

AGENDA

Thursday, October 26, 2017 – 12:00 PM

CONSENT AGENDA: ALL ITEMS MARKED WITH A SINGLE ASTERICK (*) ARE PART OF THE CONSENT AGENDA AND REQUIRE NO DELIBERATION BY THE GOVERNING BOARD. ANY BOARD MEMBER MAY REMOVE AN ITEM FROM THIS AGENDA TO BE CONSIDERED SEPARATELY.

PROCEED TO BOTTOM OF THIS DOCUMENT FOR APPEARANCE & EXECUTIVE SESSION GUIDELINES

In accordance with the provisions of the Americans with Disabilities Act (ADA), persons in need of a special accommodation to participate in this proceeding shall, within three (3) days prior to any proceeding contact the Administrative Office at 9850-A.106 Boardroom Emmett F. Lowry Expressway, Texas City 77591 (409) 949-3406.

ANY MEMBERS NEEDING TO BE REACHED DURING THE MEETING MAY BE CONTACTED AT 409-938-2288

REGULARLY SCHEDULED MEETING

Meeting Called to Order

- *Item #1 Agenda
- *Item #2**ACTION** Excused Absence(s)
- *Item #3**ACTION** Consider for Approval September Minutes
- *Item #4**ACTION** Annual Policy/Plan Review
 - Record Management Plan
- * Item #5**ACTION**..... Consider for Approval the Quarterly Investment Report
- *Item #6 Informational Report
 - Mother Friendly Worksite Policy
 - Fiscal Management Policy
 - Employee Assistance Program Policy
 - Employee Corrective Action Policy
 - Performance Evaluations Policy
 - Separation of Employment Policy
 - Sexual Harassment Policy
 - Vehicular Policy/Incidents Policy
 - Volunteer Policy
- Item #7**EXECUTIVE SESSION** **Texas Government Code Section 551.071, Consultation with Attorney: the Coastal Health & Wellness Governing Board will enter into an executive session as permitted under the Texas Open Meetings Act, Chapter 551 of the Texas Government Code, pursuant to Section 551.071 of the Government Code: to seek the advice of its attorney about pending or contemplated litigation or on a matter in which the duty of the attorney to the Coastal Health & Wellness under the Texas Disciplinary Rules of Professional Conduct of the State Bar of Texas clearly conflicts with the Open Meetings Act relating to 17-CV-00109, United States of America, ex rel. Tammy Lynn Babcock and Malek Bohsali v. Coastal Health & Wellness, and Galveston County Health District.**
- Item #8 Reconvene Regular Open Meeting

- Item #9 Executive Report
- Item #10**ACTION** Consider for Approval Financial Committee Report September 2017
- Item #11**ACTION** Consider for Approval Quarterly Compliance Report
- Item #12**ACTION** Quarterly Visits and Analysis Report Including Breakdown Payer Source for Recent New Patients
- Item #13**ACTION** Consider for Approval Privileging Rights for Emily Bailey, MSW, LCSW
- Item #14**ACTION** Consider for Approval the TACHC Optimizing Comprehensive Clinic Care (OC³) 2017-2019 Learning Program
- Item #15**ACTION** Consider for Approval One Time Pay Out for Employees with 6 Months Employment to be Paid \$46,671.20 in the Pay Period Before Thanksgiving
- Item #16 Notice of Grant Award with Program Specific Conditions for Program Requirements based on Action Plan Submitted to HRSA from Site Visit Review

Adjournment

Tentative Next Meeting: November 16, 2017

Appearances before Governing Board

A citizen desiring to make comment to the Board shall submit a written request to the Executive Director by noon on the Thursday preceding the Thursday Board meeting. A statement of the nature of the matter to be considered shall accompany the request. The Executive Director shall include the requested appearance on the agenda, and the person shall be heard if he or she appears.

Executive Sessions

When listed, an Executive Session may be held by the Governing Board in accordance with the Texas Open Meetings Act. An Executive Session is authorized under the Open Meetings Act pursuant to one or more the following exceptions: Tex. Gov't Code §§ 551.071 (consultation with attorney), 551.072 (deliberation regarding real property), 551.073 (deliberation regarding a prospective gift or donation), 551.074 (personnel matters), 551.0745 (personnel matters affecting Coastal Health & Wellness advisory body), 551.076 (deliberation regarding security devices or security audits), and/or 551.087 (deliberations regarding economic development negotiations). The Presiding Officer of the Governing Board shall announce the basis for the Executive Session prior to recessing into Executive Session. The Governing Board may only enter into Executive Session if such action is specifically noted on the posted agenda.

The Galveston County Health District's Boardroom is wheelchair accessible. Persons with disabilities who plan to attend this meeting and who may need accommodations, auxiliary aids, or services such as interpreters, readers, or large print are requested to contact the Executive Assistant at 409-949-3406, or via e-mail at trollins@gchd.org at least 48 hours prior to the meeting so that appropriate arrangements can be made.



COASTAL HEALTH & WELLNESS

GOVERNING BOARD

9850-A.106 Boardroom Emmett F. Lowry Expressway, Texas City

**Governing Board
October 2017
Item #2
Excused Absence(s)**

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

9850-A.106 Boardroom Emmett F. Lowry Expressway, Texas City

Governing Board

October 2017

Item #3

Consider for Approval September Minutes

**Coastal Health & Wellness
Governing Board Meeting
September 28, 2017**

Board Members

Present:

Dr. Howard
Jose Boix
Jay Holland
David Delac
Dorothy Goodman
Mario Hernandez
Miroslava Bustamante
Victoria Dougharty

Staff:

Mary McClure, Interim Executive Director	Kathy Barroso, GCHD CEO
Dr. Foster	Pisa Ring
Dr. Alhassan	Tiffany Carlson
Andrea Cortinas	Laura Walker
Sandra Cuellar	Mario Acosta
Tikeshia Thompson Rollins	Kristina Garcia
	Michelle Peacock
	Anthony Hernandez

Excused Absence: Virginia Valentino

Unexcused Absence:

***Approval of Consent Agenda**

Upon a motion by Dorothy Godman, seconded by Jay Holland, Consent Agenda items one through five were unanimously approved.

Item #6 EXECUTIVE SESSION

Texas Government Code Section 551.071, Consultation with Attorney: the Coastal Health & Wellness Governing Board will enter into an executive session as permitted under the Texas Open Meetings Act, Chapter 551 of the Texas Government Code, pursuant to Section 551.071 of the Government Code: to seek the advice of its attorney about pending or contemplated litigation or on a matter in which the duty of the attorney to the Coastal Health & Wellness under the Texas Disciplinary Rules of Professional Conduct of the State Bar of Texas clearly conflicts with the Open Meetings Act relating to 17-CV-00109, United States of America, ex rel. Tammy Lynn Babcock and Malek Bohsali v. Coastal Health & Wellness, and Galveston County Health District.

Item #7 Reconvene Regular Meeting

Reconvene to regular meeting at 12:35 p.m.

Item #8 Executive Report

Mary McClure, Interim Executive Director/Business Director, presented the September 2017 Executive Report to the Board.

Item #9 Consider for Approval Financial Committee Report August 2017

Andrea Cortinas, Controller, asked the Board to consider for approval financial committee report for August 2017. Andrea informed the Board that the MTD increase in Fund Balance of \$15,355. Reserves were \$1,102,209 higher than budgeted this month. MTD revenue related to Self-Pay,

Privates Insurance, Medicaid, Medicare, and Contract Revenue were all higher than budgeted due to recording Receivables. Andrea also pointed out YTD revenues are \$2,347,361 higher than budgeted due to recording of AR balances. Private insurance, Self Pay, Medicaid, Medicare and Contract Revenues are higher than budgeted, while Title V remains under budget YTD. Expenses were (1,086,854) higher MYD than budgeted due to recording Bad Debt Expense, and are (1,900,968) higher YTD than Budgeted, but are offset by savings in personnel. YTD increase in fund balance of \$243,296. Total fund balance \$4,662,573 as of 8/31/2017. The clinic was closed for 5.5 days due to hurricane Harvey. The clinic was available for walk-in patients on Thursday, 8/31. Upon a motion made by Mario Hernandez, seconded by Dorothy Goodman, the consideration was unanimously approved by the Board.

Item#10 Consider for Approval Denture Fee Schedule

Andrea Cortinas, Controller, asked the Board to consider for approval denture fee schedule. Andrea informed the Board effective October 1, 2017 a new contract was signed with a new vendor for dental lab services. Upon a motion made by Jose Boix, seconded by Mario Hernandez, the consideration was unanimously approved by the Board.

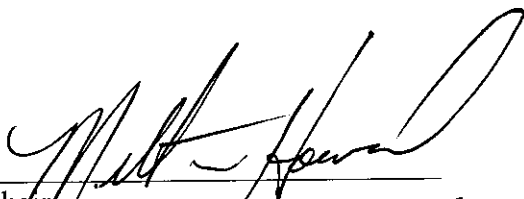
Item#11 Review Process to Evaluate Interim Executive Director

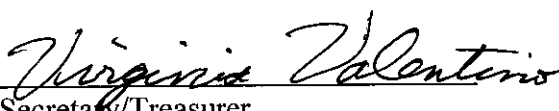
Dr. Howard, Board Chair, reviewed the process to evaluate the Interim Executive Director at the November 2017 meeting.

- Dr. Howard informed all Board members that they will receive the Performance Appraisal of the Executive Director documents and were asked to complete the form and return to CHW Administration on or before the next meeting October 26, 2017. At that time all information will be compiled and an Executive Session to evaluate the Interim Executive Director will be held at the November 16th meeting.

Adjournment

A motion to adjourn was made by Dorothy Goodman, seconded by Mario Hernandez. The Board adjourned at 12:51 p.m.


Chair
Date 10-26-2017


Secretary/Treasurer
Date 10-26-2017

**Governing Board
October 2017
Item #4
Annual Policy/Plan Review**

- Record Management Plan

-Approved
UBOH 09/27/17
GB 10/26/17
-Effective 03/28/03

RECORDS MANAGEMENT PLAN

WHEREAS, *Title 6, Subtitle C, Local Government Code* (Local Government Records Act), provides that each local government must establish an active and continuing records management program; and

WHEREAS, the Galveston County Health District, Coastal Health & Wellness, and the Galveston Area Ambulance Authority (collectively "the District") desires to adopt a plan for that purpose and to prescribe policies and procedures consistent with the Local Government Records Act and in the interests of cost-effective and efficient record keeping; NOW, THEREFORE:

SECTION 1. DEFINITION OF RECORDS OF THE DISTRICT

All documents, papers, letters, books, maps, photographs, sound or video recording, microfilm, magnetic tape, electronic media, or other information recording media, regardless of physical form or characteristic and regardless of whether public access to it is open or restricted under the laws of the state or federal government, created or received by the District or any of its officers or employees pursuant to law or in the transaction of public business are hereby declared to be the records of the District and shall be created, maintained, and disposed of in accordance with the provisions of this ordinance or procedures authorized by it and in no other manner.

SECTION 2. RECORDS DECLARED DISTRICT PROPERTY

All records as defined in *Section 1* of this plan are hereby declared to be property of the District. No official or employee of the District has, by virtue of his or her position, any personal or property rights to such records even though he or she may have developed or compiled them. The unauthorized destruction, removal from files, or use of such records without authorized District permission is prohibited.

SECTION 3. POLICY

It is hereby declared to be the policy of the District to provide for efficient, economical, and effective controls over the creation, distribution, organization, maintenance, use and disposition of all records of this office through a comprehensive system of integrated procedures for the management of records from their creation to their ultimate disposition, consistent with the requirements of the Local Government Records Act and generally accepted records management practices.

SECTION 4. RECORDS MANAGEMENT OFFICER

The District, through its Chief Executive Officer or CHW Executive Director, shall designate an individual, employed by the District as its Records Management Officer. In the event of the resignation, retirement, dismissal, or removal by action of the Records Management Officer, the Chief Executive Officer or CHW Executive Director shall promptly designate another individual to serve as the Records Management Officer. The

individual designated as Records Management Officer shall file his or her name with the director and librarian of the Texas State Library within thirty (30) days of the date of designation, as provided by law. The Records Management Officer will be referred to as the Records Management Coordinator. The Records Management Coordinator shall:

1. Keep a master list, composed of all department main lists;
2. Monitor the Records Management Plan for compliance;
3. Provide assistance to Record Liaisons;
4. Report changes or non-compliance to applicable members of the executive staff; and
5. Actively support and promote the records management program throughout the District.

SECTION 5. RECORDS MANAGEMENT LIASONS

The Records Management Liaisons shall:

1. Designate a minimum of one (1) contact for each department who will work with the Records Management Coordinator;
2. Assist in overseeing the records management program for the Liaison's respective department;
3. Review the master records list for conformity when notified of retention policy changes by the Records Management Coordinator;
4. Provide recommendations to the Records Management Coordinator for consideration of the destruction of records in accordance with approved records' control schedules. The Chief Executive Officer or CHW Executive Director shall render final approval of said considerations; and
5. Actively support and promote the records management program throughout the District.

SECTION 6. RECORDS LIAISON DESIGNATION AND DUTIES

The Records Liaisons may determine that it is in the best interest of the Records Management Program to designate more than one (1) Records Liaison for a department. The Records Liaisons shall:

1. Compile a main list of all records in their department;

-Approved
UBOH 09/27/17
GB 10/26/17
-Effective 03/28/03

2. Keep an updated master list on file with the Records Management Coordinator;
3. Become familiar with the destruction periods for the records in their department; and
4. Assist in educating staff in their respective departments about lengths of time their records should be kept.

SECTION 7. RECORDS CONTROL SCHEDULES

Appropriate record control schedules issued by the Texas State Library and Archives Commission shall be adopted by the Records Management Coordinator under the direction of the Chief Executive Officer or CHW Executive Director for use in the District, as provided by law. Any destruction of the District's records will be handled in accordance with these schedules, as well as the Local Government Records Act.

SECTION 8. DESTRUCTION OF SCHEDULED RECORDS

Offsite Records

All records to be sent offsite shall be arranged for transportation by the Records Management Coordinator, who shall take the request to the Chief Executive Officer or CHW Executive Director, as stated in *Section 5* of this plan, for approval. Offsite records approved for destruction are securely destroyed offsite and a certificate of destruction is kept on file.


Onsite Records

The Records Liaisons will monitor records kept within their department for destruction dates. At such time records kept within departments are due for destruction, the Records Liaison shall provide the Records Management Coordinator with a completed Disposition Log indicating the documents to be destroyed. The Records Management Coordinator shall take the request to the Chief Executive Officer or CHW Executive Director, as stated in *Section 5* of this plan, for approval. Onsite records approved for destruction are destroyed according to the Disposition Log (type of destruction marked and dated) and a copy of the Disposition Log is kept on file by the Records Management Coordinator.

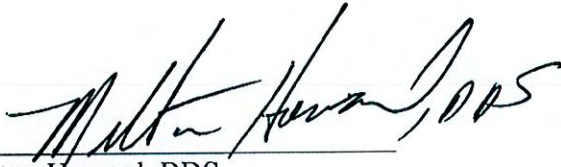
SECTION 9. DESTRUCTION OF UNSCHEDULED RECORDS

A record that is not listed under an adopted records control schedule or listed on a supplemental records control schedule may be destroyed if its destruction has been approved in the same manner as a records destroyed under an approved schedule and the Records Management Coordinator has submitted to and received back from the State's Records Management Library an approved destruction authorization request.

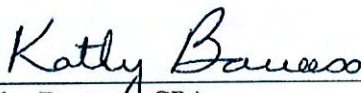
This Plan is adopted on the ^{27th} ~~31st~~ day of ~~August~~ ^{September}, 2017.



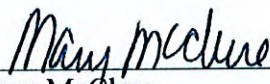
Ben G. Raimer, MD
Chairman
Galveston County Health District
United Board of Health



Milton Howard, DDS
Chairman
Coastal Health & Wellness
Governing Board



Kathy Barroso, CPA
Chief Executive Officer
Galveston County Health District



Mary McClure
Interim Executive Director
Coastal Health & Wellness



COASTAL HEALTH & WELLNESS

GOVERNING BOARD

9850-A.106 Boardroom Emmett F. Lowry Expressway, Texas City

Governing Board

October 2017

Item #5

**Consider for Approval the Quarterly
Investment Report**

**Coastal Health & Wellness
Investment Report
For the period ending September 30, 2017**

Coastal Health & Wellness	Money Market Account		
	July	August	September
Beginning Balance	\$5,108,734	\$4,938,738	\$4,615,785
Deposits	353,000	0	739,000
Withdrawals	(525,000)	(325,000)	(325,000)
Interest Earned	2,004	2,047	1,833
Ending Balance	\$4,938,738	\$4,615,785	\$5,031,617
Current Annual Yield	0.50%	0.50%	0.50%
Previous Quarter Yield (4/2017 to 6/2017)	0.50%	0.50%	0.50%

Tex Pool Investments		
July	August	September
\$10,079	\$10,087	\$10,096
0	0	0
0	0	0
8	9	8
\$10,087	\$10,096	\$10,104
0.71%	0.77%	0.88%
0.71%	0.77%	0.88%

FY17 Summary	Interest Earned	Avg Balance	Yield
October 1, 2016 to December 31, 2016	\$5,310	\$4,226,604	0.13%
January 1, 2017 to March 31, 2017	\$5,328	\$4,326,543	0.12%
April 1, 2017 to June 30, 2017	\$5,909	\$4,674,894	0.13%
July 1, 2017 to September 30, 2017	\$5,909	\$4,676,661	0.13%
YTD Totals	\$22,457	\$4,476,176	0.50%

Coastal Health & Wellness	Q1	Q2	Q3	Q4	YTD Comparison
Interest Yield Year to Year Comparison	Oct 1-Dec 31	Jan 1-Mar 31	Apr 1-June 30	Jul 1-Sept 30	Total as of 9/30
FY2014	0.19%	0.19%	0.19%	0.19%	0.75%
FY2015	0.19%	0.18%	0.19%	0.19%	0.75%
FY2016	0.13%	0.12%	0.12%	0.13%	0.50%
FY2017 (Current year)	0.13%	0.12%	0.13%	0.13%	0.50%

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**Governing Board
October 2017
Item #6
Informational Report**

- Mother Friendly Worksite Policy
 - Fiscal Management Policy
 - Employee Assistance Program Policy
 - Employee Corrective Action Policy
 - Performance Evaluations Policy
 - Separation of Employment Policy
 - Sexual Harassment Policy
 - Vehicular Policy/Incidents Policy
 - Volunteer Policy
-

Mother Friendly Worksite

Audience

This policy applies to all actively breastfeeding Galveston County Health District, Galveston Area Ambulance Authority, Coastal Health & Wellness (collectively “the District”) employees.

Policy

The Galveston County Health District recognizes that breast milk is the recommended and normal food for healthy growth and development of infants and young children. Galveston County Health District promotes and supports breastfeeding and the expression of breast milk by employees who are breastfeeding when they return to work.

Management staff of Galveston County Health District shall work with breastfeeding employees to determine mutually agreeable hours or work, assignments and breaks which support breastfeeding practices.

Galveston County Health District has a designated Mother Friendly Worksite area that is in accordance to the Texas Statutes-Section. 165.003. Business Designation as “Mother-Friendly”.

Employees that utilize the Mother Friendly Worksite area should contact Galveston County Health District’s Human Resources.

Fiscal Management

-Approved
UBOH- 09/27/2017
-Effective 10/29/2004

Audience

This policy applies to Galveston County Health District, Galveston Area Ambulance Authority, Coastal Health & Wellness (collectively “the District”).

Purpose

The purpose of the District Fiscal Management Policy is to provide guidance on the accounting and administration of District local, federal and state funding and to establish accountability and provide adequate controls to effectively monitor revenue and expenditures as designated in the annual budget. This policy is intended to guide the District staff, as well as the United Board of Health and Coastal Health & Wellness Governing Board, in their responsibilities regarding fiscal management.

Internal Control Procedures

Each Board is responsible for the efficient, effective and financially sound operation of the organization that it oversees, and designates responsibility to designated District personnel to manage funds according to approved budgets, and to maintain the overall adequacy and effectiveness of the internal control system. An internal control system should provide reasonable assurance that an organization will accomplish effectiveness and efficiency of operations, provide reliability of financial reporting, and ensure compliance with applicable laws and regulations. Controls must ensure that assets are not exposed to unauthorized access and use. The designated District personnel have the responsibility to establish and maintain an adequate system of internal control and to furnish the Board(s), governmental agencies, District creditors, and other agencies reliable financial information on a timely basis.

To provide additional oversight, each Board will designate a group of Board members to function as a Finance Committee. The Finance Committee(s) will review monthly financial issues and/or reports of the organization for presentation to the entire Board(s). In addition, the Board(s) have the authority to approve and will incorporate into its own minutes such matters as (i) change of the organization’s name, (ii) adoption of the annual operating budget, (iii) selection or termination of the Chief Executive Officer, (iv) incurring debt, (v) investment policies (vi) designation of depository and investment banks (vii) purchase or sale of property, (viii) leasing of real property, (viii) institution, termination or settlement of any litigation, (x) opening up or closing checking or savings accounts, (xi) selection of the District’s public accountants, (xiii) signature authorities, and other such duties as detailed in the Board(s) by-laws. Annually, the Board(s), by its action, may designate such duties to District employees, as it deems appropriate.

Financial Management Procedures

It is the responsibility of the designated District personnel to assess financial operations and present the Board(s) with the information necessary to effect short-term management and long-term planning. Monthly financial statements should be available to the Finance Committee(s), for ultimate approval by the Board(s), no later than thirty days after the end of the month to which they relate. Monthly financial statements should include the balance sheet and summary of operations, and should compare actual results to budgeted results with variances explained by executive officers. The District's accounting system will be organized and operated on a fund basis. As such, the District will maintain a General Fund and such Special Funds as needed. The General Fund, along with the Galveston Area Ambulance Authority will operate on a fiscal year ending September 30th. Coastal Health & Wellness will operate on a fiscal year ending March 31st. A qualified independent public accountant, selected by the Board(s), will conduct an annual audit in compliance with the Single Audit Act and GASB 34 requirements. In addition, the District will have prepared, and kept up to date an annual operating budget of revenue and expenses by fund which has been approved by the appropriate Board(s), and will adhere to guidelines established by the Controller to assure compliance with other requirements such as, insurance and bonding, sub-recipient monitoring, and financial reporting.

Accounting for Assets, Liabilities & Fund Balance

The District holds numerous assets including cash, receivables, inventories, property and equipment. It is the responsibility of the designated District personnel along with the Board(s) and Finance Committee(s), to ensure that policies and procedures are in effect that provide for the appropriate handling and use of these assets, and that obligations are paid and accounted for in a timely manner.

The Board(s), along with District staff, should insure the following:

1. That there is sufficient cash to meet financial obligations, both in the short-term and long-term.
2. The District has established and follows appropriate credit and collection policies to ensure that payments are pursued and collected.
3. Inventories, property, and equipment are sufficiently controlled to ensure that the assets are appropriately used to the benefit of the District.
4. Obligations to vendors are paid appropriately and timely, and that District staff attempt to secure goods and services of appropriate quality and cost.
5. Vendors are selected based on consistency with regulatory requirements.
6. Contracts with third-party payers reflect the nature and cost of the services provided.

In order to comply with GASB 34 requirements, fixed assets will be accounted for in a self-balancing group of accounts separate and distinct from the regular General Ledger

accounts called the *General Fixed Asset Account Group*, and Long term Liabilities will be recorded in the *General Long Term Debt Account Group*.

Revenue Procedures

District staff along with the Board(s) and Finance Committee(s) assume responsibility for insuring that District services are billed according to the Board approved fee schedule, and that billings support requirements of third-party payers, when applicable. Procedures should also be in place to assure compliance with reimbursement requirements of grantor organizations as specified. Unbudgeted or excess revenue will be presented to the appropriate Finance Committee(s) and Board(s) for review and recommendation related to the use of these funds.

Cost Accounting & Estimating Procedures

The District will adhere to standards established in Statements of Federal Financial Accounting Standards (SFFAS) No. 4 which include: (1) accumulating and reporting costs of activities on a regular basis for management information purposes, (2) establishing responsibility segments to match costs with outputs, (3) determining the full cost of government goods and services, (4) recognizing the costs of goods and services provided by one federal entity to another, and (5) using appropriate costing methodologies to accumulate and assign costs to outputs. Practices used by District in accumulating and reporting actual costs will be consistent with its practices used in estimating costs for all programs. The District accounting system will accumulate and report related costs, distinguishing between District paid, donated services, space or equipment, and any program income authorized to be treated as match.

Property Management Procedures

The Board(s) have designated the responsibility to designated District personnel to insure that an appropriate system is in place that adequately records, safeguards, and maintains property according to local, federal, and state standards. The District will maintain detailed records of all property and equipment, which include the description, location, serial number, vendor, acquisition cost, depreciation, and disposition as designated in the *District Fixed Asset Guidelines*. As requested, the District will provide such reports to the granting agency to which the District is accountable, and will abide by disposition instructions of the funding agency when the useful life of the asset has been met. A fixed asset inventory will be conducted annually and reconciled to equipment records. All financial and programmatic records, supporting documents, statistical records and other required or pertinent records of the District will be retained as indicated in the *Records Management Guidelines*.

Compensation Procedures

The District follows compensation guidelines established by the FLSA (Fair Labor Standards Act). The Board(s), along with designated District personnel are responsible for (1) providing reasonable assurance that employees are paid at comparable rates for similar types of services in the local geographical area, and (2) that employee benefit programs are those of importance to employees, comparable to other competitors, and within the financial capabilities of the District. Normal work hours and payday schedules will be established by the Board(s). Currently, the District maintains a number of wage/salary structures utilizing a grade/step structure in each. The wage/salary structure used for a particular employee depends on their primary funding source. Employees are compensated on a bi-weekly basis with the pay period beginning on Thursday and ending on Wednesday. For all paid positions, District will maintain an up-to-date and complete job description. Reimbursement for salary and wages will be based on documented timesheets submitted by the employee and approved by a responsible supervisory official. All employees are required to use the District's authorized time sheet for reporting work week hours.

Travel

Employees traveling on District business will be compensated based on criteria established in the *District Travel Procedures*.

Purchasing Procedures

It is the policy of the District to adhere to the guidelines established in OMB Circular 110 and the *District Purchasing Policy* when procuring items or services for District business. These guidelines establish procedures that include, but are not limited to the following requirements (1) procure only those items, which are required to perform the mission and/or fill a bona fide need of the District, and (2) procurement will be made with complete impartiality based strictly on the merits of supplier proposals and applicable related considerations such as delivery, quantity, etc. In addition, the Board(s) and designated District personnel are responsible for adhering to the following standards of conduct as follows: (1) No employee, officer, member of the United Board of Health, the Coastal Health & Wellness Governing Board or agent of the District will participate in the selection or award or administration of a contract if a conflict of interest, real or apparent, would be involved, and (2) Members of the Board of Health or Coastal Health & Wellness Governing Board, officers, employees, or agents of the District will neither solicit nor accept gratuities, favors or anything of monetary value from contractors or potential contractors or parties to sub-agreements.

Investment Procedures

It is the policy of the District to invest public funds in a manner which will provide the highest investment return with the maximum security while meeting the daily cash flow demands of the entity and conforming to all state and local statutes governing the investment of public funds. Investment of Health District funds will follow procedures outlined in *District Investment Guidelines*.

Employee Assistance Program

Audience/Eligibility

This policy applies to all Galveston County Health District, Galveston Area Ambulance Authority, and Coastal Health & Wellness (collectively “the District”) employees.

Policy

It is the Health District’s policy to provide an Employee Assistance Program (EAP) that provides confidential, professional assistance to help employees and/or their immediate family members resolve problems that affect their personal lives and/or performance on the job.

Self-Referrals

Employees are encouraged to seek assistance for a personal problem by contacting the EAP before job performance is impaired. Self-referrals are confidential, and no contact is made between the EAP and supervisors. Vacation or Sick leave is to be used for any time missed from work due to a self-referral to the EAP. It is the employee’s responsibility to request supervisory approval for scheduled absences. (*Reference: Attendance policy*)

Mandatory Referrals

Supervisors may refer employees to the EAP based on documented deteriorating or unsatisfactory job performance. Employees with a mandatory referral to the EAP will use Administrative Leave for those appointments that occur during business hours (*Reference: Employee Leave policy*).

If an employee is given a mandatory referral to the EAP and does not make contact with the EAP within the allotted timeframe, or does not complete the recommended treatment plan, the employee will be terminated from the employment of the Health District. (*Reference: Corrective Action and Employee Leave policies*)

Regardless of whether the employee is referred to the EAP, the usual disciplinary procedures for poor job performance will be followed if an employee's job performance continues to be unsatisfactory.

Mandatory referrals may also apply when an employee discloses substance abuse. (*Reference: Drug-free Workplace policy*)

Confidentiality

Contact between the EAP and an employee or his/her immediate family member is confidential. In the case of a mandatory referral, the *Release of Information* signed by the employee allows Human Resources to receive a report of attendance or absence from a session. The *Release of Information* does not allow Human Resource to receive information regarding the nature of the visit unless, in the judgment of EAP staff, an employee represents a threat to himself or others or unless otherwise required by law. Mandatory referrals to the EAP shall be kept confidential and maintained by Human Resources separate from other personnel records.

Employee Corrective Action

Audience

This policy applies to all Galveston County Health District, Galveston Area Ambulance Authority, and Coastal Health & Wellness (collectively “the District”) employees.

Policy

When it is determined that an employee is not meeting expectations, the most directly accountable manager is expected to take fair, consistent, appropriate, and timely corrective action.

These important factors will be considered in all applications of corrective action:

- the seriousness of the offense;
- the employee's past record; and
- the circumstances surrounding the particular case.

The procedures below may be **used or skipped at any time** at the approval of Human Resources and/or the Chief Executive Officer, CHW Executive Director, or designee.

Initial Employment Period

It is *recommended* that corrective action situations involving employees who are in their initial employment period be dealt with by progressive corrective action. However, an employee in their initial employment period may be immediately dismissed without notification of intent to terminate and without an official appeal to the Chief Executive Officer or CHW Executive Director. The Chief Executive Officer or designee have the authority to approve dismissals of Public Health and GAAA employees in their initial employment period as recommended by the Program Manager. The CHW Executive Director or designee have the authority to approve dismissals of Coastal Health & Wellness employees in their initial employment period as recommended by the Program Manager.

Regular Employees

Progressive corrective action may be skipped at any time for those situations warranting immediate action, up to termination, depending on the severity of the infraction and the consequences to the public and/or organization and at the approval of Human Resources, the Chief Executive Officer, CHW Executive Director, or designee.

Written corrective actions are expected to be issued to the employee within one business day of the infraction and/or after the conclusion of the investigation.

Four types of corrective action are recognized. These are: *verbal clarification*, *written warning*, *suspension*, and *dismissal*.

Progressive Corrective Action

Step 1: Verbal Clarification

When a performance problem is first identified, the supervisor is expected to thoroughly discuss the problem with the employee within one business day of the incident. Bringing the problem to the attention of the employee is often enough to prompt him/her to correct it willingly. The "verbal clarification" should be given to the employee in private, out of earshot of other employees.

The offending employee will be given a verbal clarification by his/her supervisor. The supervisor, for purposes of letting the employee know that it is an official warning, will state, "**This is a verbal clarification.**" The supervisor is expected to document the verbal clarification and maintain the documentation for future reference. The *District Official Discipline Notice* form may be used for this purpose.

Step 2: Written Warning Corrective Action

If satisfactory performance is not achieved by issuing the employee a verbal warning, the supervisor and/or the next level of management is expected to:

- (a) Promptly notify the employee that corrective action may occur immediately after an incident occurs. Let the employee know that as soon as the investigation is complete and all relevant facts are gathered that you will meet with them to inform them of the outcome and any actions to be taken.
- (b) Promptly notify the Human Resources Director of the incident and seek any guidance about facts needed.
- (c) Investigate the incident by gathering all relevant facts, including the employee's side of the incident.
- (d) Within one workday of finishing the investigation:
 - a. prepare a draft corrective action for review by the Human Resources Director who reviews with appropriate executive officers, and
 - b. issue the approved corrective action to the employee in private allowing time for the employee to write comments.
- (e) Forward the corrective action along with any supporting documentation to Human Resources for filing in the employee's personnel file.

Written corrective actions must include the following:

- (a) Complete form (or memo in some cases)
- (b) Copy of the verbal clarification attached (if applicable)
- (c) Statement of the policy or procedure violated or in some circumstances the job description can be attached if the employee has done something that is not on his/her approved job description (attach copy).
- (d) Statement of consequences of actions (i.e. adverse impact to district, disruption of workplace, impact on GCHD credibility, adverse impact on public member(s), etc.)
- (e) Clear detailed plan to correct infraction -- training by whom, by when, review policy by when, etc.
- (f) Statement of what will happen if the same or similar infraction occurs in the future.

Step 3: Suspension

If a formal discussion and written corrective action with the employee have not resulted in corrective action, the next step based on the seriousness of the offense, is suspension without pay. A suspension is time off -not to exceed 10 working days- without pay for misconduct that is not serious enough to warrant immediate dismissal. Time periods for suspensions are based on FLSA status (salary/exempt vs. hourly/non-exempt), the seriousness of the infraction, and Department of Labor guidelines and regulations.

The supervisor and/or next level of management is expected to:

- (a) Complete the steps above for investigating and writing a corrective action.
- (b) Work with the Human Resources Director to determine length of time employee will be suspended.
- (c) Obtain all approval signatures prior to meeting with the employee.
- (d) Meet in private with the employee to review the areas of concern and issue the-suspension (ensure that employee is aware of when to return to work and that the suspension is without pay).
- (e) Inform the employee that his/her job is in jeopardy and that failure to correct the problem will result in further action which may include termination of employment.
- (f) Meet with the employee upon his/her return to review the corrective action plan.

Step 4: Dismissal

Based on the seriousness of the offense, the employee's past record, and the circumstances surrounding the particular case, the supervisor can initiate the intent to terminate process by documenting, in writing, the reasons for dismissal and the steps that have been taken to correct the problem.

The supervisor and/or next level of management is expected to:

- (a) Schedule a meeting with the Human Resources Director to discuss if dismissal is appropriate.
- (b) Assist the Human Resources Director in developing a chronology of the employee's personnel file (to include verbal clarifications, corrective actions, personnel evaluations, etc.).
- (c) Upon approval to proceed with the intent to terminate process from the Human Resources Director, Chief Executive Officer, CHW Executive Director, or designee, assist the Human Resources Director in drafting an "intent to terminate" notice for the signature of the Director level manager. The "intent to terminate" notice will include:
 - the intent to process the action,
 - the reason(s) for the action,
 - the effective date, and
 - signature of the Director level manager
 - the employee's right to rebut the allegations in writing and within 3 working days to the Chief Executive Officer, CHW Executive Director, or designee.

- (d) Meet with the employee in private to issue the "intent to terminate" notice .
- (e) Notify the employee that he/she will be placed on paid administrative leave for the three day rebuttal period.

The Chief Executive Officer, CHW Executive Director or designee will issue a final termination letter to the employee if he/she decides not to rebut the allegations in writing within the allotted time frame.

Should the employee decide to rebut the allegations in writing, the Chief Executive Officer, CHW Executive Director, or designee will consider the appeal and make the final determination regarding the employment status of the employee. If the employee's appeal is upheld, the Chief Executive Officer, CHW Executive Director, or designee may impose an alternative type of corrective action (other than termination) such as a suspension without pay, demotion, transfer, etc.

Situations Warranting Immediate Dismissal

Serious problems of behavior that threaten or disrupt district operations or the work of other employees will result in immediate action to stop the behavior. This action may range from removal of the employee from the work site, suspension, or immediate dismissal.

Where an employee threatens or significantly disrupts operations or the work of other employees, the progressive corrective action plan need not be followed.

Violation of any of the following rules will be considered adequate justification for immediate dismissal for the first offense skipping the intent to terminate (**not an all-inclusive list**):

- use, sale, possession, transfer, manufacture, distribution, dispensation, purchase or reporting to work under the influence or effects of alcohol, illegal narcotics, or any non-medically prescribed controlled drug or substance on company property;
- stealing or attempting to steal property from any individual on Health District premises, or stealing or attempting to steal property from the Health District;
- bodily assault upon any person, or fighting on Health District property;
- indecent conduct on Health District premises;
- possession of firearms or any dangerous weapons (or explosives) on Health District property;
- threatening, intimidating, coercing, or interfering with other employees;
- insubordination to supervisor, refusal to perform supervisor's assignments (unless assignment violates the law), or directing abusive or threatening language toward any Health District supervisor, employee, or representative;
- disclosing business information of a confidential nature to unauthorized persons, or any action by an employee that would create poor public relations;
- fraud committed by knowingly accepting pay for time not worked;
- acts of sabotage, or other interference with Health District projects;
- conviction of a felony that shows relationship between the position and reason for conviction;
- job abandonment (absence for three consecutive working days without notifying supervisor);

- unsafe operation of equipment in a negligent manner or destruction of Health District material or property or the property of fellow employees (the purpose of this provision is to impress upon each employee the need to observe responsible, intelligent, and safe working practices for his own and his co-workers' safety as well as the protection of valuable Health District property);
- abusive language directed toward employees, management, the Health District, customers, patients, or vendors;
- falsification of documents;
- testing positive for any amount of illegal drugs, prescription drugs without a valid prescription, or alcohol;
- failure to complete an ordered drug and/or alcohol test; or
- violation of rules of licensure or certification board.

Other inappropriate behavior may be determined to be of equal seriousness with those listed and an employee may be given corrective action/dismissal based on those additional types of behaviors.

Forms

- District Official Discipline Notice

Performance Evaluations

Audience

This policy applies to all Galveston County Health District, Galveston Area Ambulance Authority, and Coastal Health & Wellness (collectively “the District”) employees.

Policy

It is the Health District’s policy that each employee’s performance be evaluated at the conclusion of the initial six-month period of employment; six-months after the employee has been transferred, promoted, or demoted; with a significant change in job responsibilities; and at least annually. The period of time for completing performance evaluations will coincide with the last few months of GCHD's fiscal year.

Objective

The objective of the employee performance evaluation is to:

- Obtain an official, objective and comprehensive summary of an employee's performance for reference in employment matters;
- Assess job-related strengths and competencies;
- Encourage effective communication between the employee and the supervisor(s);
- Identify and document individual contributions to the Health District’s mission and Strategic Health Plan;
- Evaluate whether or not goals/expectations from the prior review period were accomplished and set new goals for the new review period;
- Allows supervisors to identify, recognize, and appreciate employee instances of exceptional performance as well as identify performance problems requiring an improvement plan or other future corrective measures.

General Objectives during Performance Evaluation Period

- review and update job descriptions to ensure they meet the mission and business needs of the Health District and reflects actual work performed;
- review and summarize reports and performance measures that assess employee job performance over the entire review period;
- ensure that each employee understand their supervisor's evaluation of their essential job expectations and have opportunity to seek clarification and direction;
- assure each employee is evaluated based on essential job functions and categories of expectations to include strategic requirements of the District as a whole as well as that specific to their service area;
- provide each employee a summary of their job-related strengths, weaknesses, trainings, and future expectations, and a plan for development/improvement, noting any corrective actions taking over the past review period; and
- obtain a review and assessment of every evaluation by the next level of management (if applicable) to assess the immediate supervisors performance in completing the evaluation, to identify performance concerns, and to make recommendation to improve supervisory and employee performance.

Violation

Corrective disciplinary action up to and including, suspension, or dismissal will be taken against any supervisor willfully violating this policy.

Exceptions

Any deviations from the performance evaluation process or timeline must be reviewed and approved by the Chief Executive Officer, CHW Executive Director, or designee. If an employee is on Family and Medical Leave (FMLA) or another leave of absence at the normally scheduled time for a performance evaluation, the performance review may be deferred until the employee returns to work.

Forms

-Confidential Performance Evaluation

Separation of Employment

Audience

This policy applies to all Galveston County Health District, Galveston Area Ambulance Authority, and Coastal Health & Wellness (collectively “the District”) employees.

Policy

In order to meet public service commitments, it is the Health District’s policy that most employees who choose to resign their employment with the Galveston County Health District will give at least two weeks notice prior to his/her last day of employment. Furthermore, executive managers and Coastal Health & Wellness medical and dental providers are expected to give four weeks advance notice due to advanced patient appointment schedules and executive business commitments.

Request for exceptions must be submitted, in writing, to the Chief Executive Officer, CHW Executive Director, or designee. Only legitimate, unavoidable circumstances will be considered by the Chief Executive Officer, CHW Executive Director, or his/her designee.

Employees wishing to resign are to submit a written notice of resignation prior to the effective date of resignation. The notice must be submitted to the supervisor(s) for forwarding to Human Resources.

Upon separation, employees are expected to comply with the requirements of the Galveston County Health District’s employee retirement plan.

Accrued Leave Payouts

If an employee is involuntarily separated from employment due to a reduction in force, or as a result of corrective action, the employee will receive the full balance of accrued, unused vacation leave and compensatory time.

If an employee voluntarily resigns from employment with at least two weeks’ advance written notice (with the exception of providers and executive managers who must give four weeks’ advance written notice), the employee will receive the full balance of accrued, unused vacation leave and compensatory time.

Unless an exception is granted by the Chief Executive Officer, CHW Executive Director, or designee, if an employee voluntarily resigns from employment with less than two weeks’ advance written notice (with the exception of providers and executive managers who must give four weeks’ advance written notice), the employee will not receive payment for accrued or unused vacation leave. (*Reference: Employee Leave policy*)

Checkout Interview

Human Resources shall meet with the exiting employee on or just prior to the employee's last day of work to determine the final disposition of the following:

- verify the employee's forwarding address (for W-2 purposes);
- complete benefit paperwork;
- discuss insurance conversions;
- assure the employee returns all Health District property (keys, id badge, etc.);
- assure all travel advances and expense reports are balanced;
- determine method of delivery for final paycheck; and
- assess any other separation of employment matters.

Exit Survey

Human Resources shall provide the departing employee the GCHD Exit Survey after the employee's last day of work. The purpose of the survey is for the organization to obtain feedback from employees who decide to end their employment with GCHD. The feedback on both favorable and unfavorable employment matters will be combined with feedback received by others. The written results of the survey will be forwarded to the Chief Executive Officer, CHW Executive Director, and/or designee.

Laws

It is the intent of this policy to be in compliance with the Fair Labor Standards Act and the Texas Payday Law.

Violation

Violation of this policy will be noted in the employee's personnel file and may result in loss of accrued, unused vacation leave as outlined above.

Sexual Harassment

Audience

This policy applies to all Galveston County Health District, Galveston Area Ambulance Authority and Coastal Health & Wellness (collectively “the District”) employees, volunteers, students, and contractors (business associates).

Policy

The Health District is committed to maintaining a workplace free of sexual harassment. Sexual harassment is a violation of Title VII of the Civil Rights Act of 1964 (as amended) and, as an employer, the Health District can be held responsible for sexual harassment committed by its employees and agents.

Sexual harassment is any unwelcome sexual advance, request for sexual favor and other verbal or physical conduct of a sexual nature when:

- submission to such conduct is made either explicitly or implicitly a term or condition of employment (quid pro quo);
- submission to or rejection of such conduct by an individual is used as a basis for employment decisions affecting such individual (quid pro quo);
- such conduct has the purpose or effect of substantially interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.

Behaviors such as (but not limited to) verbal or physical advances, requests for sexual favors, making sexually explicit derogatory or suggestive remarks, making inappropriate statements or gestures based on gender, or displaying of sexually oriented books, magazines, photos, cartoons, or objects that are offensive or objectionable are common to claims of sexual harassment.

The legal definition of sexual harassment, as developed by the courts, includes different types of sexual conduct, such as:

- **Quid pro quo** - the Latin phrase meaning "something for something." This type of harassment occurs when, for example, a supervisor makes unwelcome sexual advances at a subordinate employee and submission to the advances is an expressed or implied condition of employment for receiving job benefits; or, refusal to submit to the demands results in a loss of a job benefit or in termination of employment.
- **Hostile environment** - relentless and continuing unwelcome sexual conduct that interferes with an employee's work performance or that creates an intimidating, hostile, abusive or offensive work environment.
- **Harassment by non-employees** - the agency may be liable for the sexual harassment of employees by customers, or other third parties, if we had some degree of control to stop the improper behavior.

Sexual harassment may occur in a variety of situations and circumstances. Although it is not possible to catalog every situation or conduct that constitutes sexual harassment, the following guidelines may be helpful.

- The victim, as well as the harasser, may be a male or female.
- The victim does not have to be of the opposite gender.
- The harasser can be the victim's supervisor, a supervisor from another area, a co-worker, customer, vendor, volunteer, or contractor.
- The victim does not have to be the person who is harassed, but can be anyone adversely affected by the offensive conduct.
- The harasser's conduct is unwelcome.

Investigation of Complaints

The Director of Compliance and Contracts will promptly initiate an investigation of the allegation. The Director of Compliance and Contracts will make every reasonable effort to determine the facts pertinent to the complaint.

The investigation may include, but is not limited to, interviews with witnesses and discussions with the involved parties. During the course of the investigation the alleged harasser may be placed on Paid Administrative Leave to allow for investigator to work unimpeded. All investigations of sexual harassment complaints shall be conducted as discreetly as possible. The Chief Executive Officer, CHW Executive Director, or designee has final determination of whether allegations of harassment/discrimination are substantiated.

If findings support the charge of sexual harassment against the accused employee, that employee shall be subject to disciplinary action that may include (but is not limited to) suspension, probation, or dismissal.

Accusation of Sexual Harassment

Retaliation against or disciplining any person for reporting an allegation of sexual harassment is strictly prohibited. Any employee who makes an intentionally false accusation of sexual harassment shall be subject to disciplinary action, which may include, but is not limited to, suspension, probation, or dismissal.

Training

All employees must receive training on the Health District's policy and procedures related to sexual harassment. Training will be provided for new employees during orientation and for existing employees on a biennial basis. Human Resources will ensure the Health District's compliance with this requirement.

Law

It is the intent of this policy to be in compliance with Title VII of the Civil Rights Act of 1964 (as amended).

Vehicular Accidents/Incidents

Audience

This policy applies to all Galveston County Health District, Galveston Area Ambulance Authority, and Coastal Health & Wellness (collectively “the District”) employees who operate Galveston County Health District-owned vehicles.

Policy

The Galveston County Health District is committed to maintaining a safe and productive work environment for all employees and to ensure the safe and efficient delivery of services to the citizens of Galveston County.

Post-Accident / Incident Drug and Alcohol Testing

Any employee involved in a vehicle accident or incident that results in damage or injury to any vehicle, personal or private property, or person, regardless of fault, is required to immediately report the accident/incident to his/her supervisor. The supervisor is responsible for removing the employee who was operating the vehicle from active duty and immediately having the employee drug and alcohol tested.

If the accident/incident occurs during regular business hours, the supervisor is to contact Human Resources or the Risk and Safety Coordinator for guidance and drug testing locations. If the accident/incident occurs after regular business hours, the supervisor is responsible for contacting a drug testing company to request a representative come out and perform a drug and alcohol test on the employee. The supervisor is required to stay with the employee until the testing is complete. In the event the accident is out of town and the supervisor is unable to be with the employee, the supervisor is expected to stay in constant communication with the employee until the testing is complete.

The supervisor is responsible for contacting the Executive Manager to discuss the circumstances of the accident or incident and may recommend the employee be placed on paid administrative leave pending the outcome of the drug and alcohol test.

The following business day, the supervisor is responsible for notifying Human Resources of the event and is responsible for completing an *Employee Incident or Injury Report* and submitting the report to the Risk and Safety Coordinator for investigation. Human Resources will consult with the supervisor and Executive Manager regarding next steps.

Failure of any employee to complete the ordered drug and alcohol test will result in immediate termination from employment. Any employee who tests positive for any amount of illegal drugs or prescription drugs without a valid prescription and/or alcohol will be terminated. (*Reference: Drug-free Workplace policy*)

Mandatory Defensive Driving

Any employee who has had an accident/incident and/or receives a citation may be required to take, and successfully complete, an approved defensive driving and/or emergency vehicle operation course. The course will be at the employee’s expense and on the employee’s own time. The defensive driving course must be completed within the time period designated by Human Resources or the State of Texas,

whichever is earlier. The employee is responsible for submitting documentation to Human Resources within the designated timeframe. Failure to complete the required defensive driver training and/or emergency vehicle operation course within the required time period may result in suspension or termination.

Preventable Accidents/Incidents

All vehicle accidents and incidents will be reviewed by the Risk and Safety Coordinator and/or the Director of Compliance and Contracts along with executive management to determine the cause(s) of the accident or incident and to assess whether or not the accident or incident was preventable. Employees with a pattern of preventable accidents will be subject to corrective disciplinary action, up to and including suspension.

Violation

Any violation of this policy may result in appropriate corrective disciplinary action, up to and including suspension, or dismissal.

Forms

Employee Incident or Injury Report

Volunteer

Policy

The Galveston County Health District is committed to providing the best programs and services to its clients and to the community. Volunteers help to improve community awareness of public health issues and services. Using volunteers helps educate and train potential future employees and is a cost effective means of addressing workforce shortages.

Generally, volunteers 18 years of age and above are accepted at the Health District; however, with the approval of the Chief Executive Officer, CHW Executive Director, or designee, program-specific volunteer programs may be approved for an age exception as long as operational, legal, and risk reduction concerns are properly assessed.

Types of Volunteers

A volunteer is considered an individual who, beyond the confines of paid employment or contract responsibilities, contributes time and service to assist in the accomplishment of a mission. Volunteers include:

- General public
- Those associated with community based organizations including faith based institutions
- Health Professionals
- Students - supervised by a faculty
- Licensed Professionals
 - those that do not go through the Health District's LIP credentialing process (RNs, LVNs, EMTs, Non-certified X-Ray Technicians, Registered Dental Assistants, Dental Hygienists, etc.)
 - those that go through the Health District's LIP credentialing process (MDs, Mid Levels, Dentists, etc.)
- Those legally required to do community service
- Public Health Emergency Preparedness volunteers

In accordance with the Fair Labor Standards Act, employees of the Health District may not "volunteer" time to the District. All hours worked must be compensated according to the *Hours Worked and Compensatory/Overtime* policy.

Orientation / Training

Volunteers will be trained on appropriate and required topics related to their area(s) of service.

Human Resources will notify the volunteer of the specific date and time of the orientation and coordinate with a program area point of contact for assignment times and dates. Volunteers will be oriented / trained by the supervisor on matters specific to the area where they will work.

Immunization Requirements

Volunteers are required to receive the same vaccinations as employees and at their own expense. Exceptions will be made on a case by case basis by the Chief Nursing Officer depending on areas worked, type of vaccine/communicable disease, types of exposure risk(s), mode of transmission, period of volunteerism, types of volunteer duties, local epidemiological information, etc.

Insurance

All volunteers at the Health District are expected to stay within their discipline, scope of services and activities, approved privileges and established clinical practice guidelines. All students from professional schools are expected to have a memorandum of understanding in place prior to volunteering.

Volunteers are not covered under the Health District's Workers' Compensation insurance. Those Public Health Emergency Preparedness volunteers assisting in an emergency situation are protected under various state and federal laws.

Extenuating circumstances require volunteer activities and coverage to receive advanced review and approval from the Human Resources Director prior to volunteering.

Students who provide healthcare services in the Coastal Health & Wellness Clinic or within the Immunization Services area will be assigned a preceptor or a faculty.

- *"preceptor" is the GCHD staff person assigned to supervise the volunteer*
- *"faculty" is the person associated with student's teaching institution.*

Violation

Any violation of this policy may result in appropriate corrective disciplinary action, up to and including suspension, probation, or dismissal.

Forms

- Volunteer Registration*
- Volunteer Timesheet*
- Confidentiality Agreement*
- Volunteer Program Orientation Acknowledgement*

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**Governing Board
October 2017
Item #7
EXECUTIVE SESSION**

Texas Government Code Section 551.071, Consultation with Attorney: the Coastal Health & Wellness Governing Board will enter into an executive session as permitted under the Texas Open Meetings Act, Chapter 551 of the Texas Government Code, pursuant to Section 551.071 of the Government Code: to seek the advice of its attorney about pending or contemplated litigation or on a matter in which the duty of the attorney to the Coastal Health & Wellness under the Texas Disciplinary Rules of Professional Conduct of the State Bar of Texas clearly conflicts with the Open Meetings Act relating to 17-CV-00109, United States of America, ex rel. Tammy Lynn Babcock and Malek Bohsali v. Coastal Health & Wellness, and Galveston County Health District.

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**Governing Board
October 2017
Item #8
Reconvene Regular Open Meeting**

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

9850-A.106 Boardroom Emmett F. Lowry Expressway, Texas City

**Governing Board
October 2017
Item #9
Executive Report**



A monthly newsletter about Galveston County's Community Health Center, **Coastal Health & Wellness**.

A Healthy Lifestyle Can Reduce Risk and Impact of Diabetes



Diabetes is one of the leading causes of disability and death in the United States. According to the Centers for Disease Control and Prevention (CDC), one in 10 Americans have diabetes and another 84 million adults are at high risk of developing type 2 diabetes.

To raise awareness about diabetes and healthy living, Coastal Health & Wellness is proudly participating in National Diabetes Month.

"Although there isn't yet a cure for diabetes, a healthy lifestyle as recom-

mended by your doctor can reduce its impact on your life," said Dr. Philip Keiser, Galveston County Local Health Authority. "Everyday actions like eating a healthy diet, being physically active and taking prescribed medications help you stay on track."

There are three main types of diabetes: type 1, type 2 and gestational. Approximately 90% of people with diabetes have type 2, which can often be delayed or prevented. With type 2 diabetes, your body doesn't use insulin well and is unable to regulate blood sugar.

If you have any of these risk factors, ask your doctor if you should be tested for diabetes.

- Being overweight.
- Being 45 years or older.
- Having a parent, brother or sister with type 2 diabetes.
- Being physically active less than three times a week.
- Ever having gestational diabetes or giving birth to a baby who weighed more than nine pounds.

DIABETES, continues on page 2

Crucial Catch Day with Cancer Society and Houston Texans a Huge Success!

Crucial Catch-Intercept Cancer Day at Coastal Health & Wellness was a success with nearly 200 people attending.

The event was a kick-off celebration of an American Cancer Society, National Football League and Houston Texans grant to fight breast and colorectal cancer in Galveston County.

Houston Texans Cheerleaders, Houston Texans mascot T.O. and Houston Texans Ambassador Danny Clark were on-hand to greet attendees and sign autographs.

Those in attendance were offered valuable educational sessions, games, free food, giveaways and the opportunity to check out vendor booths.

CHW Interim Executive Director Mary McClure accepted the ceremonial grant check on the field at the October 8 Houston Texans game.

Learn more about the grant and see a video recap of the event at www.coastalhw.org.



Recognizing Our Wonderful Physician Assistants and Medical Assistants!



Physician Assistant Week: October 6-12



Medical Assistant Week: October 16-20

Great American Smokeout Perfect Opportunity to Quit

If you're a smoker or tobacco user, setting a date to quit can be an important step in protecting your health and the health of loved ones.

Coastal Health & Wellness encourages tobacco users to take advantage of the Great American Smokeout on November 16 as a starting point to quit the habit.

Sponsored by the American Cancer Society, the Great American Smokeout is an annual effort on the third Thursday of November to encourage the 36.5 million adults in the U.S. who smoke cigarettes to quit.

Quitting smoking is an important step toward feeling better and creating a healthier life. A good plan can help smokers get past the symptoms of withdraw. Take these five steps to improve your success:

1. Set a quit date. Choose the Great American Smokeout or another quit day within the next two weeks.
2. Tell your family and friends about your quit plan. Share your quit date with the important people in your life



and ask for support. A daily phone call, e-mail, or text message can help you stay on course and provide moral support.

3. Be prepared for challenges. The urge to smoke is short—usually only three to five minutes, but those moments can feel intense. Even one puff can feed a craving and make it stronger. Before your quit day, write down healthy ways to cope.

- Drink water.
- Exercise.
- Listen to a music or play a game.
- Call/ text a friend.

4. Remove cigarettes and other tobacco from your home, car and workplace. Throw away your cigarettes, matches, lighters and ashtrays. Clean and freshen your car, home and workplace. Old cigarette odors can cause cravings.

5. Talk to your pharmacist or doctor about quit options. Nicotine patches, gum or other approved quit medication can help with cravings.

DIABETES, continued from pg. 1

Race and ethnicity also matter: African Americans, Hispanic/Latino Americans, American Indians, Pacific Islanders and some Asian Americans are at higher risk for type 2 diabetes.

Uncontrolled, diabetes can cause blindness, nerve damage, kidney disease and other health problems.

“The sooner you find out if you have diabetes, the sooner you can start making healthy changes that will benefit you now and in the future,” Keiser continued.

People with diabetes are encouraged to participate in the Galveston County Health District's free support group, Diabetes 101.

The group meets the second Wednesday of every month from noon to 1 p.m. in the Texas City WIC classroom, located in the Mid-County Annex. To register for Diabetes 101, call GCHD Community Health Services at 409-938-2292 or email chs@gchd.org.

To make an appointment to talk to a CHW provider about controlling your diabetes or risk factors for developing it, call 409-938-2234.

Providing high-quality medical, dental, and counseling services to all Galveston County residents.

TEXAS CITY CLINIC
Mid-County Annex
9850-C Emmett F. Lowry Expy.
Texas City, TX 77591

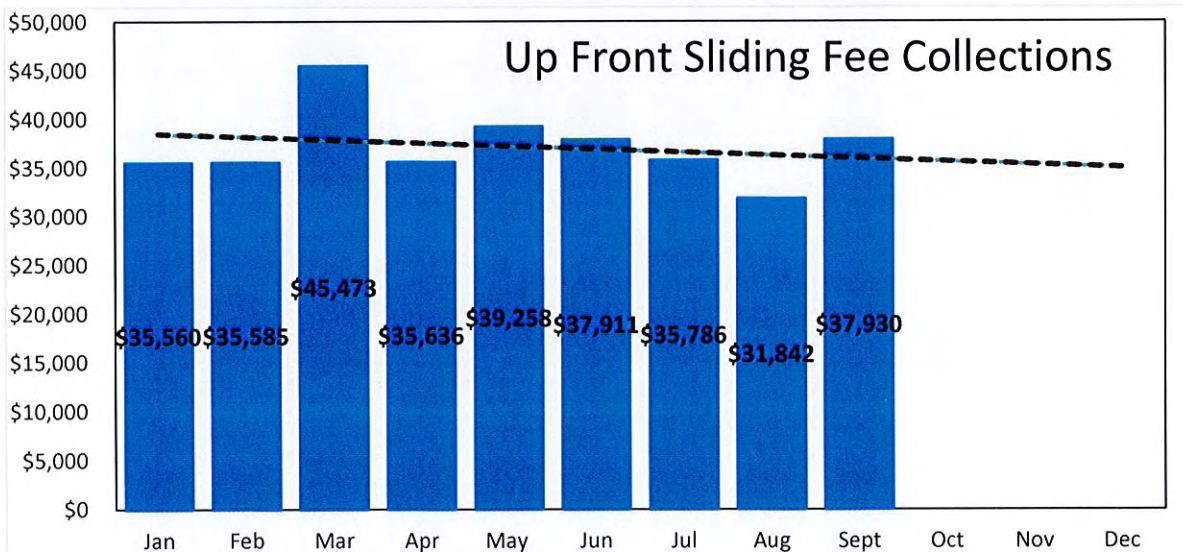
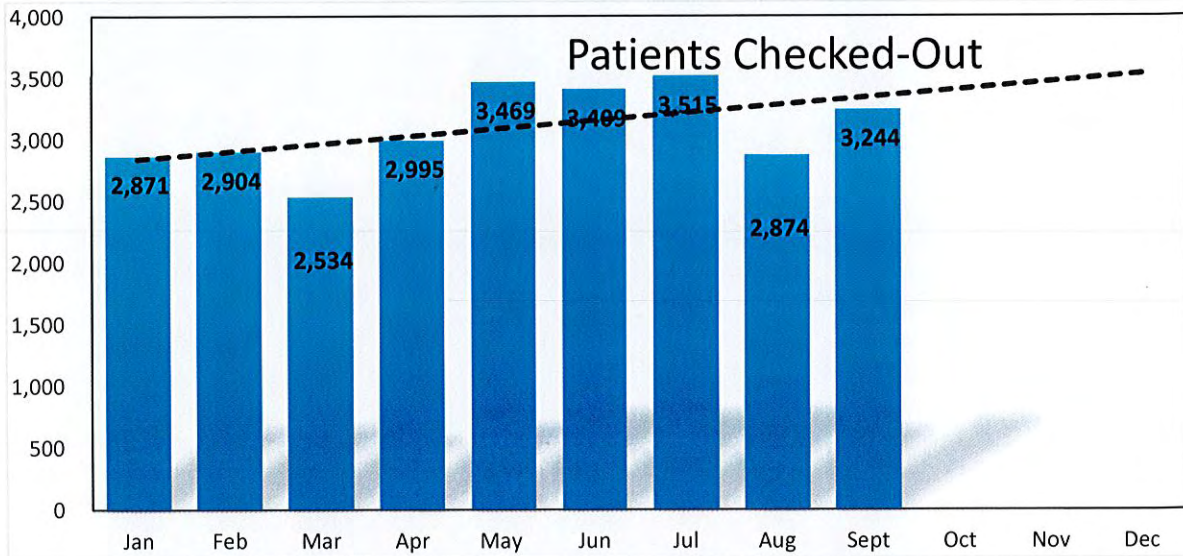
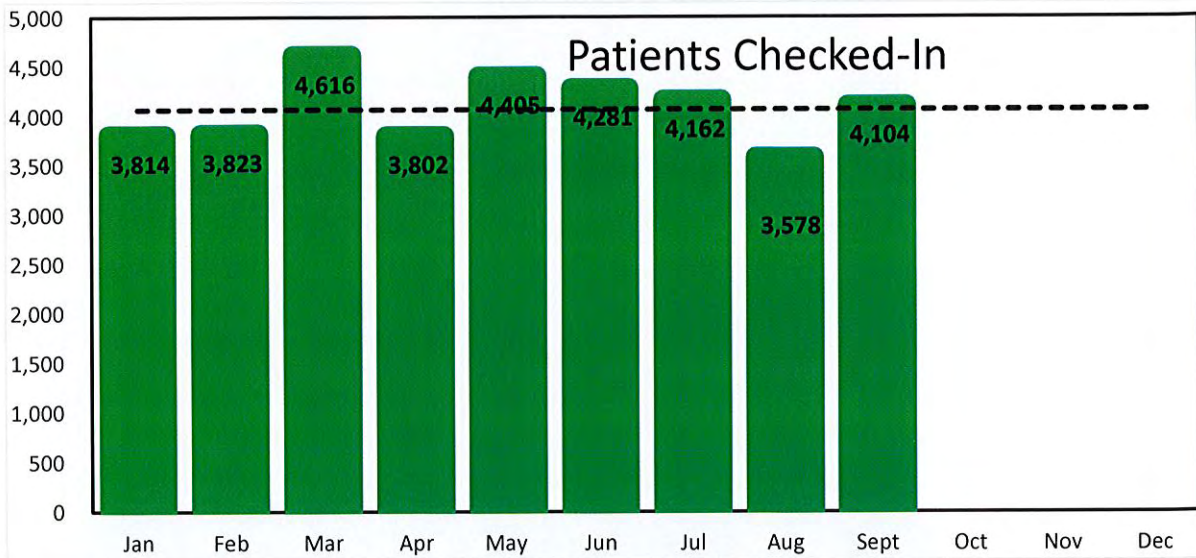
GALVESTON CLINIC
Island Community Center
4700 Broadway F100
Galveston, TX 77551

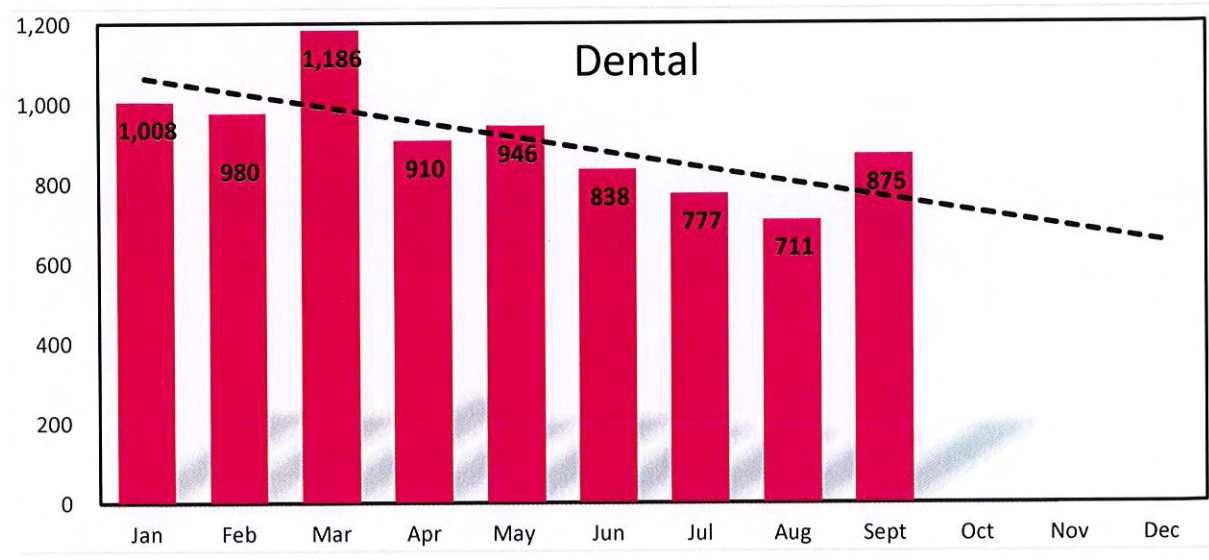
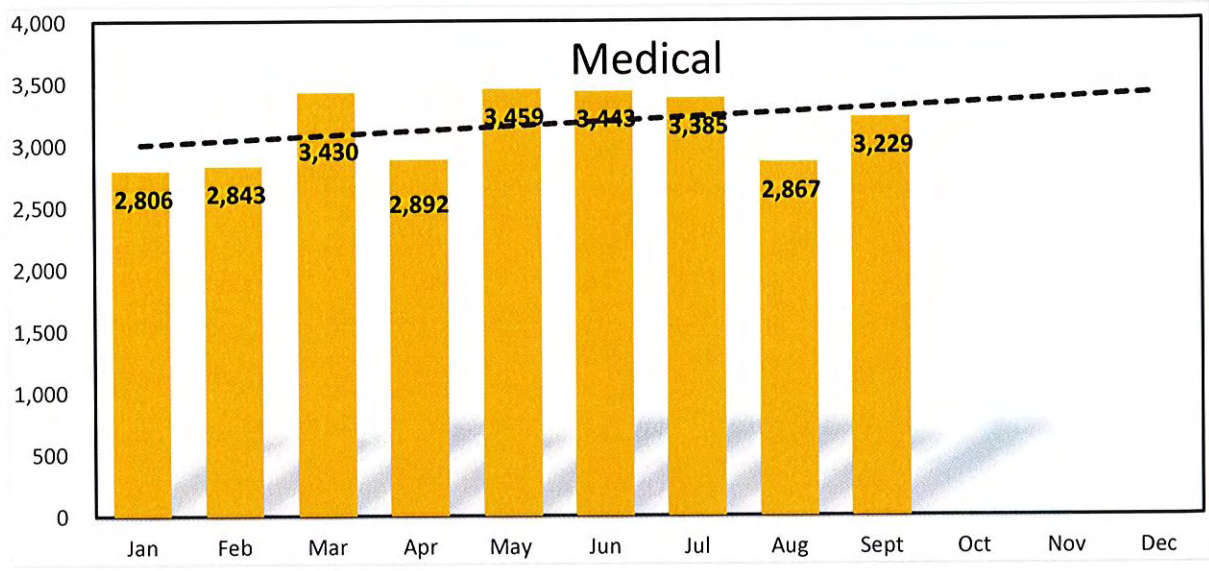
Appointments and Information
(409) 938-2234 or (281) 309-0255
NurseLine
(409) 978-4213

GB Executive Report

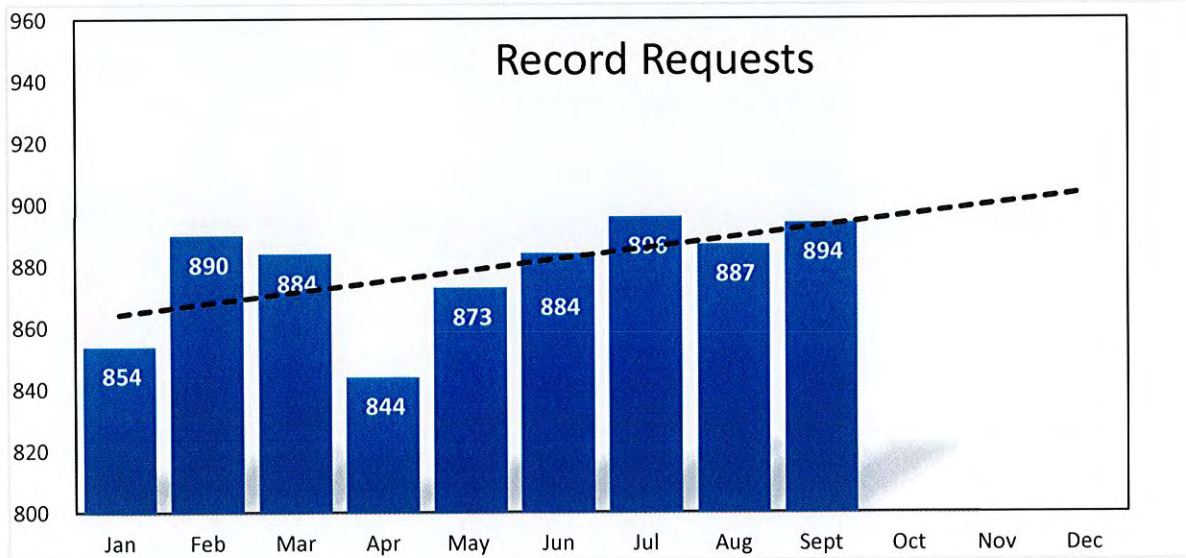
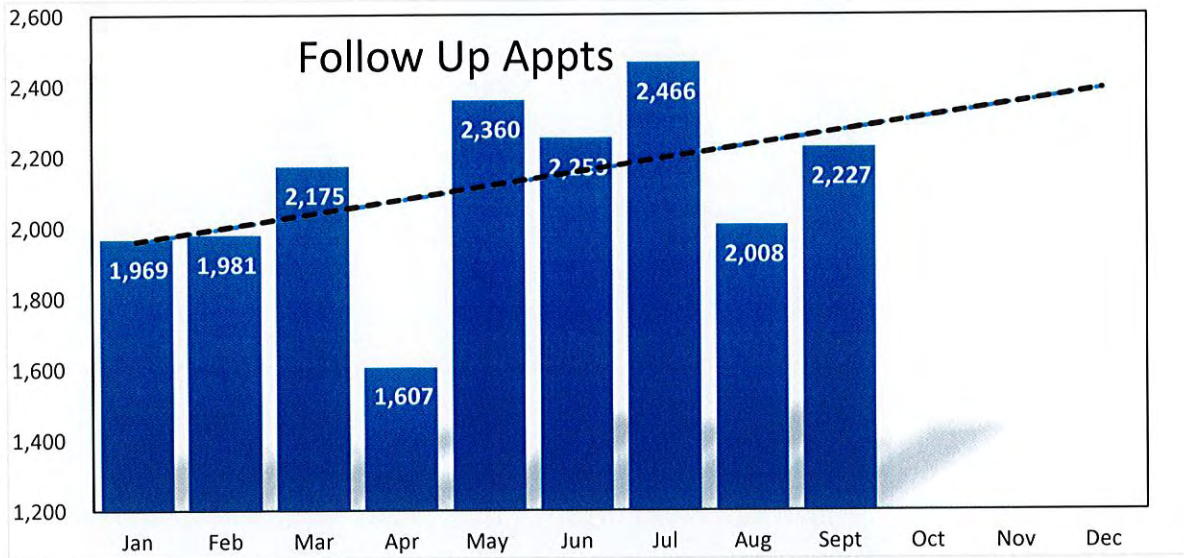
	<u>Jan</u>	<u>Feb</u>	<u>Mar</u>	<u>Apr</u>	<u>May</u>	<u>Jun</u>	<u>Jul</u>	<u>Aug</u>	<u>Sept</u>	<u>Oct</u>	<u>Nov</u>	<u>Dec</u>
Patient Services												
Pts Checked-in	3,814	3,823	4,616	3,802	4,405	4,281	4,162	3,578	4,104			
Medical	2,806	2,843	3,430	2,892	3,459	3,443	3,385	2,867	3,229			
Dental	1,008	980	1,186	910	946	838	777	711	875			
Up Front Sliding Fee Collections	\$35,560	\$35,585	\$45,473	\$35,636	\$39,258	\$37,911	\$35,786	\$31,842	\$37,930			
Contact Center												
Calls	13,824	12,651	15,515	12,647	15,044	14,140	14,313	13,279	13,841			
Wait Time (< 2:30)	01:23	01:31	01:01	01:00	01:01	01:00	01:08	01:05	01:05			
Electronic Records												
Record Requests	854	890	884	844	873	884	896	887	894			
Pts Checked out	2,871	2,904	2,534	2,995	3,469	3,409	3,515	2,874	3,244			
F/U appts	1,969	1,981	2,175	1,607	2,360	2,253	2,466	2,008	2,227			
County Indigent												
Applied	118	123	128	122	148	141	121	128	112			
Referrals	226	275	336	388	370	401	393	282	464			
Total Patients	246	233	236	281	245	260	282	413	275			
Case Management												
Referrals	685	778	1,212	889	1,031	1,315	1,049	1,033	1,143			

Patient Services

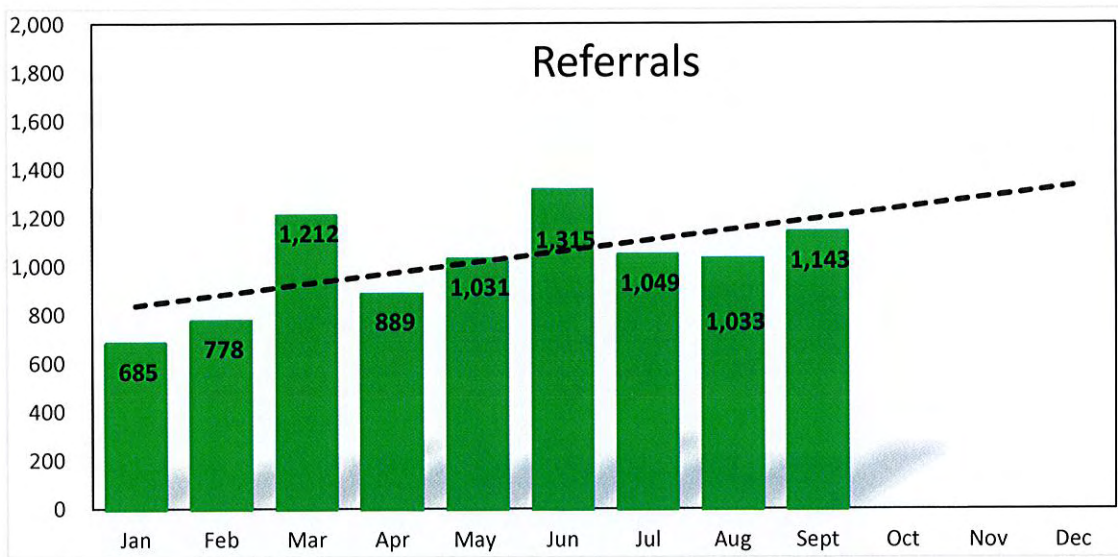




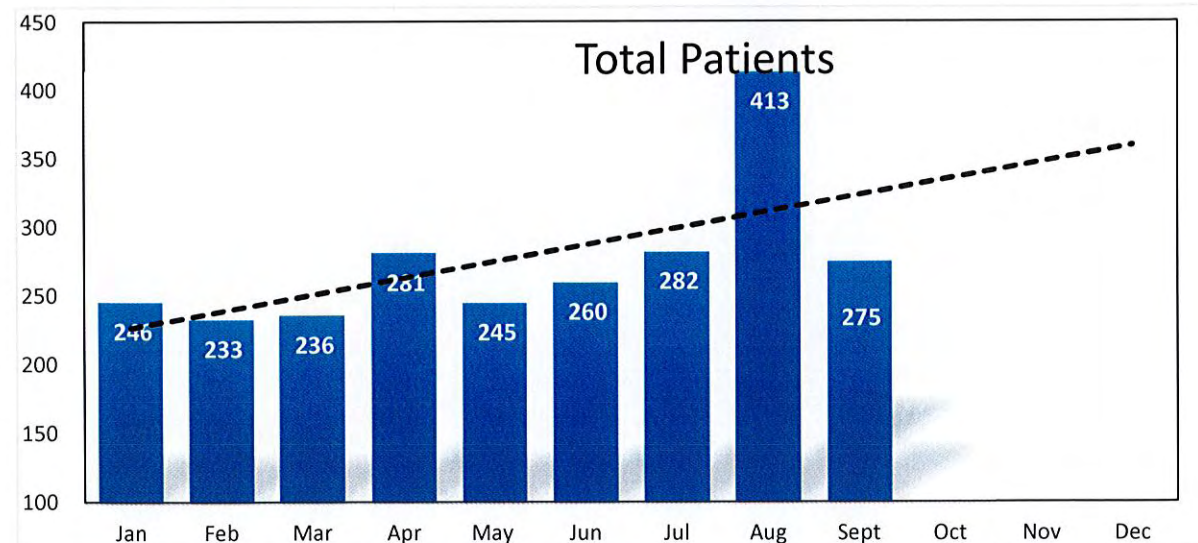
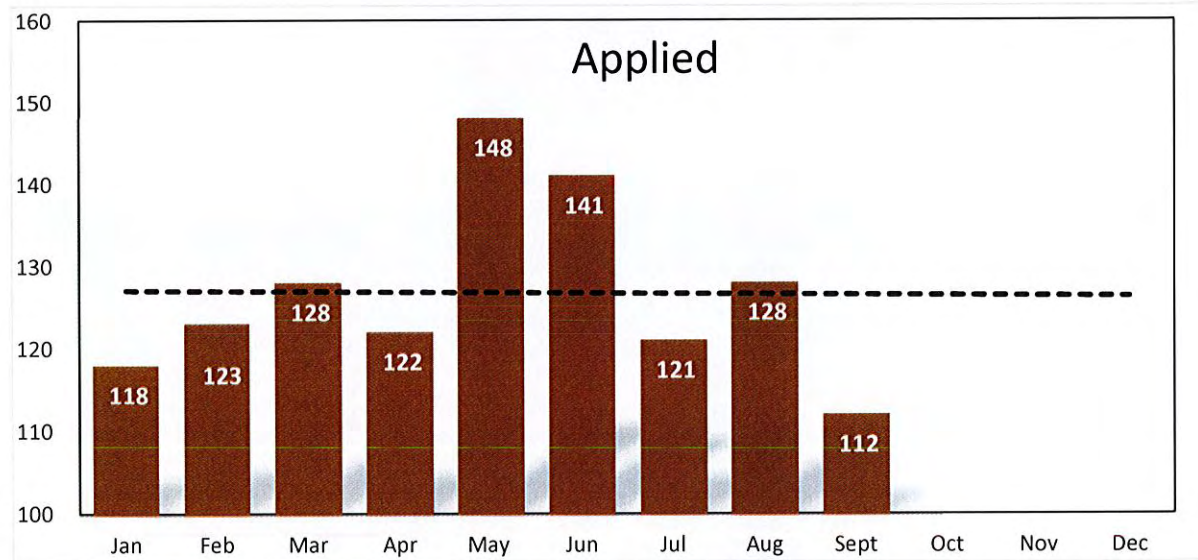
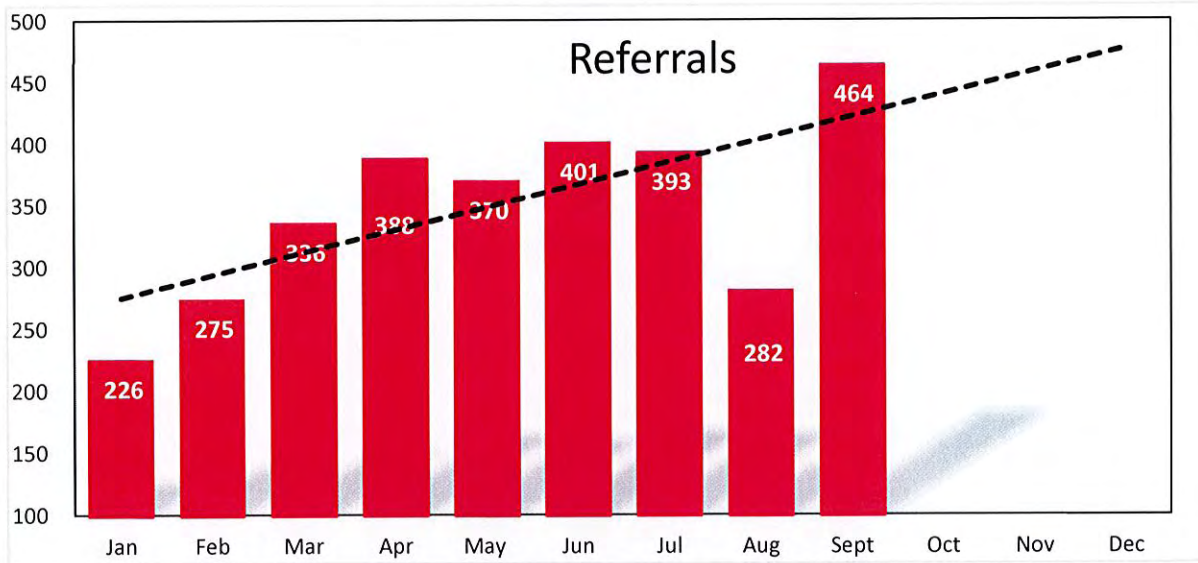
Electronic Records



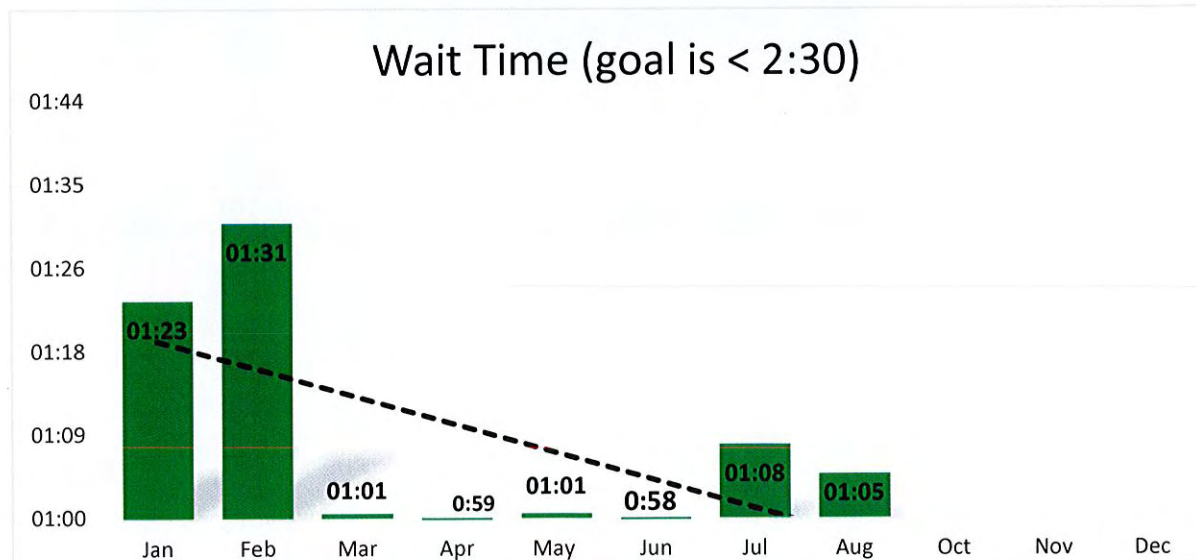
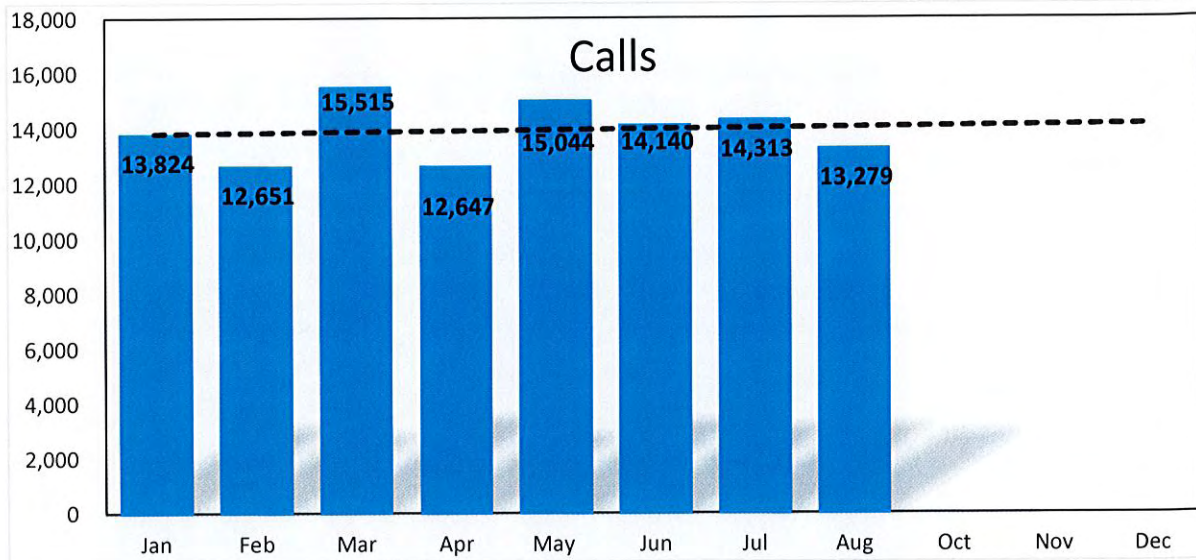
Case Management



County Indigent



Contact Center



CHW 2017 OUTREACH INITIATIVES (Mobile, Health Events, Presentations)

September

<u>DATE</u>	<u>LOCATION</u>	<u>TYPE of outreach</u>	<u>Number of BP, Glucose & A1c screenings</u>	<u>Number of contacts made by Community Health Worker</u>	<u>Number Hrs. of outreach</u>
13-Sep	Mt Olive Baptist Church	Presentation	0	15	2
14-Sep	Holy Rosary Church- Galveston Food Bank	Mobile	24	68	4
19-Sep	New arrival Orientation	Presentation	0	28	4
22-Sep	United Methodist Church- Galveston Food Bank	Mobile	0	182	4

Total Screenings	<u>24</u>
Total CHW Contacts	<u>293</u>
Total Outreach HRs	<u>14</u>

Human Resources Update

CHW Career Opportunities:

- **Employee Onboarding** - Human Resources conducted new employee orientation for the following employee(s):
 - Emily Baily – Mental Health Counselor
 - Ashley Moses – Lab & X-Ray Technician
 - Alma Richard – Medical Aide (bilingual)
 - Isaauro Flores – Patient Services Specialist
 - Margarita Perez – Patient Care Admin Clerk

- **Current Vacancies:**
 - CHW Clinical vacancies:
 - Dental – Dentist, Full-time Dental Assistant (2), Part-time Dental Assistant
 - Medical – Behavioral Health Counselor
 - Lab & X-Ray – Lab & X-Ray Technician
 - Nursing – Medical Aide (2)

Governing Board Contract Reports: September 2017

1. The Ancillary Agreement between Coastal Health and Wellness and the Community Health Choice, Inc. was amended and made effective as of September 1, 2017. The agreement was amended to include Community Health Choice Texas, Inc. an affiliate of Community Health Choice, Inc. as a party to the Agreement. All other provisions in the Agreement remain in effect.
2. Coastal Health and Wellness amended the agreement with Community Health Choice, Inc. to include Star, CHIP and CHIP Perinatal 'wrap payment'.
3. Coastal Health and Wellness signed an Affiliation Agreement with the American Cancer Society, Inc. on September 5, 2017 to begin on October 1, 2017 and end on April 30, 2019. This agreement is for the purpose of increasing breast, cervical and/or colorectal cancer screenings and/or HPV vaccinations, education and outreach in high-need areas.
4. The Dental Lab Services bid was awarded to American Dental Lab for FY 2018 to begin October 1, 2017 to September 30, 2018.

[Back to Agenda](#)



COASTAL HEALTH & WELLNESS

GOVERNING BOARD

9850-A.106 Boardroom Emmett F. Lowry Expressway, Texas City

Governing Board

October 2017

Item #10

**Consider for Approval Financial Committee
Report September 2017**

COASTAL HEALTH & WELLNESS

Governing Board



FINANCIAL SUMMARY

For the Period Ending September 30, 2017

PRELIMINARY

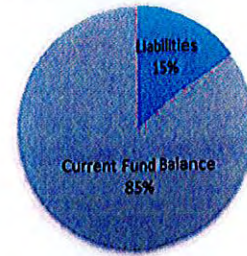
October 26, 2017

GCHD Board Room | 9850-A Emmett F. Lowry Expy. | Texas City, TX 77591

CHW - BALANCE SHEET as of September 30, 2017

	Current Month Sep-17	Prior Month Aug-17	Increase (Decrease)
ASSETS			
Cash & Cash Equivalents	\$5,146,655	\$4,799,088	\$347,567
Accounts Receivable	2,497,535	1,544,375	953,161
Allowance For Bad Debt	(2,136,701)	(1,028,819)	(1,107,882)
Pre-Paid Expenses	82,131	187,184	(105,053)
Due To / From	(49,742)	173,403	(223,145)
Total Assets	\$5,539,879	\$5,675,231	(\$135,352)
LIABILITIES			
Accounts Payable	\$73,183	\$90,565	(\$17,382)
Accrued Salaries	200,934	229,667	(28,733)
Deferred Revenues	559,328	692,426	(133,097)
Total Liabilities	\$833,445	\$1,012,658	(\$179,213)
FUND BALANCE			
Prior Year Fund Balance	\$4,419,277	\$4,419,277	\$0
Current Change	287,156	243,296	43,860
Total Fund Balance	\$4,706,434	\$4,662,573	\$43,860
TOTAL LIABILITIES & FUND BALANCE	\$5,539,879	\$5,675,231	(\$135,352)

Current Period Assets



Current Fund Balance



CHW - REVENUE & EXPENSES as of September 30, 2017

	Actual Sep-17	Budgeted Sep-17	PTD Budget Variance	YTD Budget Variance
REVENUE				
County Revenue	\$475,792	\$307,896	\$167,896	\$167,896
DSRIP Revenue	0	22,995	(22,995)	212,031
HHS Grant Revenue	12,622	260,617	(247,995)	(247,995)
Patient Revenue	1,405,070	277,192	1,127,878	3,211,461
Other Revenue	16,131	5,918	10,214	38,966
Total Revenue	\$1,909,615	\$874,617	\$1,034,998	\$3,382,360
EXPENSES				
Personnel	\$527,135	\$636,952	\$109,817	\$587,202
Contractual	48,017	58,751	10,733	38,572
IGT Reimbursement	0	0	0	(154,945)
Supplies	102,049	98,190	(3,859)	(16,539)
Travel	1,030	2,265	1,235	7,060
Equipment/Capital	0	0	0	0
Bad Debt Expense	1,135,365		(1,107,882)	(3,299,272)
Other	79,641	78,459	(1,182)	(54,186)
Total Expenses	\$1,865,755	\$874,617	(\$991,138)	(\$2,892,107)
CHANGE IN NET ASSETS	\$43,860	\$0	\$43,860	\$490,253

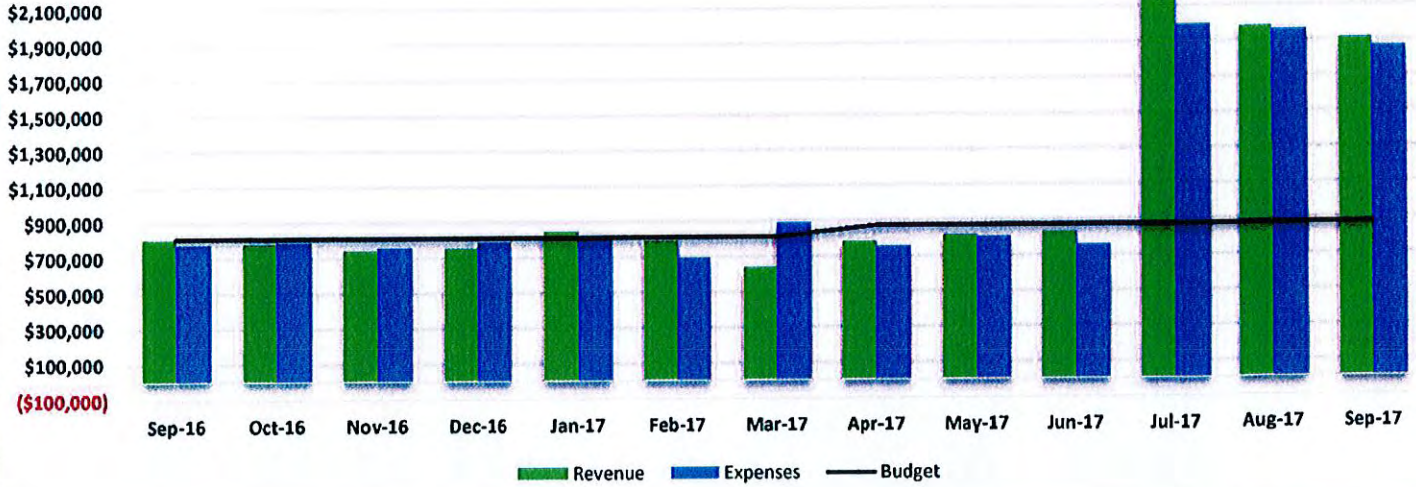
Current Month Revenue & Expenses Actual



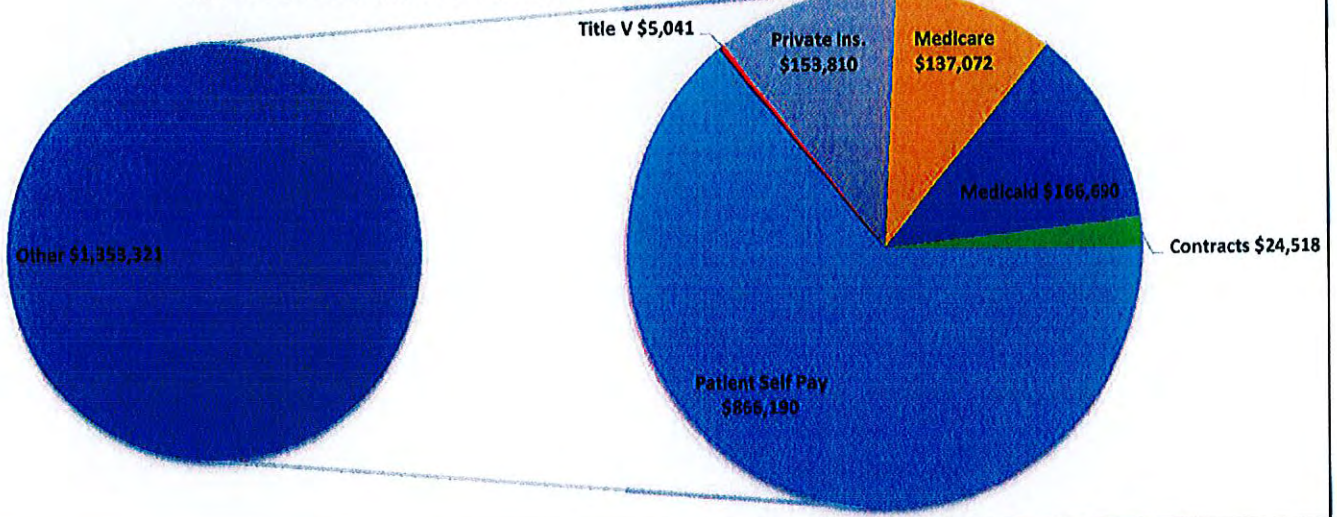
HIGHLIGHTS

- MTD increase in Fund Balance of \$43,860.
- Revenues were \$1,034,998 higher than budgeted this month. MTD revenues related to Self Pay, Private Insurance, Medicaid, Medicare and Contract Revenue were all higher than budgeted due to recording Receivables.
- HHS Grant revenue is underbudget MTD \$247,995 because there was no draw for September 2017.
- YTD revenues are \$3,382,360 higher than budgeted due to recording of AR balances. Private insurance, Self Pay, Medicaid, Medicare and Contract Revenue are higher than budgeted, while Title V is on target for new contract effective 9/1/17.
- Expenses were (\$991,138) higher MTD than budgeted due to recording of Bad Debt Expense, and are (\$2,892,107) higher YTD than budgeted, but are offset by savings in personnel.
- YTD increase in fund balance of \$287,156. Total fund balance \$4,706,434 as of 9/30/17.

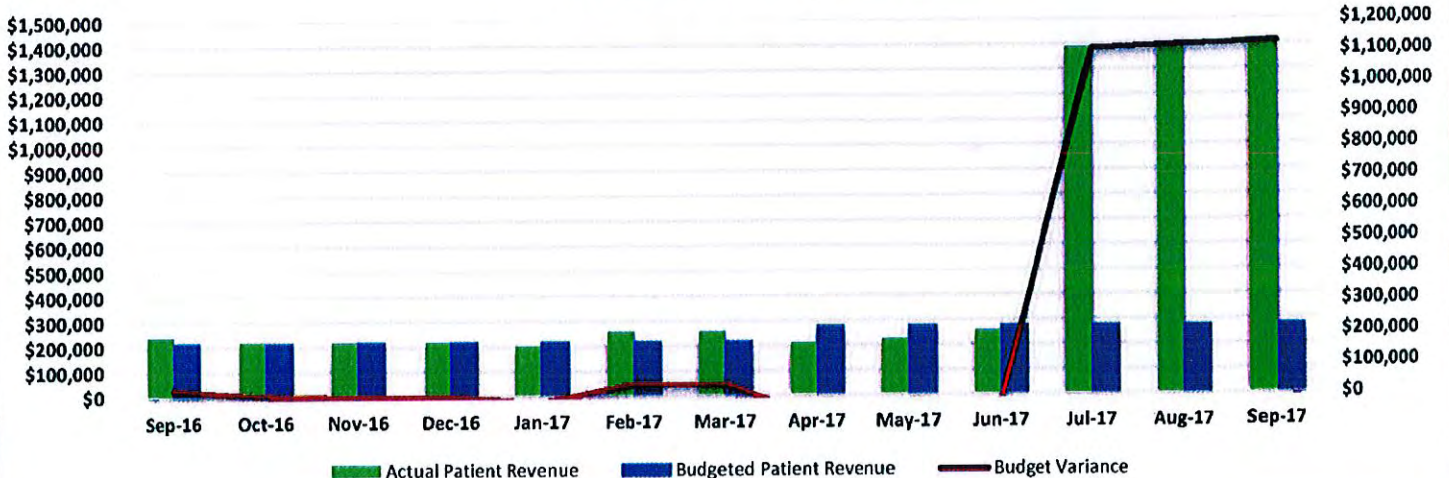
Actual Revenue & Expenses in Comparison to Budget



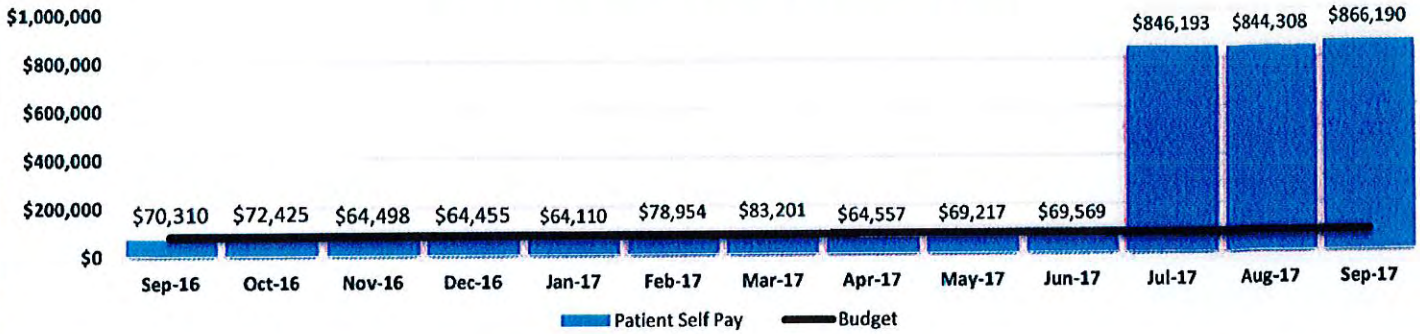
Current Period Patient Revenue with Third Party Payor Contributions Identified



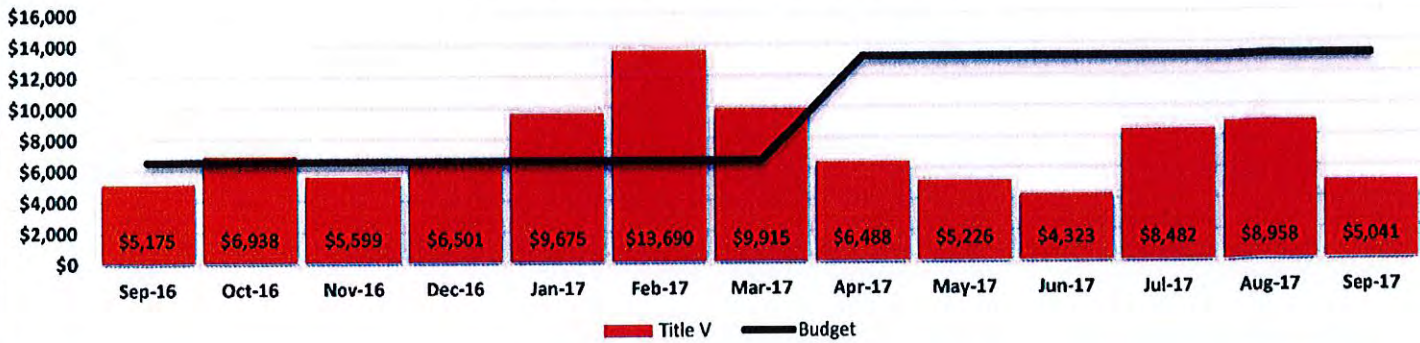
Actual Patient Revenue Rec'd vs Budget with Variance



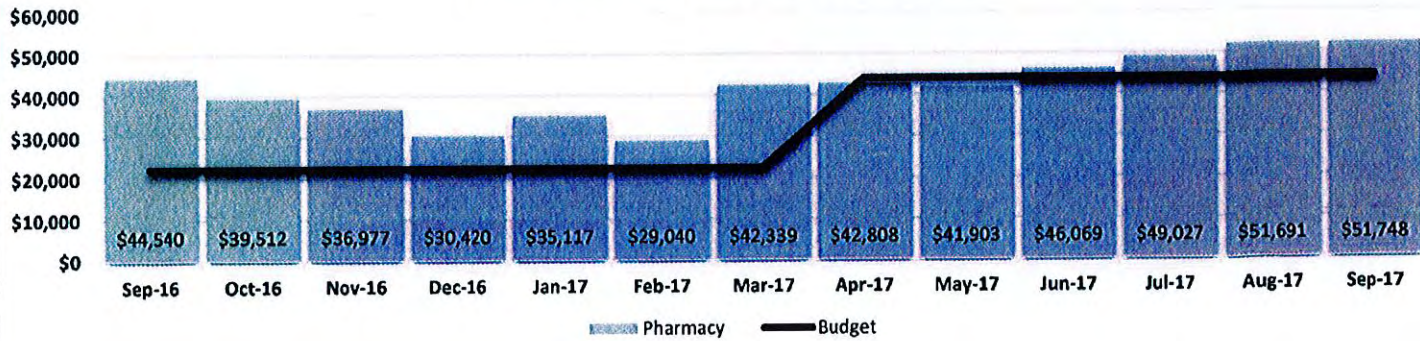
Patient Self Pay Revenue with Budget Line Comparison



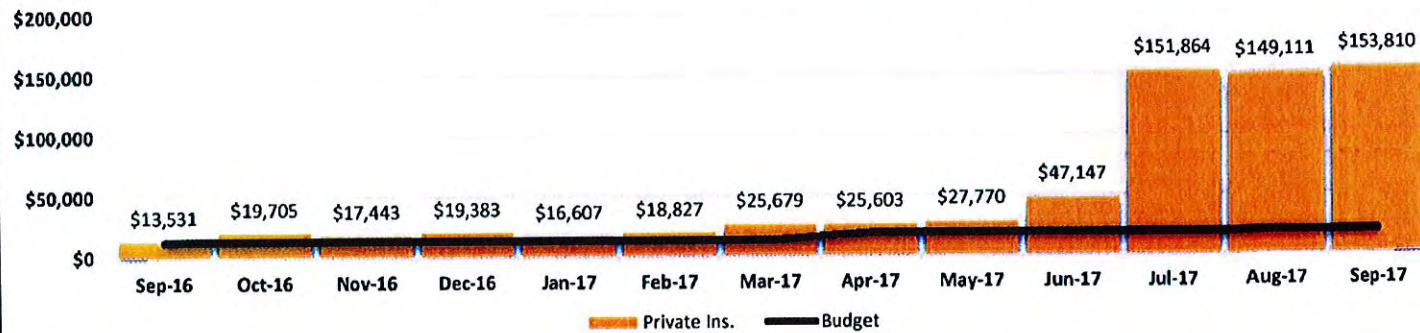
Title V Revenue with Budget Line Comparison



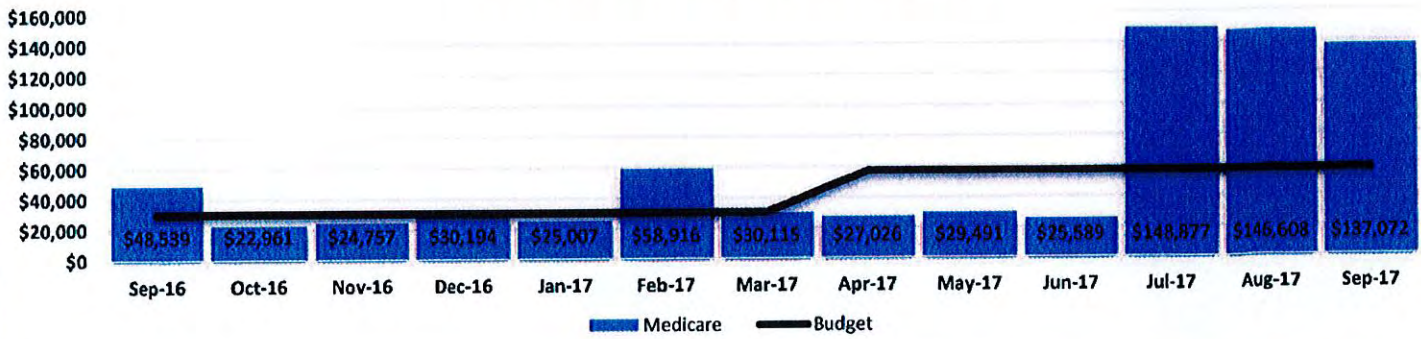
Pharmacy Revenue with Budget Line Comparison



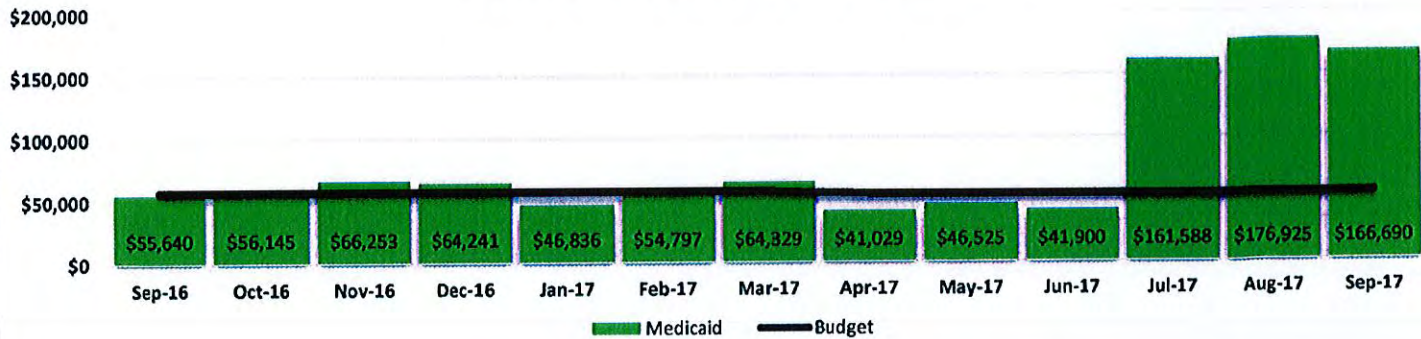
Private Insurance Revenue with Budget Line Comparison



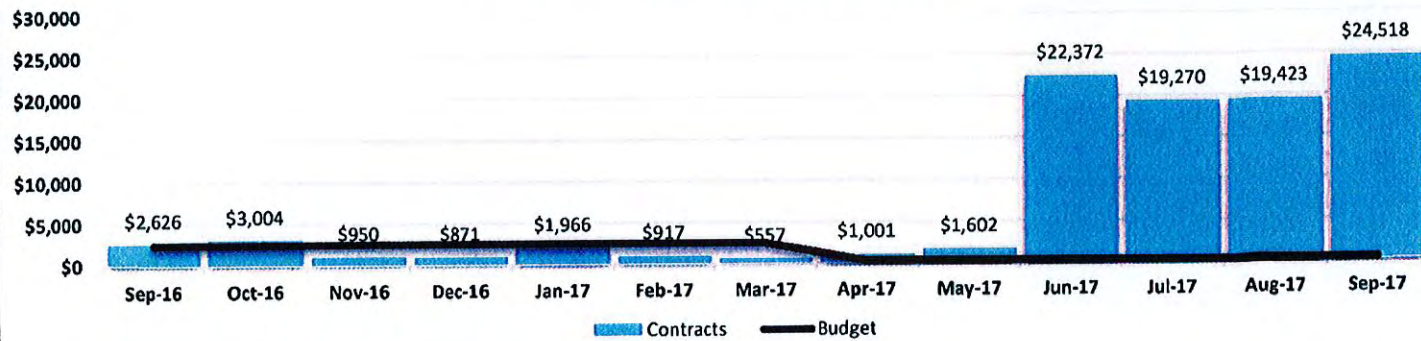
Medicare Revenue with Budget Line Comparison



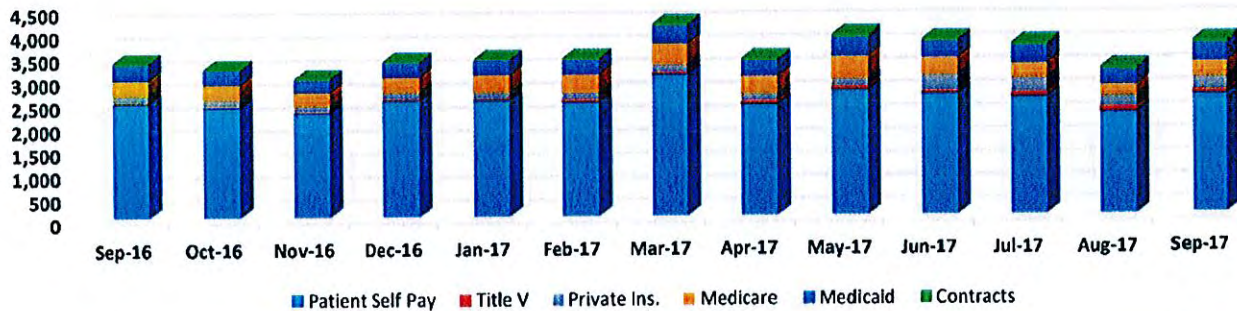
Medicaid Revenue with Budget Line Comparison



Contract Revenue with Budget Line Comparison



Total Number of Patient Visits



Coastal Health & Wellness								
Statement of Revenue and Expenses for the Period ending September 30, 2017								
		Period Ending	MTD	MTD Budget	YTD	YTD	YTD Budget	Annual
	Description	9/30/2017	Budget	Variance	Actual	Budget	Variance	Budget
Grouping	REVENUE							
HRSA	HHS GRANT REVENUE - Federal	\$12,822	\$280,617	(\$247,995)	\$1,315,705	\$1,563,700	(\$247,995)	\$3,127,400
Patient Rev	GRANT REVENUE - Title V	\$5,041	\$13,207	(\$8,166)	\$38,518	\$79,241	(\$40,722)	\$168,481
Patient Rev	PATIENT FEES	\$866,190	\$88,309	\$777,881	\$2,760,034	\$529,858	\$2,230,176	\$1,059,712
Patient Rev	PRIVATE INSURANCE	\$153,810	\$18,815	\$135,195	\$555,305	\$111,691	\$443,614	\$223,382
Patient Rev	PHARMACY REVENUE - 340b	\$51,748	\$44,040	\$7,709	\$283,247	\$284,239	\$19,008	\$528,477
Patient Rev	MEDICARE	\$137,072	\$57,412	\$79,659	\$514,663	\$344,475	\$170,188	\$688,950
Patient Rev	MEDICAID	\$168,690	\$55,275	\$111,415	\$634,658	\$331,650	\$303,008	\$663,299
Other Rev.	LOCAL GRANTS & FOUNDATIONS	\$2,701	\$2,668	\$34	\$18,208	\$16,005	\$203	\$32,010
Other Rev.	MEDICAL RECORD REVENUE	\$511	\$1,583	(\$1,072)	\$5,972	\$9,500	(\$3,528)	\$19,000
Other Rev.	MEDICAID INCENTIVE PAYMENTS	\$10,451	\$0	\$10,451	\$38,771	\$0	\$38,771	\$0
County	COUNTY REVENUE	\$475,792	\$307,896	\$167,896	\$2,015,273	\$1,847,377	\$167,896	\$3,694,754
DSRIP	DSRIP REVENUE		\$22,995	(\$22,995)	\$350,000	\$137,969	\$212,031	\$275,938
Other Rev.	MISCELLANEOUS REVENUE	\$30	\$0	\$30	\$90	\$0	\$90	\$0
Other Rev.	OTHER REVENUE - SALE OF FIXED ASSET	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other Rev.	INTEREST INCOME	\$1,948	\$1,667	\$282	\$12,399	\$10,000	\$2,399	\$20,000
Patient Rev	CONTRACT REVENUE	\$24,518	\$333	\$24,185	\$88,186	\$2,000	\$86,186	\$4,000
Other Rev.	LOCAL FUNDS / OTHER REVENUE	\$469	\$0	\$469	\$3,031	\$0	\$3,031	\$0
	Total Revenue	\$1,909,616	\$874,617	\$1,034,999	\$8,630,061	\$5,247,701	\$3,382,360	\$10,495,403
	EXPENSES							
Personnel	SALARIES	\$422,549	\$500,475	\$77,926	\$2,519,687	\$3,002,849	\$483,162	\$6,005,699
Personnel	SALARIES, Merit Compensation		\$0	\$0	\$0	\$0	\$0	\$0
Personnel	SALARIES, PROVIDER INCENTIVES	\$1,000	\$4,400	\$3,400	\$5,000	\$26,400	\$21,400	\$52,800.00
Personnel	SALARIES, OT	\$6,084	\$5,000	(\$1,084)	\$32,570	\$30,000	(\$2,570)	\$60,000.00
Personnel	SALARIES, PART-TIME	\$16,867	\$23,559	\$6,691	\$119,033	\$141,351	\$22,318	\$282,702.00
Personnel	Comp Pay	\$125	\$0	(\$125)	\$451	\$0	(\$451)	\$0.00
Personnel	FICA EXPENSE	\$31,313	\$40,808	\$9,494	\$197,236	\$244,846	\$47,610	\$489,691.89
Personnel	TEXAS UNEMPLOYMENT TAX	\$32	\$1,672	\$1,640	\$1,437	\$10,033	\$11,470	\$20,066.65
Personnel	LIFE INSURANCE	\$1,340	\$1,195	(\$145)	\$7,762	\$7,170	(\$592)	\$14,339.39
Personnel	LONG TERM DISABILITY INSURANCE	\$966	\$1,101	\$135	\$5,591	\$6,608	\$1,015	\$13,212.54
Personnel	GROUP HOSPITALIZATION INSURANCE	\$29,085	\$43,220	\$14,135	\$187,025	\$269,319	\$92,295	\$518,838.84
Personnel	WORKER'S COMP INSURANCE	(\$7,194)	\$2,667	\$9,861	\$904	\$16,003	\$15,099	\$32,006.01
Personnel	HRA EXPENSE	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00
Personnel	PENSION / RETIREMENT	\$10,660	\$12,856	\$2,195	\$63,833	\$77,134	\$13,302	\$154,268.95
Contractual	OUTSIDE LAB CONTRACT	\$21,305	\$22,000	\$695	\$156,575	\$132,000	(\$24,575)	\$264,000.00
Contractual	OUTSIDE X-RAY CONTRACT	\$3,828	\$3,000	(\$828)	\$22,356	\$18,000	(\$4,356)	\$36,000.00
Contractual	MISCELLANEOUS CONTRACT SERVICES	\$9,962	\$12,961	\$3,999	\$45,849	\$77,764	\$31,915	\$155,528.00
Personnel	TEMPORARY STAFFING	\$14,308	\$0	(\$14,308)	\$118,857	\$0	(\$118,857)	\$0.00
Contractual	CHW CONTRACT BILLING SERVICE	\$7,040	\$10,045	\$3,005	\$49,398	\$60,270	\$10,872	\$120,540.00
IGT	IGT REIMBURSEMENT	\$0	\$0	\$0	\$164,846	\$0	(\$164,846)	\$0.00
Contractual	JANITORIAL CONTRACT	\$2,620	\$3,000	\$381	\$16,034	\$18,000	\$1,966	\$36,000.00
Contractual	PEST CONTROL	\$80	\$100	\$20	\$481	\$600	\$119	\$1,200.00
Contractual	SECURITY	\$4,183	\$7,645	\$3,462	\$23,239	\$45,870	\$22,631	\$91,740.00
Supplies	OFFICE SUPPLIES	\$3,394	\$6,690	\$3,297	\$21,991	\$40,141	\$18,150	\$80,282.49
Supplies	OPERATING SUPPLIES	\$16,107	\$20,375	\$4,268	\$115,021	\$122,250	\$7,229	\$244,500.00
Supplies	OUTSIDE DENTAL SUPPLIES	\$799	\$2,500	\$1,701	\$6,288	\$15,000	\$8,712	\$30,000.00
Supplies	PHARMACEUTICAL SUPPLIES	\$60,648	\$68,000	(\$7,352)	\$459,382	\$408,000	(\$51,382)	\$816,000.00
Supplies	JANITORIAL SUPPLIES	\$530	\$375	(\$155)	\$1,123	\$2,250	\$1,127	\$4,500.00
Supplies	PRINTING SUPPLIES	\$0	\$250	\$250	\$63	\$1,500	\$1,437	\$3,000.00
Supplies	UNIFORMS	\$571	\$420	(\$151)	\$1,833	\$2,520	\$687	\$5,040.00
Other	POSTAGE	\$535	\$733	\$198	\$3,521	\$4,400	\$879	\$8,800.00
Other	TELEPHONE	\$1,339	\$1,525	\$186	\$8,028	\$9,150	\$1,122	\$16,300.00
Other	WATER	\$31	\$31	\$0	\$183	\$188	\$5	\$372.00
Other	ELECTRICITY	\$1,853	\$2,083	\$230	\$10,622	\$12,500	\$1,878	\$25,000.00
Travel	TRAVEL, LOCAL	\$583	\$381	(\$202)	\$2,032	\$2,288	\$255	\$4,575.00
Travel	TRAVEL, OUT OF TOWN	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00
Travel	LOCAL TRAINING	\$79	\$417	\$338	\$878	\$2,500	\$1,622	\$5,000.00
Travel	TRAINING, OUT OF TOWN	\$368	\$1,467	\$1,099	\$3,618	\$8,801	\$5,183	\$17,602.00
Other	RENTALS	\$4,964	\$5,935	\$971	\$32,511	\$35,610	\$3,099	\$71,220.00
Other	LEASES	\$43,702	\$38,522	(\$5,180)	\$262,211	\$231,131	(\$31,080)	\$462,282.00
Other	MAINTENANCE / REPAIR, EQUIP.	\$6,225	\$7,563	\$1,337	\$37,438	\$45,375	\$7,937	\$90,750.00
Other	MAINTENANCE / REPAIR, AUTO	\$0	\$42	\$42	\$0	\$250	\$250	\$500.00
Other	FUEL	\$74	\$42	(\$32)	\$187	\$250	\$63	\$500.00
Other	MAINTENANCE / REPAIR, BLDG.	\$0	\$417	\$417	\$1,757	\$2,500	\$743	\$5,000.00
Other	MAINT/REPAIR, IT Equip.	\$462	\$125	(\$337)	(\$7,748)	\$750	\$8,496	\$1,500.00
Other	MAINTENANCE / Preventative, AUTO	\$0	\$42	\$42	\$0	\$250	\$250	\$500.00
Other	INSURANCE, AUTO/Truck	\$168	\$168	\$0	\$1,008	\$1,008	\$0	\$2,016.00
Other	INSURANCE, GENERAL LIABILITY	\$784	\$833	\$49	\$4,704	\$5,000	\$296	\$10,000.00
Other	INSURANCE, BLDG. CONTENTS	\$1,368	\$1,333	(\$34)	\$8,205	\$8,000	(\$205)	\$16,000.00
Other	COMPUTER EQUIPMENT	\$0	\$0	\$0	\$12,216	\$0	(\$12,216)	\$0.00
Other	OPERATING EQUIPMENT	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00
Other	BUILDING IMPROVEMENTS	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00
Other	NEWSPAPER ADS	\$1,933	\$1,250	(\$683)	\$4,706	\$7,500	\$2,794	\$15,000.00
Other	SUBSCRIPTIONS, BOOKS, ETC	\$406	\$750	\$344	\$406	\$4,500	\$4,094	\$9,000.00
Other	ASSOCIATION DUES	\$2,687	\$2,833	\$146	\$16,000	\$17,000	\$1,000	\$34,000.00
Other	IT SOFTWARE, LICENSES, INTANGIBLES	\$9,542	\$9,258	(\$284)	\$106,253	\$55,550	(\$50,703)	\$111,100.00
Other	PROF FEES/LICENSES/INSPECTIONS	\$0	\$1,467	\$1,467	\$990	\$8,800	\$7,810	\$17,600.00
Other	PROFESSIONAL SERVICES	\$2,157	\$1,208	(\$949)	\$10,878	\$7,250	(\$3,628)	\$14,500.00
Other	MED/HAZARD WASTE DISPOSAL	\$496	\$458	(\$37)	\$2,829	\$2,760	(\$69)	\$5,500.00
Other	TRANSPORTATION CONTRACT	\$316	\$813	\$497	\$3,827	\$4,875	\$1,048	\$9,760.00
Other	BOARD MEETING OPERATIONS	\$12	\$29	\$17	\$185	\$175	(\$10)	\$350.00
Other	SERVICE CHG - CREDIT CARDS	\$633	\$579	(\$54)	\$4,058	\$3,475	(\$583)	\$6,950.00
Other	CASHIER OVER / SHORT	(\$25)	\$0	\$25	(\$30)	\$0	\$30	\$0.00
Other	LATE CHARGES	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00
Other	BAD DEBT EXPENSE	\$1,107,882	\$0	(\$1,107,882)	\$3,299,271	\$0	(\$3,299,271)	\$0.00
Other	MISCELLANEOUS EXPENSE	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00
	Total Expenses	\$1,865,765	\$874,617	(\$991,139)	\$8,139,808	\$5,247,701	(\$2,892,107)	\$10,495,403
	Net Change in Fund Balance	\$43,850	(\$0)	\$43,850	\$490,253	(\$0)	\$490,253	(\$0)

Vists by Financial Class - Actual vs. Budget
As of September 30, 2017 (Grant Year 4/1/17-3/31/18)

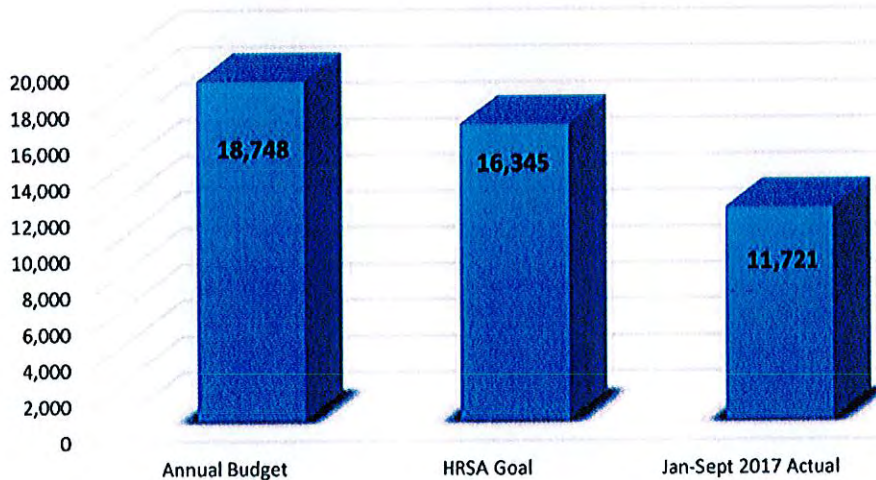
	Annual Budget	MTD Actual	MTD Budget	Over/(Under) MTD Budget	YTD Actual	YTD Budget	Over/(Under) YTD Budget	% Over/ (Under) YTD Budget
Medicaid	4,810	395	401	(6)	2,223	2,405	(182)	-8%
Medicare	5,086	320	424	(104)	2,065	2,543	(478)	-19%
Other Public (Title V, Contract)	1,364	125	114	11	759	682	77	11%
Private Insurance	2,187	285	182	103	1,446	1,094	353	32%
Self Pay	35,801	2,530	2,983	(453)	14,836	17,901	(3,065)	-17%
	49,248	3,655	4,104	(449)	21,329	24,624	(3,295)	-13%

Unduplicated Patients - Current vs. Prior Year
January through September

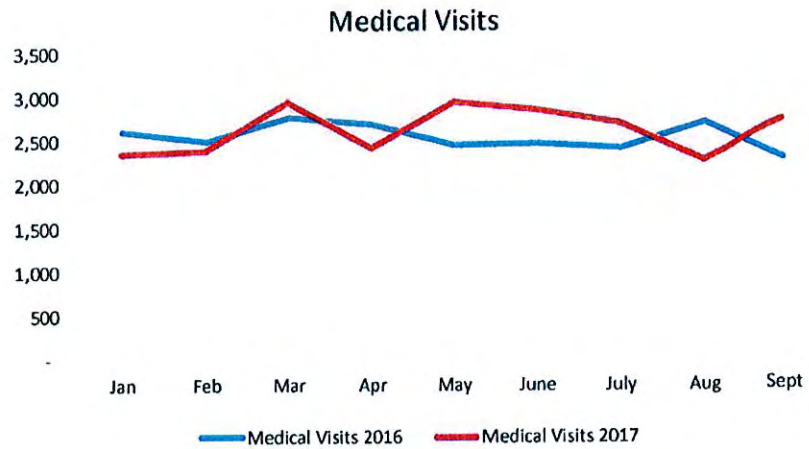
Current Year	Jan-Sept 2016	Jan-Sept 2017	Increase/ (Decrease)	% Increase/ (Decrease)
Annual Budget	18,748	11,721	62	1%

* Note - The clinic was closed for 5.5 days during Hurricane Harvey, but was open to walk-in patients on 8/31.

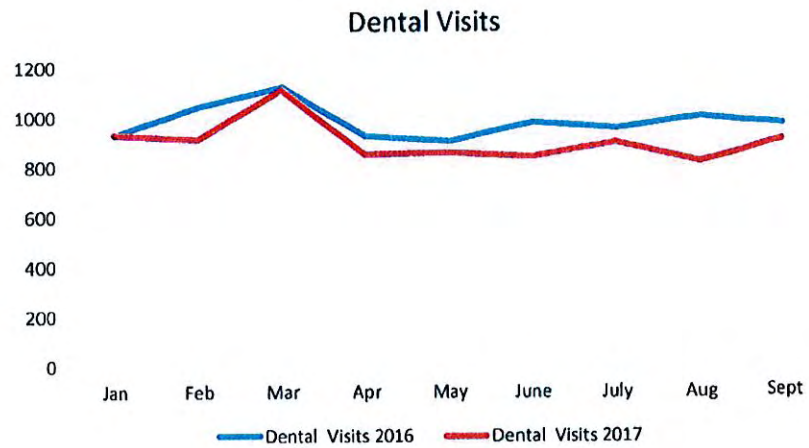
Number of Unduplicated Patients



Medical Visits		
	<u>2016</u>	<u>2017</u>
Jan	2,599	2,353
Feb	2,485	2,390
Mar	2,756	2,943
Apr	2,673	2,417
May	2,435	2,939
June	2,450	2,850
July	2,395	2,696
Aug	2,693	2,267
Sept	2,267	2,720
	<u>22,753</u>	<u>23,575</u>



Dental Visits		
	<u>2016</u>	<u>2017</u>
Jan	925	931
Feb	1042	913
Mar	1120	1111
Apr	921	851
May	900	858
June	974	841
July	950	899
Aug	998	820
Sept	964	903
	<u>8,794</u>	<u>8,127</u>



Counseling Visits		
	<u>2016</u>	<u>2017</u>
Jan	80	66
Feb	81	63
Mar	91	40
Apr	77	66
May	68	46
June	64	41
July	51	45
Aug	80	38
Sept	66	32
	<u>658</u>	<u>437</u>



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**Governing Board
October 2017
Item #11
Consider for Approval Quarterly
Compliance Report**

**Coastal Health & Wellness Governing Board
Quarter 3, 2017 – Compliance Report**

External State/Federal Audits		
DATE CONDUCTED	TYPE OF AUDIT & FINDINGS	ACTION TAKEN
August 11, 2017	<p><u>The Texas Department of State Health Services (DSHS), Adult Safety Net Site Visit (ASN)</u></p> <ul style="list-style-type: none"> • The Texas Department of State Health Services (DSHS), Immunization Unit contracts with TMF Health Quality Institute (TMF) to conduct Texas Vaccines for Children (TVFC) and Adult Safety Net (ASN) Program Site Visits. • The goal of this visit is to assess your understanding and implementation of key ASN program requirements and recommendations as well as collection of adult immunization records. • These visits are also intended to provide you and your staff with education and technical assistance to support you in reaching full compliance with program policies. 	<ul style="list-style-type: none"> • The assigned TMF reviewer was Jocelyn Lewis, LVN this was the first time the State conducted an Adult Safety Net Site Visit and they were getting baseline data on all clinics within the State • Two suggestions that were made and have been implemented were: <ol style="list-style-type: none"> 1) Use frozen water bottles instead of ice packs around the edges of the refrigerator 2) Have the Medical Assistants credentials populated in the electronic system behind their name

Coastal Health & Wellness Governing Board
Quarter 3, 2017 – Compliance Report

September 22, 2017	<p><u>The Texas Department of State Health Services (DSHS), Texas Vaccine For Children Program (TVFC)</u></p> <ul style="list-style-type: none"> • DSHS conducted their annual TVFC audit on vaccine procedures and pertinent records at both the Texas City and Galveston sites to determine CHW’s compliance with TVFC program requirements. • Included in the audit was the inspection of the clinic’s administration fees for TVFC administered vaccines, an overview of the electronic records documentation for patients who have received TCFC administered vaccines, temperature logs and thermometer availabilities, and refrigerator circuit breaker accessibility. 	<ul style="list-style-type: none"> • The written reports from assigned reviewer Destiny Okerekeocha state there were no compliance issues identified at both clinic • The reviewer did state there are some changes in the VFC Program Requirements effective January 1, 2018 and suggested the Nursing Director attend the Texas Immunization Conference taking place November 28-30, 2017
Internal Audits		
DATE CONDUCTED	TYPE OF AUDIT & FINDINGS	ACTION TAKEN
July – September 2017	<p><u>Financial Screening Audit - Patient Services Manager</u></p> <ul style="list-style-type: none"> • Financial Screening audits were performed by randomly pulling ten application charts monthly to establish the accuracy and completeness of said charts. • An inclusive application requires CHW intake specialists to ensure the accurate completion of nine different elements within each application, all of which are reviewed during the Financial Screening audit. • Amongst the 30 applications reviewed, which collectively encompassed 180 elements, there 	<ul style="list-style-type: none"> • Continue operating under current protocol.

Coastal Health & Wellness Governing Board
Quarter 3, 2017 – Compliance Report

	were no inaccuracies cited – yielding an entirely clean audit.	
Incident Reports		
DATE OF INCIDENT	INCIDENT SUMMARY	ACTION TAKEN
August 12, 2017	<u>Texas City Dental</u> <ul style="list-style-type: none"> • A patient became belligerent and verbally abusive after being informed a tooth could not be pulled due to need for antibiotic treatment and to anxiety. Patient refused to leave. • Non-preventable 	<ul style="list-style-type: none"> • Patient Information Manager and Security personnel walked the patient along with her husband out of building without further incident.
August 14, 2017	<u>Galveston Medical</u> <ul style="list-style-type: none"> • There was a medication error. Child was given and adult strength vaccine. • Preventable 	<ul style="list-style-type: none"> • Parent was notified and a follow up visit scheduled with the child. No adverse reactions were noted or reported by parent. • Nursing staff was counseled and appropriate actions taken.

Coastal Health & Wellness Governing Board

Quarter 3, 2017 – Compliance Report

September 15, 2017	<p><u>Galveston, Medical</u></p> <ul style="list-style-type: none"> • A MA roomed a male patient for a medical visit. The woman approached the nurse’s station speaking in Spanish and asked what room her husband was in. The female was not verified to be the patient’s wife. A different MA walked the female to the patient’s room and allowed the female to enter unannounced. The patient was not informed of the female’s request to join him. The patient left the room and went to the nurse’s station, notably upset that the woman had been brought to his room. The patient did not want her in the room and informed nursing staff he did not want the doctor to speak to her. • Preventable 	<ul style="list-style-type: none"> • It was determined that the female was the patient’s wife however, the patient did not sign a release of information authorizing that she be given any of his information or did he want her in the room with him. • MA was counseled and appropriate action taken. • HIPAA Breech was filed with Office for Civil Rights
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Patients’ Warning and Termination Letters

REASON	TYPE OF LETTER
Debt Collection Policy	Terminations: 285; Reinstatements: 162
Behavioral Letters Issued	Terminations: 0 Warnings: 3

NOTE: Various issues were discussed in peer review.

Incidents involving quality of care issues, In accordance with Section 161 et seq., Health and Safety Code, are reviewed such that proceedings and records of the quality program and committee reviews are privileged and confidential.

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

9850-A.106 Boardroom Emmett F. Lowry Expressway, Texas City

Governing Board

October 2017

Item #12

**Quarterly Visits and Analysis Report Including Breakdown Payer
Source for Recent New Patients**

**Coastal Health & Wellness - Quarterly Visit & Analysis Report
for the period ending September 30, 2017**

**based on UDS Reporting period (January 1 to December 31)*

Total Visits by Financial Class	September 2017	September 2016	% Change	* YTD Average		% Change	* YTD Payor Mix		% Change
				2017	2016		2017	2016	
Self Pay	2,530	2,445	3%	2,532	2,609	-3%	70.7%	72.5%	-1.7%
Medicare	320	329	-3%	309	372	-17%	8.6%	10.3%	-1.7%
Medicaid	395	339	17%	365	361	1%	10.2%	10.0%	0.2%
Contract	57	21	171%	39	25	56%	1.1%	0.7%	0.4%
Private Insurance	285	129	121%	267	154	74%	7.5%	4.3%	3.2%
Title V	68	32	113%	67	78	-14%	1.9%	2.2%	-0.3%
Total	3,655	3,295	10.9%	3,578	3,600	-1%	100%	100%	0.0%

Department	* YTD Total Visits		% Change
	2017	2016	
Medical	23,640	22,912	3.2%
Dental	8,128	8,850	-8%
Lab Only	-	-	0%
Nursing	-	2	-100%
Counseling	437	658	-34%
Total	32,205	32,422	-1%

Unduplicated Visits	* YTD Total Users		% Change
	2017	2016	
Medical	9,164	8,986	2.0%
Dental	2,478	2,571	-4%
Counseling	79	102	-23%
Total	11,721	11,659	0.5%

NextGen / Crystal Reports - Summary Aging by Financial Class for the period ending September 30, 2017 (based on encounter date)										Goal is 45-75 days Days in A/R	
	0-30	31-60	61-90	91-120	121-150	151-180	181-up	Total	%	Current	
										Period	Last Qtr
Self Pay	\$42,311	\$47,144	\$60,482	\$51,730	\$49,293	\$40,076	\$510,620	\$801,656	65%	93	135
Medicare	45,901	9,170	10,705	10,660	17,513	10,790	41,965	\$146,702	12%	31	52
Medicaid	40,463	12,370	20,724	17,639	16,591	12,377	44,262	\$164,426	13%	29	35
Contract	8,499	4,585	5,924	1,548	2,920	2,534	8,421	\$34,432	3%	67	237
Private Insurance	34,093	12,167	17,127	9,500	17,270	12,764	14,696	\$117,617	10%	30	40
Title V	3,980	4,795	11,967	2,540	38	134	636	\$24,090	2%	42	294
Unapplied	(60,869)							(\$60,869)	-5%		
Totals	\$114,377	\$90,232	\$126,928	\$93,617	\$103,624	\$78,676	\$620,600	\$1,228,055	100%	49	132

Previous Quarter Balances	\$132,859	\$129,097	\$99,895	\$95,229	\$74,666	\$58,487	\$703,643	\$1,293,877
% Change	-14%	-30%	27%	-2%	39%	35%	-12%	-5%

Charges & Collections	September 2017	September 2016	% Change	* YTD 2017	YTD 2016	% Change
Billed	\$898,439	\$706,500	27%	\$7,519,273	\$7,245,375	3.78%
Adjusted	(619,507)	(491,916)	26%	(5,349,432)	(5,158,730)	3.70%
Net Billed	\$278,932	\$214,584	30%	\$2,169,841	\$2,086,644	3.99%
Collected	\$220,921	\$170,616	29%	\$1,708,787	\$1,607,972	6%
% Net Charges collected	79%	80%	0%	79%	77%	2%

*****2017 MTD and YTD*****
Collected charges were adjusted for Accrued AR and Bad debt

Goal = > 70%

Payor	YTD Current Period				YTD Prior Year			
	Visits	Payor Mix	Net Revenue per Visit	(Net Billed) Net Revenue	Visits	Payor Mix	Net Revenue per Visit	(Net Billed) Net Revenue
Self Pay	22,784	70.7%	\$34.09	\$776,742	26,851	72.7%	\$29.59	\$794,598
Medicare	2,777	8.6%	\$155.69	432,343	3,815	10.3%	\$135.46	516,761
Medicaid	3,284	10.2%	\$153.55	504,257	3,608	9.8%	\$137.90	497,526
Contract	350	1.1%	\$131.31	45,958	253	0.7%	\$95.60	24,187
Private Insurance	2,405	7.5%	\$149.06	358,501	1,641	4.4%	\$103.97	170,619
Title V	605	1.9%	\$86.01	52,038	770	2.1%	\$112.68	86,761
Total	32,205	100%	\$67.38	\$2,169,841	36,938	100%	\$56.59	\$2,090,452

Item	2017	2016
Self Pay - Gross Charges	\$4,847,066	\$4,836,677
Self Pay - Collections	\$625,749	\$643,191
% Gross Self Pay Charges Collected	12.9%	13.3%
% Net Self Pay Charges Collected	80.6%	80.9%

Adjusted for Bad Debt Expense July/Aug/Sept

HRSA goal = > 14.1%

Coastal Health & Wellness
New Patients By Financial Class
From 1/1/2017 to 9/30/17

Summary	Current Period		Prior Period 2016	
	New Patients	Current %	New Patients	%
Self Pay	2,037	71.8%	2,136	76.5%
Medicaid	266	9.4%	217	7.8%
Medicare	83	2.9%	64	2.3%
Private Insurance	355	12.5%	288	10.3%
Title V	47	1.7%	38	1.4%
Contracts	50	1.8%	49	1.8%
Total	2,838	100.0%	2,792	100.0%

Payor Source	# Patients	%	Payer Type
ACCT	13	0.46%	Contract
Bay Area Recovery Center Dental	2	0.07%	Contract
Bay Area Recovery Center Medical	6	0.21%	Contract
CHSBE	4	0.14%	Contract
COM College Of The Mainland	5	0.18%	Contract
STD Contract	20	0.70%	Contract
Amerigroup Star Kids	1	0.04%	Medicaid
Amerigroup Star+Plus	7	0.25%	Medicaid
Amerigroup Texas Inc	12	0.42%	Medicaid
Amerigroup Texas Inc Chip	1	0.04%	Medicaid
BCBSTX-Star	1	0.04%	Medicaid
Community Health Choice	50	1.76%	Medicaid
Community Health Choice Chip	2	0.07%	Medicaid
DentaQuest	18	0.63%	Medicaid
Healthy Texas Women Medicaid	18	0.63%	Medicaid
MCNA Dental	13	0.46%	Medicaid
Molina Healthcare Of Texas	6	0.21%	Medicaid
Molina Healthcare Of Tx Chip	1	0.04%	Medicaid
Texas Children Hlth PI Star	39	1.37%	Medicaid
Texas Childrens Hlth PI STAR KIDS	1	0.04%	Medicaid
TMHP	29	1.02%	Medicaid
United Healthcare Comm Plan Star Kids	1	0.04%	Medicaid
United Healthcare Dental Community Plan	50	1.76%	Medicaid
United Healthcare Texas Mcaid	14	0.49%	Medicaid
United Healthcare Tx For Chip	2	0.07%	Medicaid
AARP Medicare Complete Plan 1 HMO	1	0%	Medicare
Aetna PPO Medicare	2	0.07%	Medicare
Ambetter from Superior Health Plan EPO	3	0.11%	Medicare
Amerigroup HMO Medicare	1	0.04%	Medicare
Amerivantage HMO	2	0.07%	Medicare
BCBS of Texas Blue Adv Slv HMO	1	0.04%	Medicare

Care Improvement Plus Gold RX	2	0.07%	Medicare
Humana Medicare PPO	4	0.14%	Medicare
National Government Services	57	2.01%	Medicare
Superior Healthplan	2	0.07%	Medicare
United Healthcare HMO Medicare	3	0.11%	Medicare
United Healthcare Medicare Solutions	5	0.18%	Medicare
Optum Star	1	0.04%	Pvt. Ins.
Tmlintergovt Emp Benefit Pool Dental	3	0.11%	Pvt. Ins.
Aetna	21	0.74%	Pvt. Ins.
Allied Benefit Systems	1	0.04%	Pvt. Ins.
Ameritas Life Insurance Corp Dental	1	0.04%	Pvt. Ins.
ASRM	1	0.04%	Pvt. Ins.
BCBS of Texas PPO	4	0.14%	Pvt. Ins.
Beacon Behavioral Health	2	0.07%	Pvt. Ins.
Beacon Health Option Marketplace	2	0.07%	Pvt. Ins.
Blue Cross Blue Shield HMO	1	0.04%	Pvt. Ins.
Blue Cross Blue Shieldtx	56	1.97%	Pvt. Ins.
Boonchapman Benefits Admin	2	0.07%	Pvt. Ins.
Careington Benefit Solutions Dental	5	0.18%	Pvt. Ins.
Carrington Benefit Solution	4	0.14%	Pvt. Ins.
Century Healthcare	1	0.04%	Pvt. Ins.
Cigna	8	0.28%	Pvt. Ins.
Cigna Great West	2	0.07%	Pvt. Ins.
Community Health Choice HMO Bronze MP	16	0.56%	Pvt. Ins.
Community Health Choice HMO Gold	1	0.04%	Pvt. Ins.
Community Health Choice Marketplace	102	3.59%	Pvt. Ins.
Delta Dental	1	0.04%	Pvt. Ins.
Delta Dental Insurance Company	3	0.11%	Pvt. Ins.
Delta Dental Of Arkansas	2	0.07%	Pvt. Ins.
Delta Dental Of Tennessee	2	0.07%	Pvt. Ins.
GEHA	1	0.04%	Pvt. Ins.
Guardian Dental	1	0.04%	Pvt. Ins.
Humana Dental	6	0.21%	Pvt. Ins.
Humana Dental - ERS	1	0.04%	Pvt. Ins.
Humana National POS	1	0.04%	Pvt. Ins.
Liberty Dental	7	0.25%	Pvt. Ins.
Meritain Health	1	0.04%	Pvt. Ins.
Molina Bronze Marketplace HMO	2	0.07%	Pvt. Ins.
Molina Silver Marketplace HMO	6	0.21%	Pvt. Ins.
Multiplan Limited Benefit	1	0.04%	Pvt. Ins.
Optum	1	0.04%	Pvt. Ins.
Optum Behavior Health	1	0.04%	Pvt. Ins.
Philadelphia American Life Ins	1	0.04%	Pvt. Ins.
Principal Life Ins Co Dental	1	0.04%	Pvt. Ins.
Sisco Benefits	1	0.04%	Pvt. Ins.
Standard Security Life	1	0.04%	Pvt. Ins.
Tmlintergovt Emp Benefit Pool	3	0.11%	Pvt. Ins.

Transamerica	1	0.04%	Pvt. Ins.
Tricare South Region	2	0.07%	Pvt. Ins.
UMR	3	0.11%	Pvt. Ins.
Unified National Health Ins	1	0.04%	Pvt. Ins.
United Healthcare	25	0.88%	Pvt. Ins.
United Healthcare All Savers Plan	1	0.04%	Pvt. Ins.
United Healthcare Dental	13	0.46%	Pvt. Ins.
United Healthcare Dental Plan	2	0.07%	Pvt. Ins.
United HealthCare Health Select of Texas	7	0.25%	Pvt. Ins.
UnitedHealth Integrated Services Medical	1	0.04%	Pvt. Ins.
Unitedhealthcare Community Plan	14	0.49%	Pvt. Ins.
Wellcare Health Plan Inc	7	0.25%	Pvt. Ins.
Self Pay	2,014	70.97%	Self Pay
Sports Physical	23	0.81%	Self Pay
Title V Child Health Dental	22	0.78%	Title V
Title V Child Health Medical	25	0.88%	Title V
	2,838	100.00%	

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Governing Board

October 2017

Item #13

**Consider for Approval Privileging Rights for
Emily Bailey, MSW, LCSW**



Date: October 26, 2017

To: CHW Governing Board

Thru: Mary McClure *MM*
CHW Business Director
Interim Executive Director

From: Abdul-Aziz Alhassan, MD *A. Alhassan, MD*
Medical Director

Re: Privileging

Upon review of the completed credentialing file of Emily Bailey, MSW, LCSW, by Sandra Cuellar, HR manager, and myself (Abdul-Aziz Alhassan, MD), we would like to recommend that Coastal Health & Wellness Governing Board approve privileging for Emily Bailey, MSW, LCSW based on the following information.

- Emily Bailey, MSW, LCSW is a Licensed Clinical Social Worker requesting counseling privileges in both the Texas City and Galveston Coastal Health & Wellness Medical Clinic. Emily Bailey graduated from the University of Houston. Emily Bailey requests Counseling privileges.

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Governing Board

October 2017

Item #14

**Consider for Approval the TACHC Optimizing Comprehensive Clinic
Care (OC³) 2017-2019 Learning Program**

Leadership from health centers interested in participating in the 2017-2019 OC³ Learning Program will need to do the following.

1. Complete the 2017-2019 OC³ Learning Program application
2. If and once application is accepted, you will need to submit a 2017-2019 OC³ Learning Program Participation Agreement.
3. Pay the \$2,250 participation fee for the 2017-2019 OC³ Learning Program

The 2017-2019 OC³ Learning Program is an 18 month commitment of a team comprised at the very least of a c-suite representative, clinical lead with authority, quality/reporting representative, clinical team support staff representative and a site administrator representative.

There will be a total of four (4) prework calls that will occur in late November to early December, followed by eleven (11) monthly webcasts that will be on specific content areas along with a team check ins. Teams will have a monthly coaching call to receive technical assistance and training from their assigned OC³ Coach. Teams will gather together for five (5) interactive face to face learning sessions that are two to three days in length. Dates and locations will be announced shortly. Please note that travel reimbursement will not be provided. Participating health centers will be responsible for the cost of registering their teams for the learning sessions and for any and all travel related expenses such as transportation and hotel accommodations. The core team is expected to attend all Learning Sessions throughout the entirety of the 2017-2019 OC³ Learning Program.

TACHC has also developed the OC³ Portal to facilitate and manage the OC³ program activities. The OC³ Portal will be used as the platform to support ongoing cross-team communication, cross-faculty coaching, and cross-team management. The OC³ Portal also will serve as a resource for OC³ participants to report, analyze and manage OC³ projects. All 2017-2019 OC³ will receive training on how to use the OC³ portal.

The 2017-2019 OC³ Learning Program will be an exciting time of learning, sharing and improving. I look forward in hearing from you should you have any questions.

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Governing Board

October 2017

Item #15

**Consider for Approval One Time Pay Out for Employees with 6
Months Employment to be Paid \$46,671.20 in the Pay Period Before Thanksgiving**

Consider for approval a onetime \$500 payout to be \$43,671.20 including applicable benefits. This is based on all full-time CHW employees with 6 months employment, a hire date prior to May 1, 2017. The payout would be in the pay period before Thanksgiving.

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Governing Board

October 2017

Item #16

**Notice of Grant Award with Program Specific Conditions for Program
Requirements based on Action Plan Submitted to HRSA from Site Visit Review**



NOTICE OF AWARD

AUTHORIZATION (Legislation/Regulation)
 Public Health Service Act, Title III, Section 330
 Public Health Service Act, Section 330, 42 U.S.C. 254b
 Affordable Care Act, Section 10503
 Public Health Service Act, Section 330, 42 U.S.C. 254, as amended.
 Authority: Public Health Service Act, Section 330, 42 U.S.C. 254b, as amended
 Public Health Service Act, Section 330, 42 U.S.C. 254b, as amended
 Public Health Service Act, Section 330(e), 42 U.S.C. 254b
 Section 330 of the Public Health Service Act, as amended (42 U.S.C. 254b, as amended) and Section 10503 of The Patient Protection and Affordable Care Act (P.L. 111-148)
 Section 330 of the Public Health Service Act, as amended (42 U.S.C. 254b)
 Public Health Service Act, Section 330, as amended (42 U.S.C. 254b)
 Section 330 of the Public Health Service (PHS) Act, as amended (42 U.S.C. 254b, as amended)

1. DATE ISSUED: 09/27/2017		2. PROGRAM CFDA: 93.224	
3. SUPERSEDES AWARD NOTICE dated: 09/19/2017 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.			
4a. AWARD NO.: 6 H80CS00344-16-12		4b. GRANT NO.: H80CS00344	
		5. FORMER GRANT NO.: H27CS02006	
6. PROJECT PERIOD: FROM: 04/01/2002 THROUGH: 03/31/2019			
7. BUDGET PERIOD: FROM: 04/01/2017 THROUGH: 03/31/2018			

8. TITLE OF PROJECT (OR PROGRAM): HEALTH CENTER CLUSTER

9. GRANTEE NAME AND ADDRESS:
 Coastal Health & Wellness
 9850 Emmett F Lowry Expy Ste A
 Texas City, TX 77591-2001
DUNS NUMBER:
 135951940
 BHCNIS # 061610

10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR)
 Mary McCure
 Coastal Health & Wellness
 PO BOX 939
 La Marque, TX 77568-0939

11. APPROVED BUDGET: (Excludes Direct Assistance)
 Grant Funds Only
 Total project costs including grant funds and all other financial participation

a. Salaries and Wages :	\$6,401,200.00
b. Fringe Benefits :	\$1,242,224.00
c. Total Personnel Costs :	\$7,643,424.00
d. Consultant Costs :	\$0.00
e. Equipment :	\$34,541.00
f. Supplies :	\$1,198,334.00
g. Travel :	\$22,177.00
h. Construction/Alteration and Renovation :	\$0.00
i. Other :	\$965,805.00
j. Consortium/Contractual Costs :	\$714,758.00
k. Trainee Related Expenses :	\$0.00
l. Trainee Stipends :	\$0.00
m. Trainee Tuition and Fees :	\$0.00
n. Trainee Travel :	\$0.00
o. TOTAL DIRECT COSTS :	\$10,579,039.00
p. INDIRECT COSTS (Rate: % of S&W/TADC) :	\$0.00
q. TOTAL APPROVED BUDGET :	\$10,579,039.00
i. Less Non-Federal Share:	\$7,368,003.00
ii. Federal Share:	\$3,211,035.00

12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a. Authorized Financial Assistance This Period	\$3,211,035.00
b. Less Unobligated Balance from Prior Budget Periods	
i. Additional Authority	\$57,023.00
ii. Offset	\$0.00
c. Unawarded Balance of Current Year's Funds	\$0.00
d. Less Cumulative Prior Awards(s) This Budget Period	\$3,154,012.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$0.00

13. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)

YEAR	TOTAL COSTS
17	\$3,127,400.00

14. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)

a. Amount of Direct Assistance	\$0.00
b. Less Unawarded Balance of Current Year's Funds	\$0.00
c. Less Cumulative Prior Awards(s) This Budget Period	\$0.00
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	\$0.00

15. PROGRAM INCOME SUBJECT TO 45 CFR 75.307 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:
A=Addition B=Deduction C=Cost Sharing or Matching D=Other [D]
 Estimated Program Income: \$2,797,824.00

16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY HRSA, IS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:
 a. The grant program legislation cited above. b. The grant program regulation cited above. c. This award notice including terms and conditions, if any, noted below under REMARKS. d. 45 CFR Part 75 as applicable. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is

acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.

REMARKS: (Other Terms and Conditions Attached Yes No)
This NoA is issued to remove one or more Grant Conditions imposed on projects. This NoA is issued to remove one or more Grant Conditions imposed on projects. Prior Approval Request Tracking Number PA-00067292. Prior Approval Request Type: Project Director(PD) Change

Electronically signed by Vera Windham , Grants Management Officer on : 09/27/2017

17. OBJ. CLASS: 41.51 18. CRS-EIN: 1741665318A1 19. FUTURE RECOMMENDED FUNDING: \$0.00

FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
17 - 3981160	93.224	16H80CS00344	\$0.00	\$0.00	CH	HealthCareCenters_16

HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e., created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit <https://grants3.hrsa.gov/2010/WebEPSEExternal/Interface/common/accesscontrol/login.aspx> to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

Terms and Conditions

Failure to comply with the remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

Program Specific Condition(s)

1. Due Date: Within 120 Days of Award Issue Date

R.5.5.120 Billing and Collections Policies and Procedures: Health centers are expected to comply with all applicable statutory and regulatory requirements. In your most recent Notice of Award (NoA), your organization was required to provide an action plan detailing the steps the health center will implement in order to comply with having policies and procedures in place that ensure appropriate charging, billing and collections, including updating the schedule of charges if appropriate OR provide board approved documentation that action(s) have been implemented resulting in compliance with this requirement. (Section 330(k)(3)(F) and (G) of the PHS Act). Based upon a review of the required response, HRSA has approved your action plan. Within 120 days, provide board approved documentation that action(s) have been implemented resulting in compliance with this requirement in accordance with the HRSA approved action plan. Please contact your project officer for additional assistance and/or information on the required elements of your response. (45 CFR 75.207(a) and 45 CFR 75.371)

Grant Specific Term(s)

- The grant condition stated below on NoA (6 H80CS00344-16-04) is hereby lifted. **R.5.4 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 centers must assure 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 75.300-309, Subparts E and F). Within 90 days, provide an action plan detailing the steps the health center will implement in order to address the recent findings or deficiencies related to the health center's ability to maintain accounting and internal control systems appropriate to the size and complexity of the organization reflecting Generally Accepted Accounting Principles (GAAP) OR provide board approved documentation that action(s) have been implemented resulting in compliance with this requirement. These may include findings, questioned costs, reportable conditions, and material weaknesses cited in your organization's most recent audit. The plan must address how the health center's financial management policies will assure separate functions appropriate to organizational size to safeguard assets and maintain financial stability. If any of the findings are repeat audit findings, also submit an auditor's response that indicates these findings have been resolved. Please contact your project officer for additional assistance and/or information on the required elements of your response. (45 CFR 75.207(a) and 45 CFR 75.371).
- The grant condition stated below on NoA (6 H80CS00344-16-04) is hereby lifted and will be replaced by the grant condition stated above. **R.5.5 Billing and Collections Policies and Procedures:** 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). Within 90 days, provide an action plan detailing the steps the health center will implement in order to comply with having policies and procedures in place that ensure appropriate charging, billing and collections, including updating the schedule of charges if appropriate OR provide board approved documentation that action(s) have been implemented resulting in compliance with this requirement. Please contact your project officer for additional assistance and/or information on the required elements of your response. (45 CFR 75.207(a) and 45 CFR 75.371).
- This revised Notice of Award is issued to change the Program Director in accordance with your Prior Approval request. All prior terms and conditions remain in effect unless specifically removed.

Contacts

NoA Email Address(es):

Name	Role	Email
Mary McClure	Authorizing Official	mmcclure@gchd.org
Kathy Barroso	Business Official	kbarroso@gchd.org
Mary McClure	Program Director	mmcclure@gchd.org

Note: NoA emailed to these address(es)

Program Contact:

For assistance on programmatic issues, please contact Brandon Wood at:
5600 Fishers Ln
STE 16C-20
Rockville, MD, 20852-1750
Email: bwood@hrsa.gov
Phone: (301) 594-4426

Division of Grants Management Operations:

For assistance on grant administration issues, please contact Vera Windham at:
MailStop Code: MSC10SWH03
HRSA/DGMO/OFAM/HCB
5600 Fishers Ln
Rockville, MD, 20857-0001
Email: vwindham@hrsa.gov
Phone: (301) 443-6859



NOTICE OF AWARD

AUTHORIZATION (Legislation/Regulation)
 Public Health Service Act, Title III, Section 330
 Public Health Service Act, Section 330, 42 U.S.C. 254b
 Affordable Care Act, Section 10503
 Public Health Service Act, Section 330, 42 U.S.C. 254, as amended.

Authority: Public Health Service Act, Section 330, 42 U.S.C. 254b, as amended
 Public Health Service Act, Section 330, 42 U.S.C. 254b, as amended
 Public Health Service Act, Section 330(e), 42 U.S.C. 254b
 Section 330 of the Public Health Service Act, as amended (42 U.S.C. 254b, as amended) and Section 10503 of The Patient Protection and Affordable Care Act (P.L. 111-148)
 Section 330 of the Public Health Service Act, as amended (42 U.S.C. 254b)
 Public Health Service Act, Section 330, as amended (42 U.S.C. 254b)
 Section 330 of the Public Health Service (PHS) Act, as amended (42 U.S.C. 254b, as amended)

1. DATE ISSUED: 10/05/2017		2. PROGRAM CFDA: 93.224	
3. SUPERSEDES AWARD NOTICE dated: 09/27/2017 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.			
4a. AWARD NO.: 6 H80CS00344-16-13	4b. GRANT NO.: H80CS00344	5. FORMER GRANT NO.: H27CS02006	
6. PROJECT PERIOD: FROM: 04/01/2002 THROUGH: 03/31/2019			
7. BUDGET PERIOD: FROM: 04/01/2017 THROUGH: 03/31/2018			

8. TITLE OF PROJECT (OR PROGRAM): HEALTH CENTER CLUSTER

9. GRANTEE NAME AND ADDRESS:
 Coastal Health & Wellness
 9850 Emmett F Lowry Expy Ste A
 Texas City, TX 77591-2001
DUNS NUMBER:
 135951940
 BHCMS # 061610

10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR)
 Mary McCure
 Coastal Health & Wellness
 PO BOX 939
 La Marque, TX 77568-0939

11. APPROVED BUDGET: (Excludes Direct Assistance)

Grant Funds Only
 Total project costs including grant funds and all other financial participation

a. Salaries and Wages :	\$6,401,200.00
b. Fringe Benefits :	\$1,242,224.00
c. Total Personnel Costs :	\$7,643,424.00
d. Consultant Costs :	\$0.00
e. Equipment :	\$34,541.00
f. Supplies :	\$1,198,334.00
g. Travel :	\$22,177.00
h. Construction/Alteration and Renovation :	\$0.00
i. Other :	\$965,805.00
j. Consortium/Contractual Costs :	\$714,758.00
k. Trainee Related Expenses :	\$0.00
l. Trainee Stipends :	\$0.00
m. Trainee Tuition and Fees :	\$0.00
n. Trainee Travel :	\$0.00
o. TOTAL DIRECT COSTS :	\$10,579,039.00
p. INDIRECT COSTS (Rate: % of S&W/TADC) :	\$0.00
q. TOTAL APPROVED BUDGET :	\$10,579,039.00
i. Less Non-Federal Share:	\$7,368,003.00
ii. Federal Share:	\$3,211,035.00

12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a. Authorized Financial Assistance This Period	\$3,211,035.00
b. Less Unobligated Balance from Prior Budget Periods	
i. Additional Authority	\$57,023.00
ii. Offset	\$0.00
c. Unawarded Balance of Current Year's Funds	\$0.00
d. Less Cumulative Prior Awards(s) This Budget Period	\$3,154,012.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$0.00

13. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)

YEAR	TOTAL COSTS
17	\$3,127,400.00

14. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)

a. Amount of Direct Assistance	\$0.00
b. Less Unawarded Balance of Current Year's Funds	\$0.00
c. Less Cumulative Prior Awards(s) This Budget Period	\$0.00
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	\$0.00

15. PROGRAM INCOME SUBJECT TO 45 CFR 75.307 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:
A=Addition B=Deduction C=Cost Sharing or Matching D=Other **[D]**
 Estimated Program Income: \$2,797,824.00

16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY HRSA, IS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:
 a. The grant program legislation cited above. b. The grant program regulation cited above. c. This award notice including terms and conditions, if any, noted below under REMARKS. d. 45 CFR Part 75 as applicable. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is

acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.

REMARKS: (Other Terms and Conditions Attached []Yes []No)

This NoA is issued to remove one or more Grant Conditions imposed on projects.

Electronically signed by Vera Windham , Grants Management Officer on : 10/05/2017

17. OBJ. CLASS: 41.51 18. CRS-EIN: 1741665318A1 19. FUTURE RECOMMENDED FUNDING: \$0.00

FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
17 - 3981160	93.224	16H80CS00344	\$0.00	\$0.00	CH	HealthCareCenters_16

HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e., created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit <https://grants3.hrsa.gov/2010/WebEPSEExternal/Interface/common/accesscontrol/login.aspx> to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

Terms and Conditions

Failure to comply with the remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

Program Specific Condition(s)

1. Due Date: Within 120 Days of Award Issue Date

R.4.1.120 Arrangements for Hospital Admitting and Continuity of Care: Health centers are expected to comply with all applicable statutory and regulatory requirements. In your most recent Notice of Award (NoA), your organization was required to provide an action plan detailing the steps the health center will implement in order to comply with obtaining admitting privileges or developing other firmly established arrangements for health center patients that require hospitalization and which ensures continuity of care OR provide documentation that action(s) have been implemented resulting in compliance with this requirement. (Section 330(k)(3)(L) of the PHS Act). Based upon a review of the required response, HRSA has approved your action plan. Within 120 days, provide documentation that action(s) have been implemented resulting in compliance with this requirement in accordance with the HRSA approved action plan. Please contact your project officer for additional assistance and/or information on the required elements of your response. (45 CFR 75.207(a) and 45 CFR 75.371)

2. Due Date: Within 120 Days of Award Issue Date

R.2.3.120 Required or Additional Services: Health centers are expected to comply with all applicable statutory and regulatory requirements. In your most recent Notice of Award (NoA), your organization was required to provide an action plan detailing the steps the health center will implement in order to comply with providing required and additional services OR provide board approved documentation that action(s) have been implemented resulting in compliance with this requirement. (Section 330(a) of the PHS Act). Based upon a review of the required response, HRSA has approved your action plan. Within 120 days, provide board approved documentation that action(s) have been implemented resulting in compliance with this requirement in accordance with the HRSA approved action plan. Please contact your project officer for additional assistance and/or information on the required elements of your response. (45 CFR 75.207(a) and 45 CFR 75.371)

Grant Specific Term(s)

- The grant condition stated below on NoA (6 H80CS00344-16-04) is hereby lifted and will be replaced by the grant condition stated above. **R.2.3 Required or 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). Based upon a recent review, one or more required or additional service is not currently being offered either directly or through an appropriate established written arrangement or referral. Within 90 days, provide an action plan detailing the steps the health center will implement in order to comply with providing required and additional services OR provide board approved documentation that action(s) have been implemented resulting in compliance with this requirement. Please contact your project officer for additional assistance and/or information on the required elements of your response. (45 CFR 75.207(a) and 45 CFR 75.371).
- The grant condition stated below on NoA (6 H80CS00344-16-04) is hereby lifted and will be replaced by the grant condition stated above. **R.4.1 Arrangements for Hospital Admitting and Continuity 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, the health center must firmly establish arrangements for hospitalization, discharge planning, and patient tracking. (Section 330(k)(3)(L) of the PHS Act). Within 90 days, provide an action plan detailing the steps the health center will implement in order to comply with obtaining admitting privileges or developing other firmly established arrangements for health center patients that require hospitalization and which ensures continuity of care OR provide documentation that action(s) have been implemented resulting in compliance with this requirement. Please contact your project officer for additional assistance and/or information on the required elements of your response. (45 CFR 75.207(a) and 45 CFR 75.371).
- The grant condition stated below on NoA (6 H80CS00344-16-04) is hereby lifted. **R.2.4 Sliding Fee Discount Program:** 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 51c.303(f)) and 42 CFR 51c.303(u). Within 90 days, provide an action plan detailing the steps the health center will implement in order to comply with sliding fee discount program requirements, including updating the schedule of discounts if appropriate OR provide board approved documentation that action(s) have been implemented resulting in compliance with this requirement. Please contact your project officer for additional assistance and/or information on the required elements of your response. (45 CFR 75.207(a) and 45 CFR 75.371).

All prior terms and conditions remain in effect unless specifically removed.

Contacts

NoA Email Address(es):

Name	Role	Email
Mary McClure	Authorizing Official	mmcclure@gchd.org
Kathy Barroso	Business Official	kbarroso@gchd.org
Mary McCure	Program Director	mmcclure@gchd.org

Note: NoA emailed to these address(es)

Program Contact:

For assistance on programmatic issues, please contact Brandon Wood at:
5600 Fishers Ln
STE 16C-20
Rockville, MD, 20852-1750
Email: bwood@hrsa.gov
Phone: (301) 594-4426

Division of Grants Management Operations:

For assistance on grant administration issues, please contact Vera Windham at:
MailStop Code: MSC10SWH03
HRSA/DGMO/OFAM/HCB
5600 Fishers Ln
Rockville, MD, 20857-0001
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