

Amanda Willard –Chair May 21, 2026

Upcoming meeting: June 18, 2026



Falls Community Health
Financial Narrative – May 21, 2026

The Falls Community Health reports attached are through the month ending April 30, 2026. We are 33% through the fiscal year. The last financial statements presented were through the month of March 31, 2026.

Operating Revenues:

- Net Patient Revenue consists of all patient charges and adjustments. Total Net Patient Revenue for April came in at \$462,427, YTD actual is 43% compared to annual budget.
- Total Grant Revenue for April of \$311,350 includes grant revenue from Community Health Center, Ryan White Part C, HIV Prevention and Colon.
- Total Other Revenue for April is \$7,820 which consists of Medicaid Managed Care payments and interest.

Total Operating Revenue YTD April is \$2,778,004, which is 38% YTD actual to annual budget.

Operating Expenses: Operating expenses are classified within 7 categories. Total expenses were \$977,164 for the month of April.

- Personnel expenses are 28% of the budget and April had 2 pay periods. 2026 is \$496,383 favorable to YTD budget.
- Professional Services are 29% of the YTD budget. This category includes payments for services like Center for Family Medicine, interpreter services, transportation for patients, credentialing, lab testing fees, and phone answering services, etc.
- Rentals are 91% of the YTD budget. Technology charges were recorded in January this year, instead of March like in previous years.
- Repair and Maintenance is 21% of the YTD budget.
- Supplies and Materials are 32% of YTD budget. Category includes expenditures like general medical, lab and dental supplies, office supplies, fuel, immunization & pharmaceuticals, electronic medical and dental software system fees, patient education supplies, and claims processing.
- Training is 21% of the YTD budget. Most expenses are continuing education expenses and licensure renewals.
- Utilities are at 17% YTD budget. Most of this expense occurs quarterly and the last payment occurred in March 2026.

Total Operating Expenses YTD April are \$3,956,022 which is 30% YTD actuals to annual budget.

Non-operating Revenue (Expense):

- Total nonoperating revenue (expenses) is 38% of the YTD budget and includes payments from AAA recovery collections, USD dental clinic rent, and interest for April.

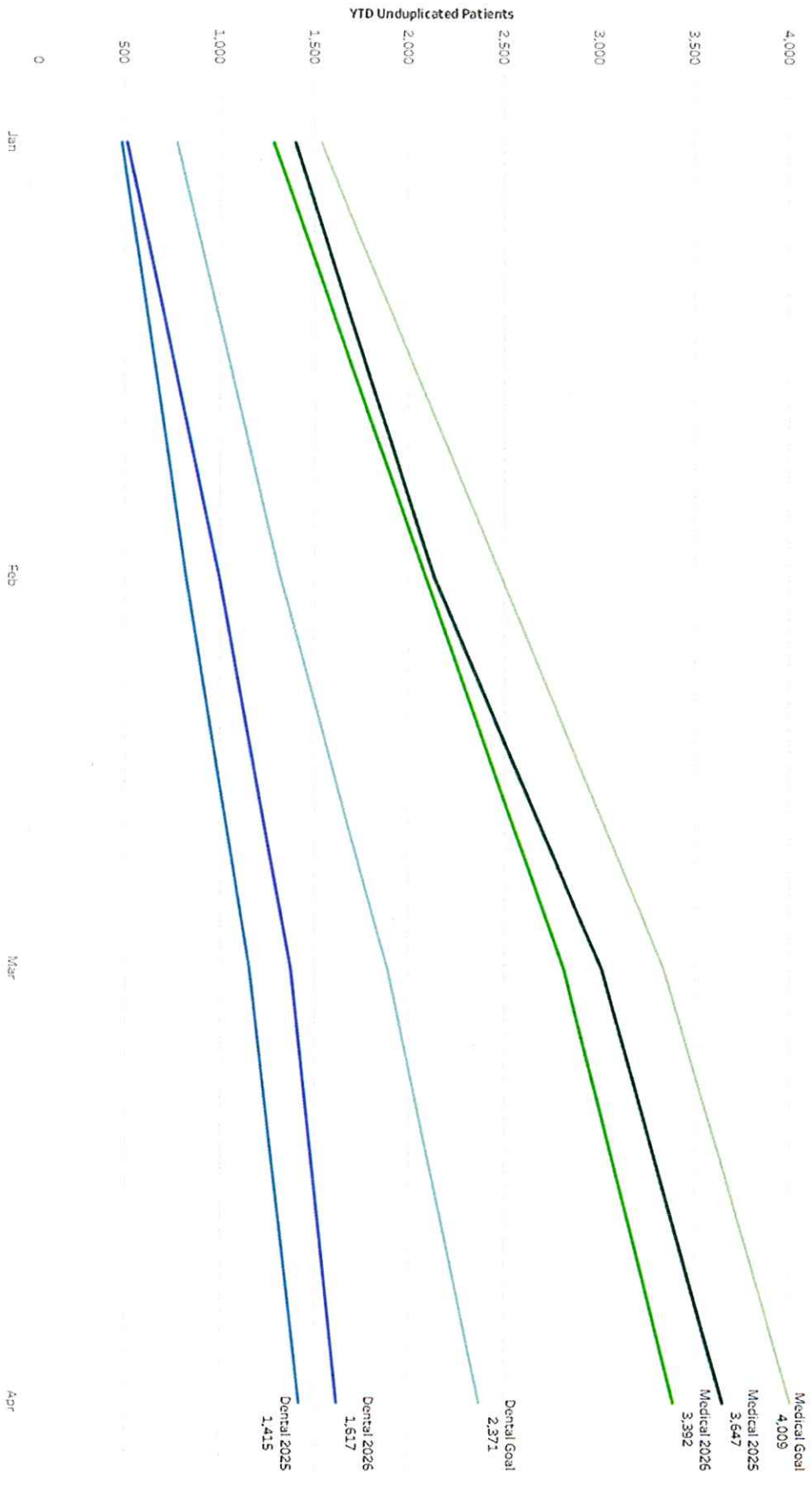
Net Income (Loss):

- April actual amounts show a net loss of (\$168,101) and YTD net loss of (\$1,073,688).

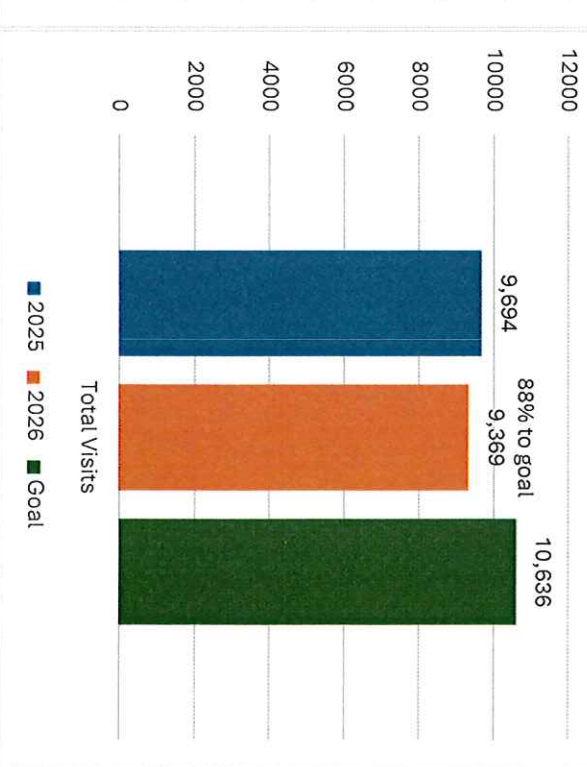
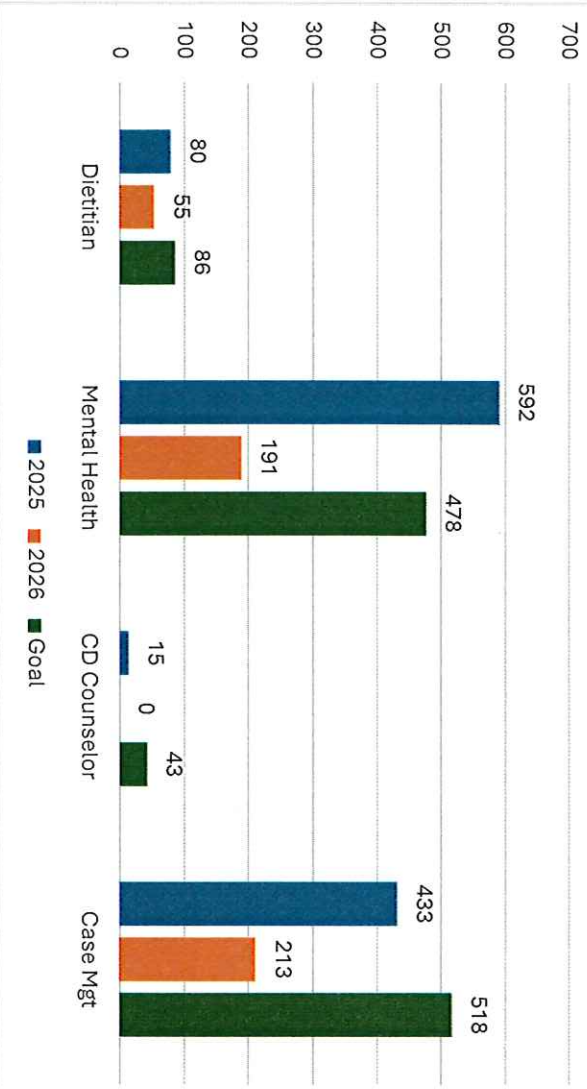
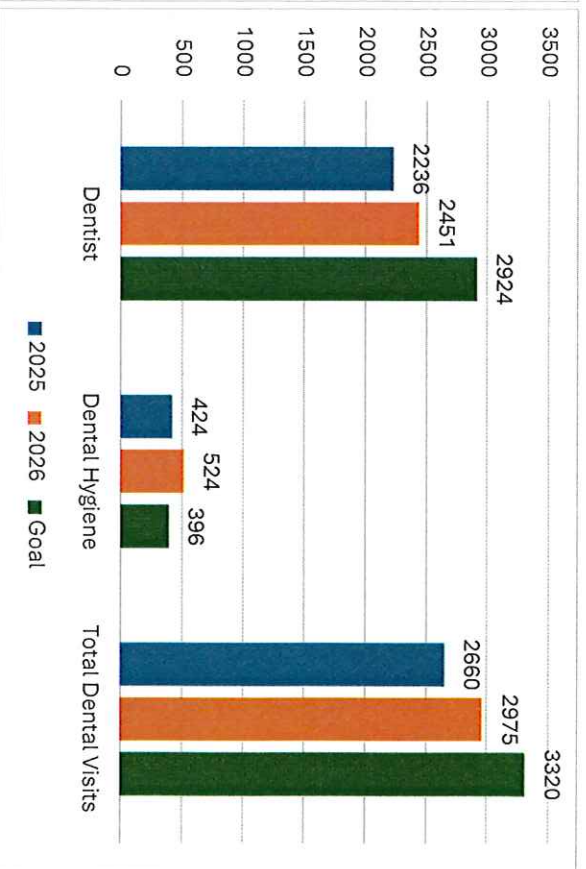
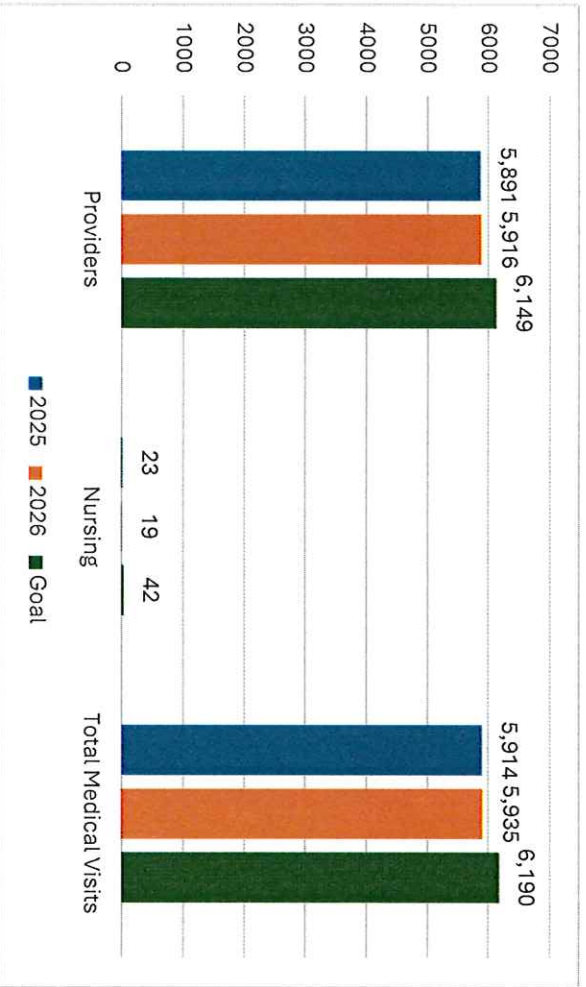
**Falls Community Health
Statement of Operations
For the Period Ended April 30, 2026**

	April Actuals	April Budget	YTD April	YTD Budget	2026 YTD as a % of Budget
Operating Revenues:					
Patient Fee Revenue	\$1,246,604	\$922,733	\$4,501,883	\$3,690,931.00	41%
Adjustments					
Sliding Fee Discounts	(143,885)	(129,612)	(536,322)	(518,449)	34%
Contractual	(426,414)	(281,522)	(1,602,169)	(1,126,088)	47%
Uncollectible/Adj	(213,878)	(200,184)	(771,493)	(800,736)	32%
Total Adjustments	(784,177)	(611,318)	(2,909,984)	(2,445,274)	40%
Net Patient Revenue	\$462,427	\$311,414	\$1,591,899	\$1,245,657	43%
Grant Revenue:					
Federal	311,350	292,430	1,126,166	1,169,720	32%
State	-	-	-	-	0%
Total Grant Revenue	311,350	292,430	1,126,166	1,169,720	32%
Other Revenue:					
Incentives	7,606	10,333	42,773	41,333	34%
340B	214	1,417	17,165	5,667	101%
Contributions	-	-	-	-	0%
Total Other Revenue	\$7,820	\$11,750	\$59,938	\$47,000	43%
Total Operating Revenues	\$781,597	\$615,594	\$2,778,004	2,462,377	38%
Operating Expenses:					
Personnel Services	662,133	738,537	2,457,767	2,954,150	28%
Professional Services	140,807	190,270	651,653	761,080	29%
Rentals	3,948	31,438	342,990	125,752	91%
Repair and Maintenance	24,064	23,366	57,779	93,463	21%
Supplies and Materials	143,387	104,751	401,341	419,002	32%
Training	2,470	9,906	24,885	39,625	21%
Utilities	356	9,779	19,608	39,114	17%
Total Operating Expenses	977,164	1,108,047	3,956,022	4,432,187	30%
Net Income (Loss) from Operations	(\$195,567)	(\$492,452)	(\$1,178,019)	(\$1,969,810)	
Nonoperating Revenue (Expenses):					
Total Nonoperating Revenue (Expenses)	\$27,466	\$22,833	\$104,331	\$91,333	38%
Net Income (Loss)	(\$168,101)	(\$469,619)	(\$1,073,688)	(\$1,878,476)	19%

Year to Date Unique Patients



Year to Date Patient Visits





Sioux Falls Health Department—Falls Community Health Standard Operating Policy/Procedure for Grant Funds-Federal Legislative Mandates

1.0 Purpose

- 1.1 To comply with the fiscal year 202~~6~~⁴ Consolidated Appropriations Act (Public Law 117-103), signed into law on February 3, 2026, ~~March 23, 2024~~, includes provisions that restrict grantees from using their federal grant funds to support certain defined activities. These limitations are commonly referred to as the "Legislative Mandates."
- 1.2 To provide safeguards to ensure compliance with the Legislative Mandates.

2.0 Revision History

Date	Modification
2.1 07/19/2018	Origination
2.2 07/18/2019	Revised
2.3 03/17/2022	Revised
2.4 03/16/2023	Revised
2.5 07/20/2023	Revised
2.6 09/12/2024	Revised
2.7 04/09/2026	Revised

3.0 Person Affected

- 3.1 Finance and management staff.

4.0 Policy

4.1 The current Legislative Mandates, which remain in effect until a new appropriations bill is passed, include the following:

- A. **Salary Limitation (Section 202).** FCH shall not use federal grant funds to pay the salary of an individual at a rate in excess of Executive Level II. *Provided*, that none of the funds appropriated in this title shall be used to prevent the NIH from paying up to 100 percent of the salary of an individual at this rate. As of January 202~~6~~⁴, the Executive Level II salary is set at ~~\$221,900~~\$228,000.
- B. **Gun Control (Section 210).** FCH shall not use federal grant funds to advocate or promote gun control.
- C. **Anti-Lobbying (Section 503).**
 - A. FCH shall not use federal grant funds, other than for normal and recognized executive legislative relationships, for the following:
 - 1) For publicity or propaganda purposes.



2) For the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature or legislative itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself;

B. FCH shall not use federal grant funds to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administration action, or Executive order proposed or pending before the Congress of any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government.

C. The prohibitions in subsections (A) and (B) include any activity to advocate or promote any proposed, pending or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

D. **Acknowledgment of Federal Funding (Section 505).** When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Ffederal money, FCH shall clearly state:

A. The percentage of the total costs of the program or project which will be financed with Federal money;

B. The dollar amount of Federal funds for the project or program; and

C. ~~The~~ percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources.

E. **Restrictions on Abortions (Section 506),** FCH shall not use federal grant funds for any abortion or for health benefits coverage that includes coverage of that includes coverage of abortion. The term "health benefits coverage" means the package of services covered by a managed care provider or organization pursuant to a contract or other arrangement.



- F. **Exceptions to Restriction on Abortions (Section 507)**, The restrictions in section 506 shall not apply if the pregnancy is the result of an act of rape or incest; or in the case where a woman suffers from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the woman in danger of death unless an abortion is performed.
- G. **Ban on Funding Human Embryo Research (Section 508)**. FCH shall not use federal grant funds for (i) the creation of human embryo or embryos for research purposes; or (ii) research in which a human embryo or embryos are destroyed, discarded, or knowingly subjected to risk of injury or death greater than that allowed for research on fetuses in utero under 45 CFR 46.204(b) and section 498(b) of the Public Health Service Act (42 U.S.C. 289g(b)). The term "human embryo or embryos" includes any organism, not protected as a human subject under 45 CFR 46 as of the date of the enactment of this Act, that is derived by fertilization, parthenogenesis, cloning, or any other means from one or more human gametes or human diploid cell.
- H. **Limitation of Use of Funds for Promotion of Legalization of Controlled Substances (Section 509)**.
- a. FCH shall not use federal grant funds to promote the legalization of any drug or other substance included in schedule I of the schedules of controlled substances established under section 202 of the Controlled Substances Act except for normal and recognized executive-congressional communications.
- b. The limitation in subsection (a) shall not apply when there is significant medical evidence of a therapeutic advantage to the use of such drug or other substance or that federally sponsored clinical trials are being conducted to determine therapeutic advantage."
- I. **Restriction on Distribution of Sterile Needles (Section 5256)**. FCH shall not use federal grant funds to purchase sterile needles or syringes for the hypodermic injection of any illegal drug; *Provided* , That such limitation does not apply to the use of funds for elements of a program other than making such purchases if the relevant State or local health department, in consultation with the Centers for Disease Control and Prevention, determines that the State or local jurisdiction, as applicable, is experiencing, or is at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, and such program is operating in accordance with State and local law."
- J. **Restriction of Pornography on Computer Networks (Section 520)**.



a. FCH shall not use federal grant funds to maintain or establish a computer network unless such network blocks the viewing, downloading, and exchanging of pornography.

b. Nothing in subsection (a) shall limit the use of funds necessary for any Federal, State, tribal, or local law enforcement agency or any other entity carrying out criminal investigations, prosecution, or adjudication activities.”

K. Confidentiality Agreements (Section 742).

a. FCH shall not require its employees or contractors seeking to report fraud, waste, or abuse to sign internal confidentiality agreements or statements prohibiting or otherwise restricting such employees or contractors from lawfully reporting such waste, fraud, or abuse to a designated investigative or law enforcement representative of a Federal department or agency authorized to receive such information.

b. The limitation in subsection (a) shall not contravene requirements applicable to Standard Form 312, Form 4414, or any other form issued by a Federal department or agency governing the nondisclosure of classified information.

4.2 The Assistant Public Health Director shall ensure that financial management systems and procedures are structured to ensure that no federal grant funds are used for purposes that are impermissible under this Policy. As necessary, the Assistant Public Health Director may establish cost centers/accounts for the accumulation and segregation of such costs.

4.3 The Assistant Public Health Director shall ensure fiscal staff receive training regarding the Legislative Mandates and the procedures set forth in this Policy.

5.0 Definition

5.1 FCH: Falls Community Health

5.2 HHS: Health and Human Services

5.3 HRSA: Health Resources Services Administration

6.0 Responsibilities

6.1 N/A

7.0 Procedure

7.1 Review HHS Appropriations Act or issuance of HRSA guidance regarding the Legislative Mandates annually or upon passage of new Act or Mandates.

7.2 Any modifications to FCH Grant Funds-Federal Legislative Mandates policy/procedure will require review and approval by the FCH Governing Board.



FCH Governing Board Chair

Date:



Sioux Falls Health Department—Falls Community Health Standard Operating Policy/Procedure for Grant Funds-Federal Legislative Mandates

1.0 Purpose

- 1.1 To comply with the fiscal year 2026 Consolidated Appropriations Act (Public Law 117-103), signed into law on February 3, 2026, includes provisions that restrict grantees from using their federal grant funds to support certain defined activities. These limitations are commonly referred to as the “Legislative Mandates.”
- 1.2 To provide safeguards to ensure compliance with the Legislative Mandates.

2.0 Revision History

Date	Modification
2.1 07/19/2018	Origination
2.2 07/18/2019	Revised
2.3 03/17/2022	Revised
2.4 03/16/2023	Revised
2.5 07/20/2023	Revised
2.6 09/12/2024	Revised
2.7	Revised

3.0 Person Affected

- 3.1 Finance and management staff.

4.0 Policy

- 4.1 The current Legislative Mandates, which remain in effect until a new appropriations bill is passed, include the following:
 - A. **Salary Limitation (Section 202).** FCH shall not use federal grant funds to pay the salary of an individual at a rate in excess of Executive Level II. *Provided*, that none of the funds appropriated in this title shall be used to prevent the NIH from paying up to 100 percent of the salary of an individual at this rate. As of January 2026, the Executive Level II salary is set at \$228,000.
 - B. **Gun Control (Section 210).** FCH shall not use federal grant funds to advocate or promote gun control.
 - C. **Anti-Lobbying (Section 503).**
 - A. FCH shall not use federal grant funds, other than for normal and recognized executive legislative relationships, for the following:
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- 2) For the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature or legislative itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself;
- B. FCH shall not use federal grant funds to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administration action, or Executive order proposed or pending before the Congress of any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government.
 - C. The prohibitions in subsections (A) and (B) include any activity to advocate or promote any proposed, pending or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.
 - D. **Acknowledgment of Federal Funding (Section 505).** When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, FCH shall clearly state:
 - A. The percentage of the total costs of the program or project which will be financed with Federal money;
 - B. The dollar amount of Federal funds for the project or program; and
 - C. percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources.
 - E. **Restrictions on Abortions (Section 506),** FCH shall not use federal grant funds for any abortion or for health benefits coverage that includes coverage that includes coverage of abortion. The term "health benefits coverage" means the package of services covered by a managed care provider or organization pursuant to a contract or other arrangement.



- F. **Exceptions to Restriction on Abortions (Section 507)**, The restrictions in section 506 shall not apply if the pregnancy is the result of an act of rape or incest; or in the case where a woman suffers from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the woman in danger of death unless an abortion is performed.
- G. **Ban on Funding Human Embryo Research (Section 508)**. FCH shall not use federal grant funds for (i) the creation of human embryo or embryos for research purposes; or (ii) research in which a human embryo or embryos are destroyed, discarded, or knowingly subjected to risk of injury or death greater than that allowed for research on fetuses in utero under 45 CFR 46.204(b) and section 498(b) of the Public Health Service Act (42 U.S.C. 289g(b)). The term "human embryo or embryos" includes any organism, not protected as a human subject under 45 CFR 46 as of the date of the enactment of this Act, that is derived by fertilization, parthenogenesis, cloning, or any other means from one or more human gametes or human diploid cell.
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- b. The limitation in subsection (a) shall not apply when there is significant medical evidence of a therapeutic advantage to the use of such drug or other substance or that federally sponsored clinical trials are being conducted to determine therapeutic advantage."
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- a. FCH shall not use federal grant funds to maintain or establish a computer network unless such network blocks the viewing, downloading, and exchanging of pornography.
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- b. The limitation in subsection (a) shall not contravene requirements applicable to Standard Form 312, Form 4414, or any other form issued by a Federal department or agency governing the nondisclosure of classified information.

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7.0 Procedure

7.1 Review HHS Appropriations Act or issuance of HRSA guidance regarding the Legislative Mandates annually or upon passage of new Act or Mandates.

7.2 Any modifications to FCH Grant Funds-Federal Legislative Mandates policy/procedure will require review and approval by the FCH Governing Board.



FCH Governing Board Chair

Date:



Sioux Falls Health Department—Falls Community Health Standard Operating Policy/Procedure for Grants Management

1.0 Purpose

- 1.1 To maintain effective control over, and accountability for, all funds, property, and other assets in order to adequately safeguard all such assets and ensure that they are used solely for authorized purposes.
- 1.2 To ensure grant expenditures are made and administered in a manner consistent with the terms and conditions specified within each applicable grant, and ongoing compliance with federal statutes and regulations.
- 1.3 To comply with Chapter 15-Financial Management and Accounting of the Health Center Program Compliance Manual.

2.0 Revision History

Date	Modification
2.1 07/19/2018	Origination
2.2 04/18/2019	Revised
2.3 09/19/2019	Revised
2.4 12/21/2023	Revised
2.5 10/16/2025	Revised
<u>2.6</u>	Revised

3.0 Person Affected

- 3.1 Finance and management staff.

4.0 Policy

- 4.1 FCH utilizes financial management and control systems in accordance with sound financial management procedures which ensure at a minimum:
 1. The fiscal integrity of grant financial transactions and reports; and
 2. Ongoing compliance with Federal statutes, regulations, and the terms and conditions of the federal grant award or designation.
- 4.2 The City of Sioux Falls Financial management system specifically identifies all Federal awards, received and expended and the Federal programs under which they were received (see 2 CFR 200 Subpart D 200.302). This financial management system must also provide for all the following:
 1. Accurate, current, and complete disclosure of the financial results of each Federal award or program in accordance with the reporting requirements (see 2 CFR Part 200 200.302 (b)(2))
 2. Records that identify the source (receipt) and application (expenditure) of funds for



federally funded activities. These records must contain information necessary to identify Federal awards, authorizations, financial obligations, unobligated balances, as well as assets, expenditures, income and interest. All records must be supported by source documentation. (see:2 CFR Part 200 Subpart D 200.302(b)(3))

3. Written procedures that minimize the time elapsing between the transfer of Federal award funds and the disbursement of these funds (see 2 CFR Part 200 Subpart D 200.305 Federal payment)
 4. Written procedures for assuring that expenditures of Federal award funds are allowable in accordance with the terms and conditions of the Federal award and with the Federal Cost Principles (see 2 CFR 200 Subpart E Cost Principles)
- 4.3 A health center that expends \$1,000,000 or more in Federal awards during its fiscal year must have a single or program-specific audit conducted for that year in accordance with the provisions of 2 CFR Part 200 Subpart F Audit Requirements.
- 4.4 For Time and Effort reporting, salaried employees submit bi-weekly manual time sheets authorized by the employee and the employee's supervisor. Hourly employees enter hours worked in the time and attendance software, which their supervisor approves electronically. Hourly employees also manually attest to time percentage allocations.
- 4.5 For 330 Community Health Center grant funding, the health center must use any non-grant funds as permitted under section 330 and may use such funds for such other purposes as are not specifically prohibited under section 330, if such use furthers the objectives of the project.
- 4.6 For Ryan White Part C grant funding, program income will be accounted for using the addition method, see 2 CFR Part 200 Subpart D 200.307 (b)(2) Program income. For all other grants that don't specifically approve the addition method, the deduction method is used, see 2 CFR Part 200 Subpart D 200.307 (b)(1) Program income. Program income must be used for the purposes for which the award was made and may only be used for allowable costs under the award.
- 4.7 For grants that we pass through to other agencies, ~~like the GHIV grant passed through to Lewis Drug,~~ provisions of 2 CFR 200 Subpart D 200.332 Requirements for pass-through entities are followed.

5.0 Definition

- 5.1 FCH: Falls Community Health
- 5.2 CFR: Code of Federal Regulations

6.0 Responsibilities

- 6.1 N/A



7.0 Procedure

- 7.1 Expenditures reports are generated by a Finance Department designee. Review of allowable expenses is conducted in accordance with the terms and conditions of the Federal award and with the Federal Cost Principles. Final review and approval is conducted by the Assistant Public Health Director.

- 7.2 Draw down of federal grant funds is conducted monthly following month-end. Written approval via email is sent from the Assistant Public Health Director to the Finance Department designee, who then performs the draw down in the Payment Management System. Supplementary grants are drawn in accordance with budget and expenditure requirements. Invoices for the State of SD grants are reviewed and signed by the Assistant Public Health Director. They are sent via email to the various agencies within 30 days after the end of the month, if the contract has been fully executed.

FCH Governing Board Chair

Date:



Sioux Falls Health Department—Falls Community Health Standard Operating Policy/Procedure for Grants Management

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- 1.1 To maintain effective control over, and accountability for, all funds, property, and other assets in order to adequately safeguard all such assets and ensure that they are used solely for authorized purposes.
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4.6 For Ryan White Part C grant funding, program income will be accounted for using the addition method, see 2 CFR Part 200 Subpart D 200.307 (b)(2) Program income. For all other grants that don't specifically approve the addition method, the deduction method is used, see 2 CFR Part 200 Subpart D 200.307 (b)(1) Program income. Program income must be used for the purposes for which the award was made and may only be used for allowable costs under the award.

4.7 For grants that we pass through to other agencies, provisions of 2 CFR 200 Subpart D 200.332 Requirements for pass-through entities are followed.

5.0 Definition

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6.0 Responsibilities

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7.0 Procedure



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FCH Governing Board Chair

Date:



**Sioux Falls Health Department- Falls Community Health
Standard Operating Policy/Procedure for
Scheduling of Appointments- Medical**

1.0 Purpose ~~The purpose of a scheduling policy is to provide:~~

~~Adequate access for patient appointments~~

1.1 Guidelines for scheduling staff

1.23 Assurance ~~to~~of organizational efficiency and productivity goals

1.34 ~~Maintains accessible patient access and continuity of service to patients in our catchment area. FCH ensures patients have available and accessible care to ensure continuity of service in accordance with HRSA regulations~~ (HRSA Compliance Manual, Chapter 6) and aligns its policy with PCMH guidelines (Competency AC: Patient-Centered Access and Continuity)

2.0 Revision History

	Date	Modification
2.1	01/94	Origination
2.2	04/96	Revised
2.3	10/11/96	Revised
2.4	02/09/99	Reviewed
2.5	08/09/99	Reviewed
2.6	02/26/01	Revised
2.7	04/10/06	Revised
2.8	02/01/10	Revised
2.9	03/19/10	Revised
2.10	11/17/11	Revised
2.11	12/15/11	Revised
2.12	07/19/12	Revised
2.13	10/18/12	Revised
2.14	3/27/14	Revised
2.15	11/19/15	Revised
2.16	08/18/16	Revised
2.17	01/16/17	Revised
2.17	02/16/17	Revised
2.18	01/17/19	Revised
2.19	10/19/20	Revised
2.20	09/19/24	Revised
2.21		Revised

3.0 Persons affected: All staff and patients of FCH-Medical



4.0 Policy

4.1 New Medical Patients:

- A. New patient is defined as someone who has never been seen by FCH medical provider or has not been seen by a medical provider in the last three years (to the exact date)

4.2 Provider Scheduling Guidelines:

- A. A master list of provider names and scheduling guidance will be maintained for staff. This list may be updated without board approval unless patient access is reduced. See Appendix A.
- B. The amount of new patients appointments that are scheduled in advance per shift will be are limited to two per shift also be in Appendix A

4.3 Double-Booking:

- A. Double-booking (scheduling two appointments in one appointment slot) will be done at the request of the provider or to supplement productivity. ~~due to an increased no show rate.~~

4.4 ~~Utilization of~~ Non-Patient Appointment Types:

- A. The non-patient appointment type "Block" in the schedule is done with management approval only. The reason must be noted.

4.5 Late Patients:

- A. In the event a patient arrives more than 10 minutes late for their ~~medical appointment, the the front desk will check the patient in, unless they are unable to wait and choose to reschedule front desk staff will notify the resource nurse.~~



- B. ~~In the event a patient arrives more than 10 minutes late for their counseling, psychiatric or dietetic appointment, the front desk staff will notify the provider.~~
- C. ~~The patient will be seen or rescheduled based on circumstances and availability of provider time.~~ All reasonable efforts will be made to see the patient by the provider. ~~If that is not possible, the rooming nurse will discuss options with the patient.~~

4.6 Medical Procedures:

- A. There may be medical procedures for which residents require staffing by faculty; this will be coordinated with the FCH scheduling staff in partnership with Centers for Family Medicine (i.e., colposcopies, endometrial biopsy, and others depending on resident experience).

4.7 Same-Day Visits:

- A. FCH will ensure that a minimum ~~of 30% appointments~~ will be available for same day access
- B. Openings in the appointment schedule will be filled with same-day patients. To maximize clinic time and increase access for patients, scheduling policy rules are ~~relaxed-removed in order to~~ to fill open appointments.

Commented [V51]: Is this still the PCMH requirement?

4.8 Scheduling with Additional Providers (Counseling, Psychiatric and Dietetic Providers):

- A. Patients must be established with a medical provider to receive counseling, psychiatric and/or dietetic services
- B. Patients may be scheduled with these additional providers, if requested, when scheduling for primary care.
- C. If a patient doesn't show for their initial appointment with the primary care provider, subsequent appointments with additional providers may be cancelled.
- D. When scheduling a patient with a psychiatric provider for psychiatric medication management, patients are considered "new" if not seen by the psychiatric provider previously. This is limited to two per half day. There are no limitations to how many new counseling or dietetic patients are scheduled per shift.



4.9 Scheduling documentation:

A. All appointments will contain the following information:

1. Reason for visit or problem
2. Duration of problem (if applicable)
3. Interpreter requested, as applicable
4. Other accommodations needed for the appointment including but not limited to: large print items, a qualified reader, ADA medical equipment such as exam table or lift chair.

4.10 Productivity:

- A. Provider productivity is determined by reviewing state and national benchmarks. Goals are reviewed yearly by the Assistant Director and the Medical Director
- B. Residency productivity is determined in conjunction with Centers for Family Medicine (CFM), specifically the agency liaison

5.0 Definitions:

- FCH = Falls Community Health
- PST = Patient Support Technician

6.0 Responsibilities:

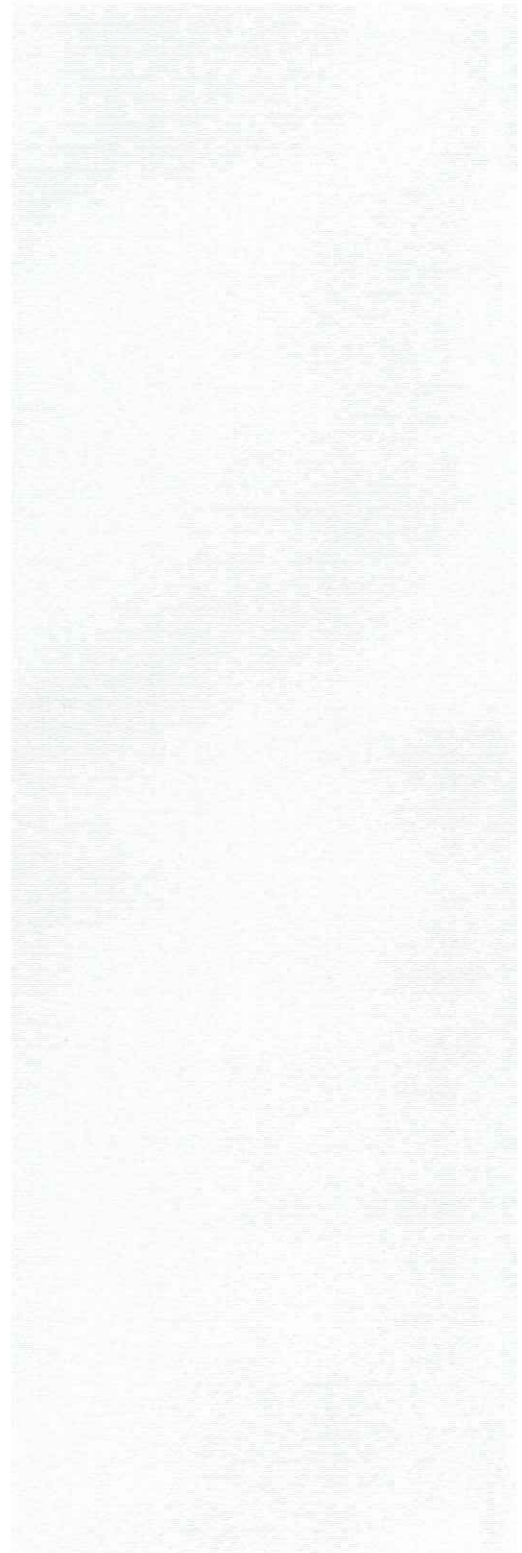
- A. Falls Community Health Governing Board: The board will review and approve policies that define the scope and delivery of health services, including the scheduling policy.
- B. Assistant Director and Medical Director ~~Chief Medical Officer~~: They ~~AD and CMO~~ will periodically analyze organizational goals and make joint recommendations to the Health Director and Governing Board for improving the scheduling policy. ~~Clinic Administrator Quality and Risk Coordinator~~ and Quality Council will monitor metrics related to patient access including but not limited to scheduling policy fidelity and same day access.



7.0 Procedure: N/A

Board Chair

Date





Appendix A

Scheduling Reference				Additional Scheduling Considerations			
Scheduling Reference	Provider First Name	Site(s)	Scheduling Guidelines	HIV Providers	HRT/GAC*	NPI #	DEA#
Tinguely	Jennifer	Main	NO NEW PATIENTS	✓	✓	1.943E+09	FT3597133
Frunuska	Jacob	Main		✓	✓	1.326E+09	FP3727546
Fuerstenberg	Sarah	Main	NO PATIENTS UNDER 12; MAT (her pt only), NO IUD (removal only)		✓	1.508E+09	MF5414393
Van Bockern	Cole	Main				1.184E+09	FV5048586
Raymond	Mitchell	Main		✓		1.063E+09	FR9957252
Orozco	Brenda	Main		✓	✓	1.408E+09	FO5143956
Trierweller	Hannah	Main	NO BIRTH CONTROL	✓		1.711E+09	FT5067029
Braun	Madsyn	Main		✓		1.347E+09	FB3650359
Shafer	Charles	Main	NO NEW PATIENTS	✓		1.72E+09	BS0961486
Desmond	Colleen	Main	NO IUD	✓		1.135E+09	MMS688366
Tye	George	Main		✓		1.972E+09	FT5065063
Merrill	Luke	Main		✓		1.812E+09	FMS120554
Chims	Nneka	Main		✓		1.913E+09	FC3858795
Gervais-LeClaire	Samanth	Main	NO BIRTH CONTROL	✓		1.77E+09	FG3786716
Grassel	Meghan	Main		✓	✓	1.933E+09	FG3771018
Hogue	Amy	Main	NO NEW PATIENTS			1.812E+09	FH0267044
Lyle	Brittany	Main/Hay	NO IUD PLACEMENT (removal only), NO NEXPLANON			1.66E+09	MLS375729
Akeel	John	Main			✓	1.184E+09	FAS098834
Garrish	Justice	Main			✓	1.296E+09	FG5185092
Jansen	Bryrma	Main	NO BIRTH CONTROL			1.63E+09	FJ3774177
Keith	Meredith	Main				1.689E+09	FK3912765
Harris	Gabe	Main		✓	✓	1.478E+09	FH2568903
Nagel	Megan	Hay/Terry	NO MAT	✓		1.135E+09	MLS375729
McKinley	Anna	Main		✓		1.135E+09	FMS084679
Brown	Ethan	Main				1.871E+09	FB5145087
deMatos Konrad	Cerla	Main		✓	✓	1.376E+09	FD3773872
Zeutenhorst	Kynzie	Main		✓		1.812E+09	FS3962188
Leif	Ethan	Main	ORAL BIRTH CONTROL PILLS ONLY	✓		1.933E+09	FL3920522
<i>HRT=Hormone Replacement Therapy, GAC=Gender-Affirming Care</i>							
VanDeWalle	Gavin	Dietitian	Dietitian				No patients under 12 years old
Peterson	Kyla	Main	Mental Health Counselor (Starting in Nov 2023, Tues, Wed, Fri)				No patients under 11 years old
Protexter	Kassie	Pharmacist	Pharmacist				
Additional Scheduling Considerations:							
Avoid scheduling NP OVs on the last 3 pt appts of the day (3:30p-4:15p; early provider- 3:00p-3:30p)							
If there is "white space" day of, NPs may be scheduled because we always try to fill schedules							
If you have to schedule a NP OV in the last 3 appts of the day, document why this was chosen in the general notes							
No Emotional Support Animal (ESA) letters for NPs							
Schedule NPs who are <18yrs old and >65yrs old with the residents							
Appointment Durations:							
15 minutes: All appointment types except							
30 minutes: PROC, N-64S, DIET, NPRP							
45 minutes: NPPSYCH							
60 minutes: NPDIEI, NPCOUN, COU							
Created: 9/16/24 Last updated 10/13/23							



**Sioux Falls Health Department- Falls Community Health
Standard Operating Policy/Procedure for
Scheduling of Appointments- Medical**

1.0 Purpose

- 1.1 Guidelines for scheduling staff
- 1.2 Assurance of organizational efficiency and productivity goals
- 1.3 Maintains accessible patient access and continuity of service to patients in our catchment area. (HRSA Compliance Manual, Chapter 6) and aligns its policy with PCMH guidelines (Competency AC: Patient-Centered Access and Continuity)

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2.12	07/19/12	Revised
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2.14	3/27/14	Revised
2.15	11/19/15	Revised
2.16	08/18/16	Revised
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2.20	09/19/24	Revised
2.21		Revised

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4.3 Double-Booking:

- A. Double-booking (scheduling two appointments in one appointment slot) will be done at the request of the provider or to supplement productivity.

4.4 Non-Patient Appointment Types:

- A. The non-patient appointment type "Block" in the schedule is done with management approval only. The reason must be noted.

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- A. In the event a patient arrives more than 10 minutes late for their appointment, the front desk will check the patient in, unless they are unable to wait and choose to reschedule
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- A. There may be medical procedures for which residents require staffing by faculty; this will be coordinated with the FCH scheduling staff in partnership with Centers for Family Medicine (i.e., colposcopies, endometrial biopsy, and others depending on resident experience).

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Appendix A

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Trierweiler	Hannah	Main	NO BIRTH CONTROL	✓		1.711E+09	FT5067029
Braun	Medisyn	Main		✓		1.347E+09	FB3650359
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Desmond	Colleen	Main	NO IUD			1.135E+09	MM5688368
Tye	George	Main		✓		1.972E+09	FT5065063
Merrill	Luke	Main		✓		1.812E+09	FM5120554
Chima	Nneka	Main		✓		1.913E+09	FC3858795
Gervais-LaClaire	Samanth	Main	NO BIRTH CONTROL	✓		1.77E+09	FG3786716
Grassel	Meghan	Main		✓	✓	1.933E+09	FG3771018
Hogue	Amy	Main	NO NEW PATIENTS			1.812E+09	FH0367044
Lyle	Brittany	Main/Hwy	NO IUD PLACEMENT (removal only), NO NEXPLANON			1.66E+09	ML5375729
Axel	John	Main			✓	1.184E+09	FA5098834
Garrish	Justice	Main			✓	1.296E+09	FG185093
Jansen	Brynna	Main	NO BIRTH CONTROL			1.63E+09	FJ3774177
Keith	Meredith	Main				1.689E+09	FK3912765
Harris	Gabe	Main		✓	✓	1.478E+09	FH2568903
Nagel	Megan	Hwy/Terr	NO MAT	✓		1.135E+09	ML5375729
McKinley	Anna	Main		✓		1.135E+09	FM5064679
Brown	Ethan	Main		✓		1.871E+09	F85145087
deMatos-Konrad	Carla	Main		✓	✓	1.376E+09	FD3773872
Zautenhorst	Kynzie	Main		✓		1.812E+09	FS3952188
Leif	Ethan	Main	ORAL BIRTH CONTROL PILLS ONLY	✓		1.933E+09	FL3920522
<i>HRT=Hormone Replacement Therapy; GAC=Gender-Affirming Care</i>							
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60 minutes: NPDIET, NPCOUN, COU							
Created: 9/16/24 Last updated 10/15/25							

**Falls Community Health
Board Meeting
May 21, 2026**

Public Health Director's Report

City Updates

- Rural Health Transformation Grants
 - Chronic Disease Management
 - Rural Strong
 - Technology grants
 - EMS/ambulance grants
- City Budget Process

Clinic Updates

- Dental Hygiene partnership with USD
- New CFM residents start in July
- Medical Clinic construction project – Approved