



# COASTAL HEALTH & WELLNESS

## GOVERNING BOARD

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

### AGENDA

Thursday, September 27, 2018 – 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 in order to participate in this proceeding should, within two (2) days prior to the proceeding, request necessary accommodations by contacting CHW’s Executive Assistant at 409-949-3406, or via email at [trollins@gchd.org](mailto:trollins@gchd.org).

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 Minutes from August 30, 2018 Governing Board Meeting
- \*Item #4**ACTION**..... Annual Policy/Plan Review
  - a) Coastal Health & Wellness After Hours Coverage Policy
- \*Item #5**ACTION**..... Policies Approved by United Board of Health as Authorized Under the Shared Services Agreement
  - a) Fiscal Management policy
  - b) Records Management Plan
  - c) Anti-Fraud Policy
  - d) Drug-Free Workplace Policy
  - e) Employee Assistance Program Policy
  - f) Employee Corrective Action Policy
  - g) Performance Evaluations Policy
  - h) Separation of Employment Policy
  - i) Sexual Harassment Policy
  - j) Vehicular Accidents/Incident Policy
  - k) Volunteer Policy
  - l) Purchasing Policy
- \*Item #6**ACTION**..... Informational Report
  - a) Letter of Support to St. Hope Foundation
- Item #7 ..... Executive Report
- Item #8**ACTION** ..... Consider for Approval August 2018 Financial Report
- Item #9**ACTION** ..... Consider for Approval HRSA Funding Award and Proposed Budget Related to the FY 2018 Capital Assistance for Hurricane Response and Recovery Efforts (CARE) in the Amount of \$337,012
- Item #10**ACTION** ..... Consider for Approval HRSA One-Time Supplemental Funding Award and Proposed Budget in the Amount of \$28,316 to Support Quality Improvement Activities

- Item #11 **ACTION** ..... Consider for Approval HRSA Funding Award and Proposed Budget Related to the FY2018 Expanding Access to Quality Substance Use Disorder and Mental Health Services (SUD-MH) in the Amount of \$185,000
- Item #12 **ACTION** ..... Consider for Approval Authorization to Expend up to \$6,590 from Fund Balance to Change Claim Processing System
- Item #13 **ACTION** ..... Consider for Approval Authorization of Funds in the Amount of \$5,716 from QI Funds and Fund Balance Reserve for Freezer for Galveston Clinic
- Item #14 **ACTION** ..... Consider for Approval Request to Authorize Placement Fee of \$10,000 to TACHC for Medical Director Candidate Selected and Referred by TACHC
- Item #15 **ACTION** ..... Consider for Approval Re-Privileging Rights for Taylor Riggs, PA-C
- Item #16 ..... Notification of Recent Parking Lot Security Concerns and Proposed Next Steps
- Item #17 ..... 2017 Uniform Data (UDS) Summary Report

**Adjournment**

*Tentative Next Meeting: November 1, 2018 (October Meeting)*

**Appearances before Governing Board**

A citizen desiring to make comment(s) to the Board, shall submit a written request to the Executive Director by noon on the Thursday preceding the Thursday Board meeting. The written request must include a brief statement identifying the specific topic and matter presented for consideration. The Executive Director shall include the requested appearance on the agenda, and the person shall be heard, so long as he or she appears at the Board Meeting.

**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.

**Governing Board  
September 2018  
Item #2  
Excused Absence(s)**

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# COASTAL HEALTH & WELLNESS

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**GOVERNING BOARD**

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

**Governing Board**

**September 2018**

**Item #3**

**Consider for Approval Minutes from August 30,2018  
Governing Board Meeting**

**Coastal Health & Wellness  
Governing Board Meeting  
August 30, 2018**

**Board Members**

**Present:**

Dr. Howard  
Jay Holland  
David Delac  
Mario Hernandez  
Victoria Dougharty  
Virginia Valentino  
Dorothy Goodman  
Dr. Barbara Thompson

**Staff:**

Kathy Barroso, Interim Executive Director	Richard Mosquera
Dr. Nguyen, Interim Dental Director	Tyler Tipton
Sandra Cuellar- Wilson	Andrea Cortinas
Mary Orange	Kenna Pruitt
Kristina Garcia	Michelle Peacock
Tiffany Carlson	Jayne Windham
Ashley Tompkins	Paula Compton
Tina Belmonte	Tikeshia Thompson Rollins
Pisa Ring	Amanda Wolff

**Excused Absence:** Samantha Robinson

**Unexcused Absence:** Miroslava Bustamante

**\*Items 1-6 Consent Agenda**

A motion was made by Virginia Valentino to approve the consent agenda items one through six with the removal of the medication management policy. Victoria Dougharty seconded the motion and the Board unanimously approved the consent agenda.

Regarding the Medical Management Policy, Virginia Valentino pointed out to the Board under N-1 Recalled or Discontinued Medication (d), the email details should be indented and numbered 1,2,3,4,5 etc. A motion was made by Dorothy Goodman to approve the Medication Management Policy with changes. Mario Hernandez seconded the motion and the Board unanimously approved the policy.

**Item #7 Executive Report**

Kathy Barroso, Interim Executive Director, presented the August 2018 Executive Report to the Board.

**Item #8 Consider for Approval July 2018 Financial Report**

Mary Orange, Business Office Manager, presented the July 2018 financial report to the Board. A motion to accept the financial report as presented was made by Dorothy Goodman. Virginia Valentino seconded the motion and the Board unanimously approved.

**Item #9 Consider for Approval Request to Purchase Dental Equipment and Install New Countertops in the Galveston Dental Clinic**

Mary Orange, Business Office Manager, asked the Board to consider for approval a request to purchase dental equipment and install new countertops in the Galveston Dental Clinic.

A motion to accept the dental equipment as presented was made by Jay Holland and seconded by Virginia Valentino. The Board unanimously approved the motion.

A motion to accept the request to replace waiting room chairs in the Galveston clinic as presented was made by Jay Holland and seconded by Dorothy Goodman. The Board unanimously approved the motion. A motion to accept the request to install new countertops in the Galveston Dental Clinic as presented was made by Virginia Valentino and seconded by Dorothy Goodman. The Board unanimously approved the motion.

**Item #10 Consider for Approval Quarterly Access to Care Report**

Kathy Barroso, Interim Executive Director, asked the Board to consider for approval the quarterly access to care report. A motion to accept the report as presented was made by Virginia Valentino. Mario Hernandez seconded the motion and the Board unanimously approved.

**Item #11 Consider for Approval Consideration of Eliminating the Special Fee for Sports Physicals**

Kathy Barroso, Interim Executive Director, asked the Board to consider for approval consideration of eliminating the special fee for sports physicals. Sports physicals will still be offered in the clinic but will be given to registered patients as part of an office visit upon request. A motion to accept eliminating the special fee for sports physicals as presented was made by Jay Holland. Mario Hernandez seconded the motion and the Board unanimously approved.

**Item #12 Consider for Approval Updated Patient Satisfaction Survey**

Kristina Garcia, Patient Services Manager, asked the Board to consider for approval an updated patient satisfaction survey. Dr. Thompson recommended doing a pilot on paper first before rolling out the electronic version of the survey and purchasing ipads. A motion for staff to continue with implementation of the patient satisfaction survey was made by Virginia Valentino. Dorothy Goodman seconded the motion and the Board unanimously approved.

**Item #13 Consider for Approval the Reappointment of Victoria Dougharty as a Consumer Representative to the Coastal Health & Wellness Governing Board for a 3 Year Term Expiring August 2021**

Dr. Howard, Board Chair, asked the Board to consider for approval the reappointment of Victoria Dougharty as a consumer representative of the Coastal Health & Wellness Governing Board for a 3-year term expiring August 2021. A motion to accept the reappointment of Victoria Dougharty to the Board was made by Jay Holland and seconded by Dorothy Goodman. The Board unanimously approved the motion.

**Item #14 Consider for Approval Privileging Rights for Katherine Billingsley, MD**

Kathy Barroso, Interim Executive Director, asked the Board to consider for approval privileging rights for Katherine Billingsley, MD. A motion to accept privileging rights for Katherine Billingsley, MD was made by Mario Hernandez, and second by Dorothy Goodman. The Board unanimously approved the motion.

**Item #15 Consider for Approval Privileging Rights for Tuere Coulter, MD**

Kathy Barroso, Interim Executive Director, asked the Board to consider for approval privileging rights for Tuere Coulter, MD. A motion to accept privileging rights for Katherine Billingsley, MD was made by Dorothy Goodman, and second by Mario Hernandez. The Board unanimously approved the motion.

**Adjournment**

A motion to adjourn was made by Dorothy Goodman, seconded by Mario Hernandez. The Board adjourned at 12:48 p.m.

\_\_\_\_\_  
Chair  
  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Secretary/Treasurer  
  
\_\_\_\_\_  
Date

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# COASTAL HEALTH & WELLNESS

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**GOVERNING BOARD**

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

**Governing Board  
September 2018  
Item #4  
Annual Policy/Plan Review**

- **Coastal Health & Wellness After Hours Policy**



Origination:  
Effective: 10/1/2015  
Last Approved: 09/28/2017  
Expired:  
Author: Interim Executive Director  
Department: CHW Medical & Dental Clinic

## **Coastal Health & Wellness After Hours Coverage Policy**

### **Purpose**

The provision of comprehensive and continuous care includes care during hours in which the center is closed. All centers are required to establish firm arrangements for after-hours coverage and whenever possible this coverage should include the center providers.

### **Policy**

It is the policy of Coastal Health & Wellness to provide clinic patients with access to healthcare professionals during hours in which the clinic is not open.

### **Procedure**

- ~~A.~~ Coastal Health & Wellness patients seeking to speak with a healthcare professional after normal business hours will dial the main line at (409) 938-2234 and will hear a recorded message notifying the caller that the clinic is closed and if this is an emergency to please call 911.
- ~~A.B.~~ The after-hours message will provide provides the caller with an after-hours phone number to the caller as well as offers and will also offer the caller the option, through a series of prompts, to press 2 which to connects the caller automatically to an afterhours service directly to where someone will an answering service who will answer the telephone and talk to the patient and relay the information to an on-call provider when necessary. be able to triage patient clinical situations.
- ~~B.C.~~ Patients are advised to go to the closest Emergency Room if they are experiencing an emergent condition.
- ~~C.D.~~ Medical and Dental providers who are qualified to triage patient clinical situations are scheduled to rotate calls on call duties during times that the center is not open closed. To facilitate this process, on-call providers will be provided a designated cell phone to be kept accessible and functioning during the on-call responsibility.
- ~~D.~~ The on-call Medical and Dental providers will be provided a designated cell phone to be kept accessible and functioning during the on-call responsibility.



- E. ~~The on-call Medical and Dental provider~~ On-call providers will maintains a record of all calls received.

The record includes:

1. Name of the patient or representative making the call
2. Phone number of the caller
3. Name and birth date of the patient
4. Reason(s) for the call
5. Assessment/triage findings
6. Disposition of the call encounter

F. The documentation from the on-call encounter is entered in the medical or dental record of the patient on the next day when the center is open. ~~This may be accomplished by a data entry in the EHR or the notation may be physically attached to the hard copy medical record.~~

G. On the next day the center is open, the appropriate staff person follows up to check the status of the patient and to arrange for an appointment as needed. The staff person documents the follow-up in the medical record.

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### Governing Board

September 2018

#### Item #5

### Policies Approved by United Board of Health as Authorized Under the Shared Services Agreement

- a) Fiscal Management policy
- b) Records Management Plan
- c) Anti-Fraud Policy
- d) Drug-Free Workplace Policy
- e) Employee Assistance Program Policy
- f) Employee Corrective Action Policy
- g) Performance Evaluations Policy
- h) Separation of Employment Policy
- i) Sexual Harassment Policy
- j) Vehicular Accidents/Incident Policy
- k) Volunteer Policy
- l) Purchasing Policy

# Fiscal Management

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-Approved  
UBOH- 08/29/2018  
-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 30<sup>th</sup>. Coastal Health & Wellness will operate on a fiscal year ending March 31<sup>st</sup>. 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 ensure 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 ensuring 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 ensure 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](#).

## **RECORDS MANAGEMENT POLICY**

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WHEREAS, the *Local Government Records Act of 1989* (Title 6, Subtitle C, Local Government Code), 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 prescribing policies and procedures consistent with the Texas 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, sounds or video recordings, microfilms, magnetic tapes, electronic media, or other forms of 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 proprietary rights to such records even though he or she may have developed or compiled them. The unauthorized destruction, removal of files, or use of such records without authorized lawful 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 District records through a 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 Clinical Director, shall designate an individual employed as its Records Management Officer. In the event of the resignation, retirement, dismissal, or removal of the Records Management Officer, the Chief Executive Officer or CHW Clinical Director shall promptly designate another individual to fulfill this role. The individual designated as the 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 for the District will be referred to as the Records Management Coordinator. The Records Management Coordinator shall:

1. Keep a master list, composed of all departmental 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 LIAISON DESIGNATION AND DUTIES**

The Records Management Liaisons will consist of at least one (1) Records Liaison for each District department. The Records Liaisons shall:

1. Compile a main list of all records in their department;
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 respective departments;
4. Review the master records list for conformity when notified of retention policy changes by the Records Management Coordinator;
5. 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 Clinical Director shall render final approval of said considerations; and
6. Assist in educating staff in their respective departments about lengths of time their records should be kept.

## **SECTION 6. 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 Clinical Director, 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 7. 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 Clinical Director, as stated in *Section 6* 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 the time in which 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 Clinical Director, as stated in *Section 6* 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 8. 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 record destroyed under an approved schedule and the Records Management Coordinator has submitted to and received confirmation from the State's Records Management Library for the approved destruction authorization request.

# Anti-Fraud Policy

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## Audience

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

## Purpose

The purpose of this policy is to provide guidelines and controls to aid in the prevention, deterrence, and detection of fraud, theft, waste, or abuse against the District. This policy expands upon the District’s *Employee Ethics, Standards of Conduct, & Conflict of Interest Policy*, and outlines more specific responsibilities and expectations related to fraud. In addition, it is the intent of this policy to comply with federal whistleblower protection rights and remedies under 41 U.S.C. § 4712, and the Texas Whistleblower Act as codified under §554.001 of the Texas Government Code.

## Definitions and Examples of Fraud, Theft, Waste, and Abuse

**Fraud** is defined as an intentional deception designed to obtain a benefit or advantage or to cause some benefit that is due to be denied. Examples of fraud include, but are not limited to:

- Any dishonest or fraudulent act;
- Impropriety in the handling or reporting of money or financial transactions;
- Forgery or alteration of any document or account belonging to the District (checks, timesheets, invoices, contractor agreements, bid documents, purchase orders, electronic files, and other financial documents);
- Misrepresentation of financial reports;
- Misappropriation of funds, securities, supplies, inventory, or any other asset including furniture, computers, fixtures or equipment;
- Authorizing or receiving payments for hours not worked;
- Disclosing confidential and proprietary information to outside parties;
- Accepting or seeking anything of material value from contractors, vendors, or persons providing services/materials to the District that may be construed to be an attempt to influence the performance of an employee’s official duty in the scope of employment for the District; and
- Destruction, removal, or inappropriate use of records, furniture, fixtures and equipment.

**Theft** is defined as the act of taking something from someone unlawfully. An example of theft is taking home a printer belonging to the District and retaining it for personal use.

**Waste** is the loss or misuse of District resources that results from deficient practices, system controls, or decisions. An example of waste is incurring a late fee when registering for a conference due to an oversight or lack of attention.

**Abuse** is the intentional, wrongful, or improper use of resources, or misuse of rank, position, or authority which causes the loss or misuse of resources, such as tools, vehicles, computers, copy machines, etc. An example of abuse would be using District equipment or supplies to conduct personal business.

### **Policy**

The District's policy is to promote consistent, legal, and ethical organizational behavior by:

- Assigning responsibility for reporting fraud, theft, waste and/or abuse;
- Providing guidelines to conduct investigations of suspected fraudulent behavior; and
- Making anti-fraud awareness training available annually.

### **Whistleblowing**

The District firmly stands behind its policy declaring that employees will not be discharged, demoted or otherwise discriminated against in retaliation for whistleblowing, so long as it is performed in good faith. In addition, whistleblower rights and remedies cannot be waived by any agreement, policy, form, or condition of employment.

**Whistleblowing** is disclosing information that the employee reasonably believes in good faith is evidence of the following:

- Gross mismanagement of a federal or state issued contract or grant;
- Gross waste of federal, state or county funds;
- Abuse of authority relating to a federal or state issued contract or grant;
- Substantial and specific danger to public health or safety; and/or
- Violation of a law, rule, or regulation related to a federal or state issued contract or grant (including the competition for, or negation of the contract or grant).

An employee must disclose the fraud, waste, or abuse to one of the following individuals:

- A member of Congress or a representative of a congressional committee;
- An inspector general;
- A government accountability office;
- A federal, state or county employee responsible for contract or grant oversight or management at the relevant agency;
- An official from the Department of Justice or other law enforcement agency;
- A court or grand jury; or
- A management official or other employee of the contractor or grantee who has responsibility to investigate, discover or address misconduct.

### **Responsibility to Report Suspected Fraud**

Each employee is required to report any suspected fraud, theft, waste, abuse or other dishonest conduct to the Chief Compliance Officer and/or the Human Resources Director. Supervisors are required to report suspected fraud, theft, waste, abuse or other dishonest conduct, including reports from employees or other individuals, to the Chief Compliance Officer and/or the Human Resources Director.

The identity of an employee or complainant who, in good faith, reports suspected fraud will be protected to the fullest extent allowed by law. Suspected improprieties and/or misconduct concerning an employee's ethical conduct should be reported to the Chief Compliance Officer and/or Human

Resources Director. All employees are responsible for the detection and prevention of fraud, misappropriations, and other irregularities. Each administrator shall be familiar with the types of improprieties that might occur within his or her designated area of responsibility, and shall remain alert for any indication of fraud. Any fraud that is detected or suspected must be reported immediately to the Chief Compliance Officer and/or Human Resources Director, and an internal investigation may subsequently commence. All employees will be held accountable to act within the organization's code of conduct, which maintains that no form of fraud, theft, waste or abuse shall be tolerated.

A whistleblower who believes he/she is being retaliated against for making a report of suspected fraud should contact the Chief Compliance Officer or Human Resources Director immediately. A whistleblower who believes that he/she is being retaliated against may additionally contact an authoritative official or manager of the external oversight agency involved.

### **Guidelines for Handling a Report of Suspected Fraud, Theft, Waste, or Abuse**

Whether the initial report is made to an employee's supervisor, the Chief Compliance Officer, and/or Human Resources Director, the reporting employee/individual should immediately be instructed to:

- Not contact the suspected individual in an effort to determine facts or demand restitution;
- Refrain from further investigating the allegations;
- Observe strict confidentiality by not discussing the case, facts, suspicions, or allegations with anyone unless specifically asked to do so by the Chief Compliance Officer and/or Human Resources Director;
- Report any form of retaliation against him/her concerning report of the suspected fraudulent activity; and
- Understand that the identity of an employee or other individual who reports a suspected act of fraud will be protected as provided by this policy.

### **Responsibility of the Chief Compliance Officer**

Under the direction of the Chief Executive Officer and/or CHW Clinical Director, the Chief Compliance Officer or other designated investigator shall document the allegation and conduct a pertinent and formal investigation. If the investigation substantiates the allegation of fraud, appropriate corrective action will be taken in accordance with District policy.

The Chief Compliance Officer or other designated investigator shall make every effort to protect the rights and the reputations of everyone involved in a report of suspected fraud, including the individual who in good faith alleges perceived misconduct, as well as the alleged violator(s).

### **Whistleblower Remedies**

In accordance with federal and state law, if a good faith whistleblower is subjected to retaliation, any of the following remedies on behalf of the whistleblower may be enacted (or done so by his/her representative):

- Action to stop the reprisal;
- Action to reinstate the whistleblower to the position held prior to the reprisal, together with compensatory damages (including back-pay), employment benefits, and other terms and

conditions of employment that would apply to the person in that position if the reprisal had not been taken; and/or

- The provision of monetary compensation issued to the whistleblower in an amount equal to the total amount of all costs and expenses (including attorneys' fees and expert witnesses' fees) that were reasonably incurred by the whistleblower for bringing forth the complaint regarding the reprisal.

If relief is denied, the employee has the right to file a complaint in state or federal court (whichever forum is applicable under the circumstances) against the District for compensatory damages and other available relief.

### **Quarterly Compliance Report**

Investigated incidents of suspected fraud shall be reported to District boards on a quarterly basis. The Compliance Report shall include information including, but not limited to, the circumstances that triggered the investigation, the outcome of the investigation, and subsequent corrective action(s) enacted.

### **Violations and Corrective Actions**

Employees who violate the Anti-Fraud Policy and/or related procedures will be subjected to corrective action up to and including termination, in accordance with the District's *Corrective Action Policy*. An employee who has engaged in any form of fraud, waste, or abuse; suspects or discovers fraudulent activity and fails to report his or her suspicions as required by this policy; or who intentionally reports false or misleading information is subject to such corrective action, up to and including termination.

### **Anti-Fraud Awareness Training**

The Chief Compliance Officer and/or designee will conduct employee training and/or provide training materials to District managers during in-services and/or staff meetings on an annual basis.

# Drug-Free Workplace

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## **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 District shall provide a drug-free workplace in compliance with the Drug-Free Workplace Act of 1988.

It is a violation of the *Drug-Free Workplace* policy to be under the influence of, or manufacture, use, possess, sell, trade, and/or offer for sale alcohol, illegal drugs, or intoxicants while representing the District, conducting District related business, during all working hours, while on District property, operating any vehicle owned by the District, and/or while present at District sponsored events.

## **Drug/Alcohol Testing**

Prospective District employees shall be required to take a drug test AFTER a pending offer of employment. If the test returns a positive result, the pending offer shall be revoked and the candidate will receive notification of this revocation in the form of an Adverse Action letter. Prospective employees wishing to dispute a positive result may have the same sample retested at their own expense.

Employees may be required to take a “for cause” drug or alcohol test if approved by the Chief Executive Officer, CHW Clinical Director or designee. The Chief Executive Officer, CHW Clinical Director, or designee may approve “for cause” drug testing on an employee if a significant complaint from the public or a coworker is received and/or if the employee’s supervisor witnesses a behavioral change in the employee which has a negative effect on the work environment.

Supervisors are responsible for contacting Human Resources immediately if it is suspected that an employee is under the influence of drugs and/or alcohol while carrying out duties of their employment.

Any employee who is operating a company owned vehicle and is 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, will be drug and alcohol tested immediately after the incident.

To assure compliance, District executives may initiate, as needed, random drug/alcohol testing in service areas where indicated (*Reference: Vehicle Accident/Incident policy*).

### **Consequences**

Any employee who tests positive for illegal substances, including prescription drugs without a valid prescription, will be terminated immediately. Employees will be subject to the same consequences of a positive drug test if he/she refuses the screening or the test, adulterates or dilutes the specimen, substitutes the specimen with that from another person, refuses to sign required forms or refuses to cooperate in the testing process in such a way that prevents accurate completion of the test.

One of the goals of the *Drug-Free Workplace* policy is to encourage employees to voluntarily seek help with alcohol and/or drug related problems. Disciplinary action will not be taken against an employee who proactively voluntarily identifies him/herself as a user of illegal drugs or an abuser of alcohol prior to being identified through other means, and who obtains official documented counseling and/or rehabilitation through the District's employee assistance program (EAP), and thereafter refrains from using illegal drugs and/or alcohol abuse in accordance with the provisions of this policy.

### **Reporting to Outside Agencies**

Should an employee hold a license or certification from a state or federal agency (i.e. RN, paramedic, M.D., D.D.O., registered sanitarian, etc.), the District shall report the positive test result to the applicable agency in accordance with rules and regulations set forth by the licensing agency.

### **Tobacco Use**

The District is dedicated to improving the health and well-being of the communities it serves. As part of this mission, all persons, including employees, volunteers, students, patients, visitors, vendors, contractors and others who appear at facilities designated for District business are prohibited from using tobacco products inside, around, or on the grounds, including the parking lots and roadways, of any District buildings, facilities and vehicles. Tobacco products include, but are not limited to, cigarettes, cigars, pipes, and other smoking products; dip, chew, snuff and any other smokeless tobacco products; and electronic products that deliver nicotine or other substances, such as electronic cigarettes or vaporizers.

The District strongly encourages tobacco users interested in quitting to learn more about free smoking cessation support by calling 1-877-YES-QUIT, or visiting [www.yesquit.org](http://www.yesquit.org).

### **Assistance/Information**

Employees are encouraged to make use of the District's employee assistance program if they are concerned that they or a family member may have a drug and/or alcohol problem. Employees proactively seeking treatment through the employee assistance program will receive no sanction for seeking such assistance.

### **Confidentiality**

Information received by the District regarding drug test results and/or an employee's mandatory or self-referral to the employee assistance program is confidential, and such information shall be made solely to those individuals on a need-to-know basis.

**Violation**

Any violation of this policy may result in appropriate corrective disciplinary action, up to and including suspension, with or without loss of pay, or termination. It is the intent of this policy to be in compliance with the Drug-Free Workplace Act of 1988.



# Employee Assistance Program

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## **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 District’s policy to provide an Employee Assistance Program (EAP) that provides confidential, professional assistance to help employees and/or their immediate family members to 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 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

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## 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 Clinical 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 Clinical 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 Clinical 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 Clinical 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.

Supervisors at all levels are expected to utilize the *GCHD Investigation Form* whenever possible to document any issue(s), investigation notes and other pertinent information to ensure conformity and consistency in the resolution of documentation. Upon resolution, the Investigation Form shall be given to Human Resources for appropriate archiving.

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 and/or after the conclusion of the investigation. 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 on the *District Official Discipline Notice* to maintain documentation for future reference. This documentation should be forwarded to Human Resources for filing in the employee’s personnel file.

### **Step 2: Written Warning Corrective Action**

If satisfactory performance is not achieved by issuing the employee a verbal clarification, 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, 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.
- (g) Forward the corrective action along with any supporting documentation to Human Resources for filing in the employee's personnel file.

### 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 Clinical 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 within 3 working days to the Chief Executive Officer, CHW Clinical 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 Clinical 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 Clinical 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 Clinical 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 District premises, or stealing or attempting to steal property from the District;
- bodily assault upon any person, or fighting on District property;
- indecent conduct on District premises;
- possession of firearms or any dangerous weapons (or explosives) on 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 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 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 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 District property);
- abusive language directed toward employees, management, the 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*
- *GCHD Investigation Form*

# Performance Evaluations

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## 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 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 beginning of the calendar 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 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 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 supervisor’s 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 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

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## 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 District’s policy that most employees who choose to resign their employment with the District will give at least two weeks notice prior to his/her last day of employment. Furthermore, management and Coastal Health & Wellness medical and dental providers are expected to give four weeks advance notice due to advanced patient appointment schedules and business commitments.

Request for exceptions must be submitted, in writing, to the Chief Executive Officer, CHW Clinical Director, or designee. Only legitimate, unavoidable circumstances will be considered by the Chief Executive Officer, CHW Clinical 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 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 management 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 Clinical Director, or designee, if an employee voluntarily resigns from employment with less than two weeks’ advance written notice (with the exception of providers and management who must give four weeks’ advance written notice), the employee will not receive payment for accrued or unused vacation leave. (*Reference: Employee Leave policy*)

Sick leave and Wellness leave are not compensable upon separation of employment.

### 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 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 Clinical Director, and the employee's respective manager or director.

### 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

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## 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 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 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.

Employees who experience sexual harassment should make it known to the harasser that their actions are not welcomed. The employee should indicate that they do not want the behavior to continue and that their actions make them uncomfortable. Any Employee who feels that he/she is a victim of sexual harassment must immediately report the matter to their supervisor, manager, director, Human Resources Director or the Chief Compliance Officer.

### **Confidentiality**

Information related to the complaint and issues discussed with the Human Resources Director and/or Chief Compliance Officer will be treated as confidential. However, the ability to maintain such confidentiality may be limited by law or by the best interests of the District, the employee or other employees.

### **False Reporting**

Any employee who makes an intentionally false accusation of harassment or discrimination is subject to corrective disciplinary action up to and including suspension or dismissal.

### **Investigation of Complaints**

The Chief Compliance Officer and/or Human Resources Director will promptly initiate an investigation of the allegation. The Chief Compliance Officer and/or Human Resources Director 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 the investigator to work unimpeded. All investigations of sexual harassment complaints shall be conducted as discreetly as possible. The Chief Compliance Officer and/or Human Resources Director 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 District's policy and procedures related to sexual harassment. Training will be provided for new employees during orientation and for existing employees on an annual basis. Human Resources will ensure the 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**

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## **Audience**

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

## **Policy**

The District is committed to maintaining a safe and productive work environment for all employees and to ensuring that safe and efficient services are rendered 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 to any vehicle, personal or private property, or injury to any 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 coordinating a drug and alcohol test to be performed immediately on the employee.

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 and requesting that a representative from the company come out and perform a field 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 departmental director 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 for completing an *Employee Incident or Injury Report* form and submitting the report to the Risk and Safety Coordinator. Human Resources will consult with the supervisor and departmental director regarding next steps.

Failure of an employee to complete the ordered drug and alcohol test will result in immediate termination. 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 completed 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 a mandated defensive driving 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 Chief Compliance Officer, along with the Risk and Safety Sub-Committee to determine the cause(s) of the accident or incident and to assess whether the accident or incident was preventable. Employees with a pattern of preventable accidents will be subject to corrective disciplinary action.

**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

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## **Audience**

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

## **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 District; however, with the approval of the Chief Executive Officer, CHW Clinical 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 District’s LIP credentialing process (RNs, LVNs, EMTs, Non-certified X-Ray Technicians, Registered Dental Assistants, Dental Hygienists, etc.)
  - those that go through the 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* as codified under 29 CFR §553.102 (2010), employees of the District may not “volunteer” time to the District. All hours worked must be compensated according to the *Hours Worked and Compensatory/Overtime* policy.

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## **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 upon area/department in which the employee works, 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 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 District's Workers' Compensation insurance. 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 an overseeing faculty member.

- "Preceptor" is the GCHD staff person assigned to supervise the volunteer
- "Overseeing faculty member" 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*

## **Purchasing Policy**

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### **AUDIENCE**

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

### **PURPOSE**

The purpose of the District Purchasing Policy is to comply with the laws and procedures governing District purchasing in order to provide reasonably priced, high-quality goods and services to end users, while preserving organizational and financial accountability. This policy is applicable to all procurements regardless of funding source.

### **STATEMENT OF GENERAL POLICY**

It is the policy of the District that all purchasing shall be conducted strictly on the basis of economic and business merit. To avoid violation of or the appearance of violation of the policies, District officials and employees are prohibited from:

- Seeking or accepting, directly or indirectly, any loans, services, payments, entertainment, trips or gifts of merchandise or money in any amount from a business or an individual doing or seeking to do business with the District.
- Participating in the selection, award and administration of a contract if he or she has a real or apparent conflict of interest. A conflict of interest would arise when the employee, any member of his or her immediate family, his or her partner, or an organization which employs or is about to employ any of the parties indicated herein, has a financial or other tangible personal benefit from a firm considered for a contract.

It is important to remember that the District Purchasing Department operates in full view of the public. The District intends to maintain a cost effective purchasing system conforming to good management practices.

### **PURCHASING AUTHORITY**

Authority to make District purchases resides in the appropriate Board(s) or in Administration as delegated by the Board(s). The Purchasing Department is responsible for making purchases

of supplies, materials, equipment and for negotiating and making contracts for services and repairs to District owned and/or leased property. Purchases made using competitive bids shall be reviewed by the GCHD Chief Executive Officer or designee in accordance with the purchase contract.

## **GENERAL PURCHASING GUIDELINES**

- A. A central supply for the use of all departments will be maintained to warehouse generally used office and operating supplies. Departments may obtain items directly from Central Supply by requisition, without the necessity of a purchase order. If an item is not stocked in Central Supply, the purchasing department staff will use the appropriate purchasing method to obtain the item.
- B. Items not normally stocked in Central Supply and not requiring competitive bids will usually be purchased through the Purchasing Department.
- C. Competitive bidding is mandatory on any purchase or combination of purchases of like items and/or component purchases, separate purchases and sequential purchases which will equal or exceed \$50,000. This applies to all contractual agreements and/or services and purchases or annual accumulative purchase of \$50,000 or more. Any purchases made with vendors listed through the Texas Procurement and Support Services (TPASS) will satisfy the bid requirements, as will purchases which are purchased through legally constituted shared services agreements that have completed the competitive bid process including, but not limited to, HGAC, TACHC or TALHO.
- D. Competition

All procurement transactions must be conducted in a manner providing full and open competition. Some of the situations considered to be restrictive of competition include but are not limited to:

- Placing unreasonable requirements on firms in order for them to qualify to do business
- Requiring unnecessary experience and excessive bonding
- Noncompetitive pricing practices between firms or between affiliated companies
- Noncompetitive contracts to consultants that are on retainer contracts
- Organization conflicts of interest

- Specifying only a “brand name” product instead of allowing “an equal” product to be offered
- Any arbitrary action in the procurement process

The District prohibits the use of statutorily or administratively imposed state, local or tribal geographical preferences in the evaluation of bids or proposals, except in cases where applicable Federal statutes expressly mandate geographical preference.

Vendors will be selected with regard to dependability and service record, nature of guarantee and warranty of product (when applicable), price and quality. The District will utilize small businesses, minority-owned firms, women’s business enterprises and labor surplus area firms when possible, provided this involves no sacrifice in quality, service or price.

E. Pursuant to Texas House Bill 89 <https://capitol.texas.gov/tlodocs/85R/billtext/html/HB00089I.htm> and Senate Bill 252 <https://capitol.texas.gov/tlodocs/85R/billtext/html/SB00252I.htm>, the District must certify and verify that any business, parent company, company, affiliate, subsidiary, or “Vendor Companies” with which we have a contractual relationship:

1. Does not boycott Israel currently;
2. Will not boycott Israel during the contract term;
3. Is not identified on the Texas Comptroller’s list of companies known to have contracts with, engaged in business with, or provide supplies/services to, Iran, Sudan, or a foreign organization designated as a Foreign Terrorist Organization by the U.S. Secretary of State. (See Texas Government Code § 2270.808 and 2252.151-2252.154.

Contracting for-profit entities, providing goods and services, must submit a HB 89 Certification Form (see Appendix A) which provides written verification that the company/vendor does not and during the term of the contract will not boycott Israel.

The Purchase Order Terms and Conditions (see Appendix B) include a certification clause that the vendor certified that it is not a company identified on the Texas Comptroller’s list of companies known to have contracts with, or provide supplies or services to foreign organization designated as a Foreign Terrorist Organization by the US Secretary of State. The Vendor further certifies and verifies that neither Vendor, nor any affiliate, subsidiary, or parent company of Vendor, (if any the “Vendor Companies”) boycotts Israel, and Vendor agrees that Vendor and Vendor Companies will not boycott Israel during the term of this Purchase Order.

- F. Under Section 2252.908 of House Bill 1295, any business entity that enters into a contract with the District that requires Board approval must submit a “Disclosure of Interested Parties” form (see Appendix C) to the Purchasing Department. This form is mandated by the Texas Ethics Commission.
- [https://www.ethics.state.tx.us/whatsnew/elf\\_info\\_form1295.htm](https://www.ethics.state.tx.us/whatsnew/elf_info_form1295.htm)
- G. All goods, supplies, equipment and services will be purchased with prior appropriate approval.
- H. The Purchasing department will maintain records sufficient to detail the history of procurement. These records will include rationale for the method of procurement, justification for the contractor selection/rejection, selection of contract type including justification when bids are not obtained, and the basis for the contract price.
- I. Special procedures are available for and applicable to the purchase of particular goods and services, summarized under *Special Purchases*.

## **PURCHASE REQUISITIONS**

Purchase requisitions prepared by the requesting department are required for all purchases. All purchase requisitions must be approved prior to issuing a purchase order. A purchase order is required prior to placing an order for supplies, goods, equipment and services unless pre-approved by the GCHD Chief Executive Officer or designee. Details for processing purchase requisitions are outlined in the *Purchasing Procedures Manual*.

## **PROCUREMENT METHODS**

Materials and supplies not available from Central Supply are acquired through the Purchasing Department. Additionally, contracts for maintenance and repairs to facilities and equipment used by the District are handled by the Purchasing Department. Procedures for acquisitions through the Purchasing Department are outlined in the *Purchasing Procedures Manual*.

The District will use one of the following methods of procurement depending on the specifications of the purchase. The procurement methods are based on federal regulations, but with lower dollar thresholds to better accommodate the District’s needs.

- A. MICRO-PURCHASES (Purchases less than \$3,000):
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1. Procurement by micro-purchase is the acquisition of supplies or services in which the aggregate dollar amounts does not exceed \$3,000.00. To the extent practicable, the District will distribute micro-purchases equitably among qualified suppliers.
2. Open market purchases of less than \$500.00 do not require quotes. Such purchases require staff to use their best judgement and the most appropriate and cost-effective method of acquisition on each requisition.
3. Open market purchases of \$500.00 – \$2,999.99 may be made after obtaining three verbal quotes, with the exceptions referenced below in *Vehicle, Equipment and Facility Maintenance and Repair*.
4. Vehicle, Equipment and Facility Maintenance and Repair: Open market purchases for vehicle, equipment, and facility maintenance or repair do not require three verbal quotes if the service performed is less than \$3,000. Because of the administrative cost of requesting quotes would likely be more than the amount saved on quote comparison, considering personnel time, types of services needed, immediacy of the circumstances, etc., obtaining three verbal quotes is not required. Purchases must still be consistent with purchasing ethics and even though quotes are not required, purchases must still be in GCHD's best interest

B. SMALL PURCHASES (Purchases in excess of \$3,000 but less than \$50,000):

1. Small purchases are those relatively simple and informal procurement methods for securing services, supplies or other property that do not cost more than the Simplified Acquisition Threshold. For the District's purposes, this threshold has been lowered to \$50,000.
2. When using this method, open market purchases of \$3,000.00 - \$4,999.99 may be made after obtaining three properly documented verbal quotes.
3. Open market purchases of \$5,000.00 and less than \$50,000.00 may be made after obtaining three written quotes.

4. Waiver of Requirements: GCHD Chief Executive Officer or designee, at his/her discretion, may, depending on the circumstances surrounding a request, authorize a waiver of purchase requirements outlined in this policy for purchases less than \$5,000. It is anticipated that such authorization is granted on limited occasions due to the special circumstances such as an emergency or unforeseeable circumstance.

C. SEALED BIDS AND COMPETITIVE PROPOSALS (Purchases of \$50,000 or more)

1. If the capital expenditure is budgeted and the item is \$50,000 or more, it must be competitively bid or purchased through state approved vendors, such as TPASS, HGAC, or Buy Board. Such purchases will be made after obtaining sealed competitive bids or sealed Requests for Proposals.
  2. A sealed bid is a procurement method in which competing contractors, suppliers, or vendors are invited by openly advertising the scope, specifications, and terms and conditions of the proposed contract as well as the criteria by which the bids will be evaluated. Competitive bidding aims at obtaining goods and services at the lowest prices by stimulating competition, and by preventing favoritism.
  3. A request for proposal (RFP) is a procurement method in which a solicitation is made often through a bidding process, by an agency or company interested in procurement of a commodity, service or valuable asset, to potential suppliers to submit business proposals. Proposals seeks the most advantageous good or services considering the price and other factors. A proposal is handled the same way as a sealed bid with the exception of the negotiation with vendor after the opening and the bid sheet states name only, no dollar amount.
  4. General Information – The Procurement Agent or designee will ensure publication of the legally required notice at least twice in one or more newspapers of general circulation in the county which the work is to be performed. No specifications or unreasonable requirements will be written with the intent to exclude a potential bidder. Competitive bidding can be either lump sum or on a unit price basis. If unit price bids are solicited, the needed quantities of each item are to be estimated in the bid specifications. These estimates are to be based on the best available information. The
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successful bidder's compensation, however, will be based on the actual quantities supplied, furnished or contracted.

5. Bid or Proposal Opening – Bids/proposals will be received by the Procurement Agent or designee until the date and time specified in the bid/proposal advertisement. Bids/proposals may be submitted in hard-copy format or through electronic transmission ensuring the identification, security, and confidentiality of each response and the electronic bids/proposals remain effectively unopened until the assigned time. On the specified time, date and place, the Procurement Agent or designee will open all sealed bids/proposals. The bids/proposals will be opened in an open public forum. Anyone may attend. Bids will be read aloud and recorded on a bid receipt.
6. Emergency or Unanticipated Events – In case of an emergency or unanticipated event causing GCHD to close for business on the date of a Bid/Proposal submission deadline, the bid closing will automatically be extended to the same time of day specified in the provisions on the first business day in which normal GCHD processes resume. If conditions or any other unforeseen event causes delays in carrier service operations, GCHD may issue an addendum to all known Bidders interested in the project to extend the deadline. It will be the responsibility of the Bidder to notify GCHD of its interest in the Bid if these conditions are impacting their ability to turn in a submission within the stated deadline. GCHD reserves the right to make the final judgment call to extend any deadline.
7. Cost or Price Analysis – A cost or price analysis will be performed for procurements of \$50,000 or more, including contract modifications. The method and degree of the analysis will depend on the facts surrounding the procurement. In addition, GCHD will make independent estimates before receiving bids or proposals.
8. Evaluations – Evaluations will be based on a written method and applied to all bids and proposals received and for selecting recipients.
9. Recommendations – After examining all of the bids or proposals, the Procurement Agent or designee will make recommendation to award to a



vendor. The final recommendation to award will then be forwarded to the GCHD Chief Executive Officer or Controller for final approval.

10. Appeal – Any actual or prospective bidder who is allegedly aggrieved in connection with the solicitation or award of the contract may appeal. The appeal will be submitted in writing to the Chief Compliance Officer within ten (10) business days of the action or decision being appealed. The protester may appeal the decision of the Chief Compliance Officer to the GCHD Chief Executive Officer who will defer policy matters to the United Board of Health. Any such appeal shall be submitted in writing within ten (10) business days of the action or decision being appealed. The decision of the Board will be final. The Galveston County United Board of Health will not consider any protests unless this procedure is followed.
  11. Exceptions To Bid – Any exception to the bid specifications must be submitted in writing and attached to the bid. The GCHD Chief Executive Officer or designee will have the final decision on accepting or rejecting any exceptions, alterations.
  12. Award –In determining and evaluating the best bid/proposal, the District will award to those whose bid/proposal is most advantageous. Factors that will be considered may include, but not limited to, cost, quality, equality, efficiency, utility, general terms, delivery, suitability of the service offered, and the reputation of the service in general use will also be considered with any other relevant items. In addition, consideration will be given to such matters as contractor integrity, compliance with public policy, record of past performance, and financial and technical resources.
    - a. When the District only receives one bid/proposal, the bid/proposal may be accepted if such purchase is: recommended by the requesting Department and the Procurement Agent or designee; after reviewing the specifications to determine if they were restrictive; and the bid/proposal packets were sent to all known prospective bidders.
    - b. If two or more responsible bidders/proposers submit identical bids, the bid award may be made by drawing lots.
  13. Bonds – A vendor who is awarded a contract may be required to post bond. If it is required, the requirements will be included in the advertisement.
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Requirements of a bond will be in accordance with requirements of the funding source or state laws as applied to Local Governments, whichever is most stringent.

14. Acquisition of Item After Award – Following award of a contract, the requisition is processed in the manner described in the *Purchasing Procedures Manual*.
15. Change Orders – A change order may be required when it becomes necessary to make changes after commenced contract has been made. The GCHD Chief Executive Officer or designee is authorized to approve increases to the original contract price of \$5,000.00 or less. Change orders requiring increases to the contract price of more than \$5,000.00 must be approved by the appropriate Board. However, the original contract price may not be increased by 25% unless the change order is necessary to comply with a federal or state statute, rule, regulation, or judicial decision after the contract was made. The contract price may not be decreased by 18% or more without the contractor's consent. All change orders must have the written consent of the District and the contractor.

## SPECIAL PURCHASES

- A. Unbudgeted Capital Expenditures – Purchases of \$5,000.00 or more not authorized in a Department's current budget, or purchases necessitating an increase in Department's current budget must be authorized by the appropriate Board and/or funding source prior to the purchase.
- B. Noncompetitive Proposals – Items otherwise required to be competitively bid may be exempted from the competitive bid process by the appropriate Board if:
  1. A prompt purchase is required, due to a public calamity, to meet a necessity of the citizens or preserve public property.
  2. The purchase is necessary to preserve public health or safety of Citizens.
  3. An After Hours Emergency – In such instances the Department must take the necessary action to obtain the needed goods or services. If, however, the Department is aware that the purchase involves an expenditure of \$5,000.00 or

more, a reasonable effort should be made to contact the Chief Executive Officer or Controller and/or Procurement Agent for notification that an emergency exists. The next working day, the Department should contact the Procurement Agent or designee for procedures to secure payment of the goods or services.

4. A Sole Source Item - An item available from only one source may be purchased without competitive bidding, with the approval of the GCHD Chief Executive Officer or designee. Typical items in this category include, but not limited to, patented or copyrighted material, secret processes, natural monopolies, utility services, captive replacement parts or components for equipment, and films, manuscripts or books. A Sole Source letter must be attached to the Purchase Order.

C. Work in Progress – This may be exempted by the appropriate Board and paid for by the day, after it is performed

D. Land and Right-Of-Way Acquisition – The District generally does not purchase land. In the case that it becomes necessary, the intent to purchase must be approved by the Board and/or funding source. This is exempted by the Board from competitive bidding

## **INSPECTING, TESTING AND RECEIVING**

Merchandise will be received at the receiving department before it is sent to or picked up by the ordering department. It is the responsibility of each Department to see that all purchased items conform to the specifications, quality and quantity on the order. Technical equipment, needing installation at that location, may be shipped directly to the department, per the direction of the IT Department. If the merchandise is not acceptable as determined by the requesting department or by receiving, the Procurement Agent or Buyer will then take action to obtain the correct merchandise.

## **PHARMACEUTICALS**

All pharmaceuticals purchased by the District or transferred to the District for patient use, may not be given away, loaned or sold to any individual or entity.

## **HEALTH DISTRICT PROPERTY**

- A. Receipt/Tagging of New Property – the Purchasing Department will attach a property tag to all property as defined in the *Fixed Asset Guidelines*. An Asset Record Form will be completed and forwarded to the Accounting Department along with a copy of the applicable Purchase Order.
  
- B. Disposal of Surplus or Salvage Property – An Asset Disposal Form will be completed for requests to dispose of equipment or property, with original being forwarded to the Accounting Department.
  - 1. Surplus property (in excess of needs, but still useful) may be disposed by competitive bids, auction, donation, or transfer to another local government with the approval of the GCHD Chief Executive Officer or Controller. The Purchasing Department will attempt to realize the maximum benefit to the District in selling or disposing of surplus property. If efforts to sell or dispose of the property fail, property may be disposed of in the manner most advantageous for the District. Asset tags will be removed from property sold, disposed or transferred. District employees will be given the same opportunity afforded to other persons to bid on and purchase surplus property offered by competitive bids or auction.
  - 2. Salvage property (valueless property of no use) may be disposed of by the Procurement Agent or designee, with the approval of the GCHD Chief Executive Officer or Controller, in the manner most advantageous to the District.

[Back to Agenda](#)

# GALVESTON COUNTY HEALTH DISTRICT

*Protecting and Promoting the Optimal Health and Well-Being of Galveston County*

**Ben G. Raimer, MD**  
Chair, United Board of Health



**Kathy Barroso, CPA**  
Chief Executive Officer

**Philip Keiser, MD**  
Local Health Authority

## Appendix A

### HOUSE BILL 89 AND SENATE BILL 252 CERTIFICATION AND VERIFICATION FORM:

I \_\_\_\_\_ (Authorized Representative's Name), the undersigned representative of

(Vendor / Company Name) \_\_\_\_\_ (Hereafter referred to as Company). Being an adult over 18 years of age, after being duly signed by the undersigned notary, do hereby certify and verify under oath that the company named above, under the provisions of Government Code 808.51c and 2252 that the Company or any affiliate, subsidiary, or parent of the Company, or "Vendor Companies":

1. Does not boycott Israel currently;
2. Will not boycott Israel during the contract term;
3. Is not identified on the Texas Comptroller's list of companies known to have contracts with, engaged in business with, or provide supplies/services to, Iran, Sudan, or a foreign organization designated as a Foreign Terrorist Organization by the U.S. Secretary of State. (See Texas Government Code § 2270.808 and 2252.151-2252.154.

Pursuant to Section 2270.001, Texas Government Code:

1. "Boycott Israel" means refusing to deal with, terminating business activities with or otherwise taking any action that is intended to penalize, inflict economic harm on or limit commercial relations with Israel or with a person or entity doing business in Israel or in an Israeli-controlled territory, but does not include an action made for ordinary business purposes; and
2. "Company" means a for-profit sole proprietorship organization, association, corporation, partnership, joint venture, limited partnership, limited liability partnership or any limited liability company, including a wholly owned subsidiary, majority owned subsidiary, parent company or affiliate of those entities of those entities or business associations that exist to make a profit.

By accepting this contractual offer, I hereby consent that the entity which I represent is not barred from contracting with the Galveston County Health District or any of its affiliated entities, collectively known as "The District", as a result of these stipulations. Furthermore, I acknowledge that should the entity become disqualified from working with The District at any point during the duration of this contractual agreement due to these terms, a representative of the entity shall immediately notify the District's Procurement Officer, at which point the District attains the right to immediately void this agreement (as well as any other agreement the District and the entity are engaged in).

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**DATE**

**SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE**

Public Health Services • Coastal Health & Wellness • Emergency Medical Services • Animal Resource Center  
The Galveston County Health District (GCHD) is the local public health agency for Galveston County, Texas.  
GCHD provides services and programs that protect the everyday health and well-being of Galveston County.  
P.O. Box 939 La Marque, Texas 77568 • (409) 938-7221

[www.gchd.org](http://www.gchd.org)

## TERMS AND CONDITIONS

### Appendix B

- 1. COMPLETE AGREEMENT:** This Purchase Order, which consists of these terms and conditions, the conditions contained within the referenced bid number, the contract entered into between Galveston County Health District ("GCHD") and Vendor (if any) and any other attached terms, conditions, and specifications of GCHD, is a binding contract which is the sole and exclusive agreement between the parties. It supersedes all other writings and is expressly conditioned upon Vendor's agreement to the conditions hereof. In addition, nothing herein shall be construed to be an acceptance of any terms of Vendor. In the event of any conflict between the term and conditions of this Purchase Order and any Contract entered into between the GCHD and the Vendor, the terms of the Contract shall prevail.
- 2. MODIFICATION:** No modification of this Purchase Order shall be effective without GCHD's prior written consent. No course of prior dealings, no usage of the trade and no course of performance shall be used to modify, supplement, or explain any terms used in this Purchase Order. GCHD will not be bound by any oral statement, verbal agreement, or other representation contrary to the written specifications, terms, and conditions of this Purchase Order.
- 3. CANCELLATION:** GCHD reserves the right to cancel this Purchase Order anytime or for default in all or any part of this Purchase Order, if Vendor breaches any of the terms, conditions, or requirements hereof, or if the Vendor becomes insolvent or commits acts of bankruptcy, or at any time for any reason or no reason prior to acceptance of delivery by GCHD. If this Purchase Order is cancelled pursuant to Vendor's default, then GCHD may obtain similar goods or services elsewhere, and charge the Vendor for any damages incurred. Such right of cancellation is in addition to and not in lieu of any other remedies which GCHD may have in law or equity.
- 4. TERMINATION:** The performance of work under this Purchase Order may be terminated in whole or in part by GCHD in accordance with this provision. Termination of work hereunder shall be affected by the delivery to the Vendor of a "Notice of Termination" specifying the extent to which performance of work under the Purchase Order is terminated and the date upon which such termination becomes effective. Such right of termination is in addition to, and not in lieu of rights of GCHD set forth in Paragraph 3 above.
- 5. DELIVERY:** Time is of the essence in this Purchase Order and if delivery of conforming goods or performance of services is not completed by the time(s) promised, GCHD reserves the right, in addition to its other rights and remedies, to cancel this Purchase Order to reject nonconforming goods or services in whole or in part on reason able notice to Vendor, and/or purchase substitute goods or services elsewhere and charge Vendor with any loss incurred. If delay in promised delivery is foreseen, Vendor will give written notice to GCHD, and the delivery date may be extended by GCHD for valid reasons. Vendor must keep GCHD advised at all times of status of Purchase Order. No substitutions or cancellations will be permitted without prior written approval of GCHD's Purchasing Department. Delivery shall be made only on weekdays from 8:00 A.M. to 5:00 P.M., unless prior approval for other delivery times has been obtained. Any provisions herein for delivery of goods or performance of services by installments shall not be construed as making the obligation of Vendor severable. C.O.D. shipments will not be accepted.

## TERMS AND CONDITIONS

6. **ACCEPTANCE OF PRODUCTS AND SERVICES:** All products furnished and all services performed under this Purchase Order shall be to the satisfaction of GCHD and in accordance with the specifications, terms, and conditions of the Purchase Order and any applicable contract. GCHD reserves the right to inspect the products furnished or the services performed, and to determine the quality, acceptability, and fitness of such products or services.
7. **INVOICING AND PAYMENT:** Vendor shall submit an itemized invoice showing GCHD Purchase Order number. Invoices must agree in all respects with this Purchase Order. Payment will normally be remitted within thirty (30) days after receipt of a properly submitted invoice. Failure to submit invoices in accordance with the requirements herein may delay payment. All cash discounts offered will be taken if earned. Cash discount will be calculated from date of receipt for properly submitted invoice at the Invoice Address specified on the face of this Purchase Order.
8. **TITLE & RISK OF LOSS:** The title and risk of loss of the goods shall not pass to GCHD until GCHD receives and takes possession of the goods at the point or points of delivery.
9. **ASSIGNMENT/DELEGATION:** The rights and responsibilities of the Vendor to furnish the goods and/or services specified herein shall not be subcontracted, assigned, transferred, mortgaged, pledged, delegated, or otherwise disposed of or encumbered in any way by the Vendor. Any such assignment or delegation by Vendor shall be wholly void and totally ineffective for all purposes.
10. **INDEPENDENT CONTRACTOR:** In performing any services hereunder, Vendor is, and undertakes performance thereof as, an independent contractor, with sole responsibility for all persons employed in connection therewith, including without limitation, exclusive liability for the payment of all Federal, State, and local Unemployment and Disability Insurance and all Social Security and/or other taxes and contributions payable in respect of such persons, from and against which liability Vendor agrees to indemnify, exonerate, and hold harmless GCHD.
11. **INSURANCE:** If this Purchase Order requires the presence on GCHD premises of Vendor's employees, subcontractors or others under Vendor's control, Vendor agrees, prior to commencement of any services hereunder, to transmit to GCHD certificates of insurance as specified in the contract between parties.
12. **INDEMNIFICATION:** Vendor shall indemnify, exonerate, hold harmless and defend GCHD from and against any actions or suits and any claims, liability, damage, loss, cost or expense as a result of bodily injury or death and/or property damage arising out of, or in connection with this Purchase Order, unless caused by the sole negligence of GCHD.
13. **WARRANTIES:** In addition to all warranties established by law, Vendor hereby warrants and agrees that:
  - (a) All goods and services covered by this Purchase Order shall conform to the specifications, drawings, samples, other descriptions set forth herein or otherwise furnished or adopted by GCHD, and shall be merchantable, fit for the purpose intended, of best quality and workmanship, and free from all defects. GCHD shall have the right of inspection and approval, and may, at Vendor's expense, reject and return non-conforming goods or require re-

## TERMS AND CONDITIONS

performance of services, which are not in compliance with the requirements of this Purchase Order. Defects shall not be deemed waived by GCHD's failure to notify Vendor upon receipt of goods or completion of services, or by payment of invoice.

(b) All articles and/or services provided hereunder meet or exceed the Safety Standards established and promulgated under the Federal Occupational Safety and Health Administration (Public Law 91-596) and its regulations in effect or proposed as of the date of this Purchase Order.

(c) All goods delivered pursuant to this Purchase Order shall conform to standards established for such goods in accordance with any applicable Federal, State, or local laws and regulations, unless otherwise indicated herein.

(d) The use or sale of any goods delivered hereunder, or any part thereof, does not infringe any adverse existing patent, trademark, copyright, or other intellectual property right.

Vendor shall indemnify, exonerate, and save harmless GCHD, its customers, users of its products, and its and their successors and assigns. or any of them, from and against any and all liability, damage, loss, cost or expense incurred in connection with any claim, suit or action for actual or alleged infringement of any such rights, and Vendor shall defend, at its expense, any such claim suit or action brought against GCHD, its customers, users of its products and its and their successors and assigns, or any of them.

The foregoing warranties shall survive acceptance of goods and performance of services hereunder.

14. **NON-DISCLOSURE:** Unless required by law or consented to in writing by GCHD, no disclosure, description, or other communication of any sort shall be made by Vendor to any third party regarding GCHD's purchase of goods or services hereunder, or of the details and characteristics thereof. Anything furnished to Vendor by GCHD pursuant to this Purchase Order, including and without limitation, samples, drawings, patterns, and materials shall remain the property of GCHD, shall be held at Vendor's risk, and shall be returned upon completion of the work. No disclosure or reproduction thereof in any form shall be made without GCHD's prior written consent.
15. **FORCE MAJEURE:** Neither party hereto shall be liable for delays or failure to perform any term, condition, or covenant of this Purchase Order due to causes beyond its reasonable control including, but not limited to, acts of God, strikes, epidemics, war, riots, flood, fire, sabotage, material or labor restrictions by any government authority, any other natural disaster, or any other circumstances of like character which are beyond the reasonable control of either party. In the event of such delay or failure to perform, the period specified for performance hereunder may be extended for a period equal to the time lost by reasons of the delay, or the total Purchase Order may be reduced by the performance (or portions thereof) omitted during such delay. The provisions of this paragraph shall be effective notwithstanding that such circumstances shall have been operative at the date of this Purchase Order.
16. **GOVERNING LAW:** This Purchase Order shall be governed in accordance with the laws of the State of Texas. Venue shall lie in Galveston County.



## TERMS AND CONDITIONS

17. **COMPLIANCE WITH LAW AND CERTIFICATIONS:** Vendor shall comply with all applicable federal, state, and local laws, statutes, ordinances, standards, orders, rules, and regulations, including, as applicable, workers' compensations laws, minimum and maximum salary and wage statutes and regulations, prompt payment and licensing laws and regulations. Vendor certifies that Vendor is fully informed about and in regulation with Title VI of the Civil Rights Act of 1964, as amended (42 USC 2000(D)), Executive Order 11246, as amended (41 CFR 60-1 and 60-2), Vietnam Era Veterans Readjustment Act of 1974, as amended (41 CFR 60-250), Rehabilitation Act of 1973, as amended (41 CFR 60-741), Age Discrimination Act (42 USC 6101 et seq.), Non-segregated Facilities (41 CFR 60-74 1), Omnibus Budget Reconciliation Provision, Section 952, Fair Labor Standards Act of 1938, Sections 6, 7, and 12, as amended, Immigration Reform and Control Act of 1986, and Utilization of Small Business Concerns and Small Business Concern Owned and Controlled by Socially and Economically Disadvantaged Individuals (pl96-507), the Americans with Disabilities Act of 1990 (42 USC .12101 et seq.) and all federal laws and regulations, executive orders, state laws, and local laws as are applicable.

Vendor also understands that Vendor is ineligible to receive a purchasing award with the GCHD if Vendor or its principals are listed in the government wide exclusions in the System for Award Management (Debarment and Suspension Orders Executive Orders 12549 and 12689).

As applicable, Vendor hereby certifies that it is not a company identified on the Texas Comptroller's list of companies known to have contracts with, or provide supplies or services to a foreign organization designation as a Foreign Terrorist Organization by the United States Secretary of State. Vendor further certifies and verifies that neither Vendor nor any affiliate, subsidiary or partner company of Vendor, if any (the "Vendor Companies"):

- i) boycotts Israel, and Vendor agrees that Vendor and Vendor Companies will not boycott Israel during the term of this Purchase Order. For purposes of this Purchase Order, the term "boycott" shall mean and include terminating business activities or otherwise taking any action that is intended to penalize, inflict economic harm on or limit commercial relations with Israel or with a person or entity doing business in Israel or in an Israeli-controlled territory.
- ii) Has not engaged in business with Iran, Sudan, or a foreign terrorist organization identified on a list prepared by the Texas Comptroller (See Texas Government Code § 2270.808 and 2252.151-2252.154.

18. **BUYER'S PREMISES RULES:** If this Purchase Order requires presence on GCHD'S premises of Vendor's employees subcontractors or others under Vendor's control, Vendor shall comply with all applicable rules of such premises, including without limitation those relative to environmental quality, safety, fire prevention, no smoking, traffic, and parking.
19. **ASSIGNMENT OF OVERCHARGE CLAIMS:** Vendor hereby assigns to GCHD any and all claims for overcharges associated with this Purchase Order arising under the antitrust laws of the United States, 15 U.S.C.A., Sec. 1 et seq. (1973), or arising under the antitrust laws of the State of Texas. Texas Business and Commerce Code Annotated, Sec.15.0 I , et seq. (1967).

## TERMS AND CONDITIONS

20. **VENDOR 'S AFFIRMATIONS:** By acceptance of this Purchase Order and/or furnishing any of the products or services specified. herein, Vendor affirms the following:
- (a) That Vendor has not given, offered to give, nor intends to give at any time hereafter any economic opportunity, future employment, gift, loan, gratuity, special discount, t rip favor, or service to a public servant in connect ion with this Purchase Order.
  - (b) That Vendor has not violated the antitrust laws of this State, codified in Section 15.01, et seq., Texas Business and Commerce Code, or the Federal antitrust laws.
  - (c) That no relationship, whether by relative, business associate, capital funding agreement, or any other such kinship, exists between Vendor and any current GCHD employee, or any person previously employed by GCHD within the immediate twelve (12) months prior to this award. If such relationship does exist, full disclosure must be made to the GCHD Purchasing Agent prior to acceptance of Purchase Order for appropriate administrative review and approval.
  - (d) If Vendor is a corporation, that its Texas franchise taxes are current, or that the corporation is exempt from the payment of the franchise tax, or that the corporation is an out-of-state corporation that is not subject to Texas franchise t ax, whichever is applicable.
21. **OPEN RECORDS:** All information, documentation, and other material submitted by Vendor in response to any solicitations or under any resulting contract thereof may be subject to public disclosure under the Texas Public Information Act (TX Gov't Code, Chapter 552). Vendors are hereby notified that GCHD strictly adheres to this statute and the interpretations thereof rendered by the Courts and/or Texas Attorney General's office. Vendor shall be deemed to have knowledge of this law and how to protect their interest under it. Exceptions to disclosure of information as provided by this statute are intended to protect legitimate interests of the GCHD or Vendor, and are not intended to serve as a means to withhold or delay disclosure of information not covered by these exceptions.
22. **NON-WAIVER OF DEFAULTS:** Any failure of GCHD, at any time or from time to time, to enforce or require the strict keeping and performance of any of the terms and conditions of this Purchase Order, or to exercise a right hereunder, shall not constitute a waiver of such terms, conditions, or rights, and shall not affect or impair same, or the right of GCHD at any time to avail itself of same.
23. **SEVERABILITY:** In the event that any provision of this Purchase Order, or the application thereof to any person or circumstance, is determined by a competent Court of Law to be invalid, unlawful, or unenforceable to any extent, the remainder of this Purchase Order, and the application of such provision to persons or circumstances other than those to which it is determined to be unlawful, unenforceable, or invalid to any extent, shall continue to be valid and may be enforced to the fullest extent permitted by law.

# GALVESTON COUNTY HEALTH DISTRICT

*Protecting and Promoting the Optimal Health and Well-Being of Galveston County*

**Ben G. Raimer, MD**  
Chair, United Board of Health



**Kathy Barroso, CPA**  
Chief Executive Officer

**Philip Keiser, MD**  
Local Health Authority

## Appendix C

### **Business Entity: Disclosure of Interested Parties – Texas Government Code § 2252.908**

The Texas Legislature adopted House Bill 1295 in 2015. HB 1295 added Section 2252.908 to the Government Code. Under this law, A governmental entity or state agency may not enter into certain contracts with a business entity unless the business entity submits a disclosure of interested parties to the governmental entity or state agency.

Specifically, any business entity that enters into a contract with Galveston County Health District (“GCHD”) or Coastal Health and Wellness (“CHW”) that:

- 1) requires an action or vote by the United Board of Health and Governing Board before the contract may be signed; or
- (2) has a value of at least \$1 million,

must submit a “Disclosure of Interested Parties” form to the GCHD/CHW Purchasing Department prior to contract execution.

The following contracts are exempt from the Disclosure requirement:

- a sponsored research contract of an institution of higher education;
- an interagency contract of a state agency or an institution of higher education;
- a contract related to health and human services if:
  - the value of the contract cannot be determined at the time the contract is executed; and
  - any qualified vendor is eligible for the contract;
- a contract with a publicly traded business entity, including a wholly owned subsidiary of the business entity;\*
- a contract with an electric utility, as that term is defined by Section 31.002, Utilities Code;\* or
- a contract with a gas utility, as that term is defined by Section 121.001, Utilities Code.\*

Texas Ethics Commission mandates the “Disclosure of Interested Parties” form (**Form 1295**) must be filed electronically. Form 1295 is filed through the Texas Ethics Commission’s online reporting system (handwritten forms are not allowed).

The Texas Ethics Commission’s website is: [www.ethics.state.tx.us](http://www.ethics.state.tx.us). The area of the website pertaining to Form 1295 is: [www.ethics.state.tx.us/whatsnew/elf\\_info\\_form1295.htm](http://www.ethics.state.tx.us/whatsnew/elf_info_form1295.htm).

Once the business entity has completed the electronic filing of Form 1295, then the business entity must print out, and sign the form. The person completing the filing must also complete an “unsworn declaration.” Once Form 1295 is signed and unsworn declaration completed, the business entity must submit the completed Form 1295 and unsworn declaration to the GCHD/CHW Purchasing Department.

Please mail all required documents to:  
**Mailing Address:**

**Galveston County Health District/ Coastal Health & Wellness Clinics**  
**Attn: Purchasing**  
**P.O. Box 939**  
**La Marque, Texas 77568**

**The above process must be completed *before* the contract can be executed.** No portion of the Form 1295 process commits GCHD or CHW to any type of award of contract.

After the Purchasing Department receives the completed, signed Form 1295 and unsworn declaration, the Department will, within 30 days, go the Texas Ethics Commission website to submit the electronic confirmation of the County's receipt of the completed 1295 process. We hope this summary information is helpful to you. However, this information is not exhaustive, and all business entities are encouraged to visit the Texas Ethics Commission website, which contains Frequently Asked Questions, instructional videos, and much more information on HB1295/Section 2252.908 requirements and/or to consult with their own counsel.

**Public Health Services · Coastal Health & Wellness · Emergency Medical Services · Animal Resource Center**

*The Galveston County Health District (GCHD) is the local public health agency for Galveston County, Texas.*

*GCHD provides services and programs that protect the everyday health and well-being of Galveston County.*

P.O. Box 939 La Marque, Texas 77568 • (409) 938-7221

[www.gchd.org](http://www.gchd.org)



**Governing Board  
September 2018  
Item #6  
Informational Report**

- a) Letter of Support to St. Hope Foundation

Milton Howard, DDS  
Chair, Governing Board



Kathy Barroso, CPA  
Interim Executive Director

September 13, 2018

Rodney Goodie, MBA  
Chief Executive Officer  
St. Hope Foundation  
6200 Savoy Suite 540  
Houston, Texas 77036

Dear Mr. Goodie:

Coastal Health and Wellness is pleased to write this letter of support for St. Hope Foundation (SHF) in its application for HRSA-19-013 Service Area Competition (SAC) funding from the Health Resources and Services Administration, through Section 330 of the Public Health Services Act. Through this SAC funding opportunity, SHF will continue to provide high-quality, affordable healthcare and enabling services to medically underserved residents in the Greater Houston Area. We fully support SHF's efforts to increase access to affordable healthcare.

We recognize St. Hope Foundation's 19-year history, during which time it has evolved from a small neighborhood sexually transmitted disease clinic to a full-service Federally Qualified Health Center (FQHC) focused on providing primary care, dental care, pharmacy services, vision services, behavioral health services, family planning, health promotion and community outreach, and comprehensive HIV/AIDS and Hepatitis C treatment. As an FQHC, St. Hope provides health and wellness services to low-income and medically underserved Texans regardless of their ability to pay. St. Hope has been instrumental in providing a medical home to thousands of families and is an important health care safety net provider in the community.

Coastal Health & Wellness, as a federally qualified health center providing primary health care services within Galveston County, supports St. Hope's efforts to serve the medically underserved in our surrounding communities.

Sincerely,

A handwritten signature in black ink that reads "Kathy Barroso".

Kathy Barroso  
Interim Executive Director  
Coastal Health & Health Center

[Back to Agenda](#)



# COASTAL HEALTH & WELLNESS

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**GOVERNING BOARD**

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

**Governing Board  
September 2018  
Item #7  
Executive Report**





# Sitting down to eat together as a family has many benefits

Meals provide the ideal opportunity for socializing and exchanging ideas. Since we tend to copy the meal habits of those we eat with, one of the easiest ways to make sure kids learn to eat a healthy diet is to eat one yourself – in front of them, at the table, on a regular basis.

Lack of time and too many activities can make it hard for families to eat together on a regular basis.

October is Eat Better, Eat Together Month and the Galveston County Health District (GCHD) highlights a few ways that may help you find time to sit down together at least a few times a week:

- Make a breakfast date with your

kids on the weekends. Get everyone involved in the meal preparations: mixing batter, cutting up fruit, setting the table and cleaning up are all possibilities.

- Have a “no excuses” night when everyone has dinner together, no matter what. Take turns planning and cooking the meal.

- Eat before evening events or right afterwards. Using a slow cooker, or cooking ahead on the weekends, may help on super busy nights.

- Have easy meal ingredients on hand so meals at home can happen easily even when there’s no time: hearty canned soups, eggs (can be scrambled or made into omelets), sliced cheese

(grilled cheese sandwiches) or pasta and jarred spaghetti sauce will all work for simple dinners. Serve some baby carrots and cut up fruit on the side and you are way ahead of the drive-thru nutritionally.

Once your family eats together more often, you may be surprised to hear your kids ask to do it more frequently. That means it’s time to involve them in the cooking: have them plan and prepare a meal for the family. Sit back, relax and enjoy!

For ideas on easy weekday meals, visit the Centers for Disease Control and Prevention (CDC) [Healthy Recipes](#) or [Planning Meals](#) webpages.

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## Breast Cancer

higher risk of death from breast cancer than white women.

There are risk factors that cannot be changed, and those that can. Risk factors you cannot change:

- Age – The risk for breast cancer increases with age. Most breast cancers are diagnosed after age 50.

- Genetic mutations – Women who have inherited genetic changes – such as BRCA1 and BRCA2 – are at higher risk for breast and ovarian cancer.

- Reproductive history – Early menstrual periods before age 12 and starting menopause after 55 expose women to hormones longer, raising their risks of getting breast cancer.

- Personal history of breast cancer or certain non-cancerous breast diseases – Women who have had breast cancer are more likely to get breast cancer a second time. Some non-cancerous breast diseases such as atypical hyperplasia or lobular carcinoma in situ are associated with a higher risk of getting breast cancer.

- Family history – A woman’s risk for breast cancer is higher if she has a mother, sister or daughter (first-degree relative) or multiple family members on either her mother’s side or father’s side of the family who have had breast cancer.

- Previous treatment using radiation therapy – women who



Breast cancer is the  
second leading cause  
of cancer death  
among women.

had radiation therapy to the chest or breasts (such as treatment of Hodgkin’s lymphoma) before age 30 have a higher risk of getting breast cancer later in life.

Other risks include having dense breasts and women who took the drug diethylstilbestrol (DES).

Risk factors you can change:

- Not being physically active –

Women who are not physically active have a higher risk of getting breast cancer.

- Being overweight or obese after menopause – Older women who are overweight or obese have a higher risk of getting breast cancer than those at a normal weight.

- Taking hormones – Some forms of hormone replacement therapy – those that include both estrogen and progesterone – taken during menopause can raise the risk of breast cancer when taken for more than five years. Certain oral contraceptives (birth control pills) also have been found to raise breast cancer risk.

- Reproductive history – Having a first pregnancy after age 30, not breastfeeding, and never having a full-term pregnancy can raise breast cancer risk.

- Drinking alcohol – Studies show that a women’s risk for breast cancer increases with the more alcohol she drinks.

# Flu fact: vaccine can reduce flu illnesses

The best way to prevent falling ill with the seasonal flu is to get vaccinated every year. And, while it may seem the summer is just now coming to an end, it's already time to start thinking about getting the flu vaccine.

Last year saw two flu outbreaks in September, affecting 24 people, and even more severe outbreaks later in the season. While it's unusual to see outbreaks that early in the flu season, it's a reminder to not put off getting the shot.

People 6 months and older should be vaccinated for the flu. Vaccination is especially important for certain high-risk groups including those age 65 and older, pregnant women, young children and those with chronic health conditions, who are at higher risk for complications or even death if they get the flu.

The flu vaccine is currently available at the GCHD Immunization Clinic, 9850-B Emmett F. Lowry Expressway in Texas City. The clinic is walk-in and open Monday-Friday 8 a.m.-5 p.m. with extended hours on Tuesday to 7 p.m.

Flu shots are \$34 each. Medicare and Blue Cross Blue Shield, cash, check, debit and credit cards are accepted. Cash prices are available for self-pay. For more information, call 409-949-3459.

The vaccine is also available by appointment to registered patients at the Texas City and Galveston Coastal Health & Wellness clinics. For registration or appointment information, call 409-938-2234.

While the flu spreads every year, the timing, severity and length of the season varies from one year to another.

Vaccination is also important for health care workers and others who live with or care for high risk people to keep from spreading the flu to them.

Remember to stop spread of the flu and other illnesses by

covering all coughs and sneezes, washing hands frequently, disinfecting commonly touched surfaces and staying home when sick.

Flu-like symptoms include fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills and fatigue. Some people, especially children, may have vomiting and diarrhea. People may also be infected with flu and have respiratory symptoms without a fever.

Take every day preventive actions to stop the spread of germs:

• Try to avoid close contact with those who are sick.

• While sick, limit contact with others as much as possible to keep from infecting them.

• If sick with flu-like illness, stay home for at least 24 hours after the fever is gone, except to get medical care or for other necessities.

• Cover the nose and mouth with a tissue when coughing or sneezing. Throw the tissue away after use and wash hands.

• Wash hands often with soap and water. If soap and water are not available, use an alcohol-based hand rub.

• Avoid touching eyes, nose and mouth. Germs spread this way.

• Clean and disinfect surfaces and objects that may be contaminated with germs like flu.

The flu is a potentially serious disease that can lead to hospitalization and sometimes even death.

Every flu season is different, and flu infection can affect people differently.

The exact timing and duration of flu seasons can vary, but flu activity often begins to increase in October. Most of the time flu activity peaks between December and February, although activity can last as late as May.

**IT'S A  
FLU FACT!**

**THE FLU VACCINE CAN  
REDUCE FLU ILLNESSES  
AND FLU RELATED HOSPITALIZATIONS.**

**Flu vaccinations can reduce:**

- doctor visits
- missed days at work
- missed days at school

**#STOPTHEFLU  
GCHD.ORG/FLU**



# September marks Pain Awareness Month

Nearly 100 Americans suffer from chronic pain, more than those who have diabetes, heart disease and cancer, combined.

September marks Pain Awareness Month, a time to raise awareness of pain and pain management.

Often, pain is a warning sign that indicates a problem. Pain starts in receptor nerve cells located beneath the skin and organs throughout the body. Living with pain can be debilitating and adversely affect everyday life.

Pain can include arthritis, back pain and headaches. There are more than 100 arthritis conditions, ranging from autoimmune disease to normal joint inflammation.

According to the National Institutes of Health, eight out of

10 people will have back pain at some time in their life. Millions of people get crippling headaches and there are dozens of different types of headaches. Migraines can be triggered by stress, fatigue or certain foods.

Getting involved is vital when it comes to raising awareness. Talk with family and friends. Let them know if you suffer from chronic pain.

There are different methods for treating pain, both chronic and acute, so be sure to also talk to your health care provider. Good communication is key to getting the help you need to live well.

Understanding more about the underlying causes of pain can also help improve treatments, and alleviate suffering.

## Need to talk? CHW can help

Life can be stressful and sometimes, that stress can be overwhelming. That's where the licensed professional counselors at Coastal Health & Wellness (CHW) can help.

One-on-one talk therapy sessions for adults and children are available at CHW clinics. These sessions can help patients deal with depression, anxiety and other life stressors.

Counselors can teach coping skills and other tools to help manage stressful life situations.

CHW's professional and caring team is dedicated to helping patients improve their overall health and well-being.

As with all CHW services, many major insurance plans are accepted and discounts are offered for eligible patients.

To learn more about talk therapy, call (409) 938-2330 or (409) 978-4216. Patient confidentiality will be protected.



### Texas City - Medical and Dental Clinics

Monday 8 a.m. - 5 p.m.  
Appointment Only

Monday 5-8 p.m.  
Walk-in and Appointment, Medical  
Walk-in Only, Dental

Tuesday-Friday 8 a.m. - 5 p.m.  
Appointment Only

Saturday, Medical Clinic  
8 a.m.-noon  
Appointment and Walk-in,  
excluding holidays

Saturday, Dental Clinic  
8 a.m.-noon

Walk-in Only, excluding  
holidays

### Galveston - Medical Clinic

Monday-Friday 8 a.m. - 5 p.m.  
Appointment Only

Thursday, 5-8 p.m.  
Appointment and Walk-in

Medical Clinic closed Saturday, Dental Clinic currently closed



Texas City  
9850-C Emmett F. Lowry Expy.  
Texas City, Texas 77591  
409-938-2234 or 281-309-0255

Galveston  
Island Community Center  
4700 Broadway F100  
Galveston, Texas 77551  
409-938-2234 or 281-309-0255



## **Coastal Health & Wellness Updates**

### **Insurance Contract Updates –**

- Ameritas (Dental Only) – In Review
- Blue Cross Blue Shield (Dental Only) – completing paperwork for providers to submit for reinstatement
- United Health Care (UHC) –New contract was submitted and approved with an effective date of 9/15/18. Five Providers were credentialed with a 9/15/18 effective date. The other six are in the process of being credentialed.
- We are submitting a contract to reinstate UHC Dental and credential the dental providers. Should be a short turn-around time for this process.

### **Committees –**

- *Joint Commission Survey Committee* – continues to meet to track and review compliance with Joint Commission standards and identify gaps and develop plans to address any areas of non-compliance.
  - In order to keep abreast of current and new Joint Commission requirements, staff continues to take part in the Joint Commission webinar series, *Ambulatory Care Breakfast Briefings*. The series focuses on the many significant changes from the Joint Commission that have occurred or will shortly go into effect, including *Project REFRESH and the 2012 Life Safety Code® for 2019*. Sessions are held weekly and five sessions have been viewed to date:

#### **2018 Live Sessions: 9:00am - 10:30am Central Standard Time (Wednesdays)**

<b>Dates</b>	<b>Topic</b>
<b>08/29/18</b>	<b><i>Patient Safety Systems Chapter</i></b>
<b>09/05/18</b>	<b>Environment of Care Chapter</b>
<b>09/12/18</b>	<b>Emergency Management</b>
<b>09/19/18</b>	<b>Human Resources, Nursing</b>
<b>09/26/18</b>	<b>Infection Prevention and Control</b>
10/03/18	Information Management, Record of Care, Treatment and Services
10/10/18	Leadership, Performance Improvement
10/17/18	Life Safety Chapter
10/24/18	Medication Management
10/31/18	Provision of Care, Treatment and Services
11/07/18	Rights and Responsibilities, Transplant Safety, Waived Testing

On-demand recordings are also available after each live session.

- *Optimized Comprehensive Clinical Care (OC3) Committee* – Two CHW OC3 staff members recently attended the OC3 Learning Session in Dallas and brought back some great ideas regarding clinical improvements and revenue generation. In addition to working towards objectives related to improving clinical outcomes, this committee is also working with a

consultant, contracted through the Texas Association of Community Health Centers (TACHC), to provide assistance in seeking the Patient Centered Medical Home (PCMH) designation. We are currently in the process of reviewing tasks performed by medical staff (providers, nurses, medical assistants, and unit receptionists) to determine if any changes are needed to improve efficiencies.

#### **Galveston Dental Clinic –**

- The Housing Authority has completed painting and installing new flooring in the Galveston Dental area.
- The next phase of the project will be to install new countertops and the Housing Authority has agreed to oversee this project, which should begin within the next two weeks.
- At this time, we are anticipating an end of October or early November opening date. The initial schedule will provide dental services in Galveston 2 days a week.

#### **HRSA Updates –**

- We are currently in the process of gathering documents requested by J2 Strategic Solutions in preparation of the HRSA Services Area Competition (SAC) grant. The SAC is due to HRSA by 10/17/18.
- A meeting with the CHW Finance Committee has been set for Thursday, October 11, 2018 at noon to review the application and corresponding budget for this period. A CHW Board meeting will be scheduled for Tuesday, October 16, 2018 at noon to review the full grant applications with the Board and request approval to submit to HRSA.

#### **Miscellaneous Updates –**

- The patient satisfaction survey approved by the Board at the last meeting has been finalized and is currently in the process of being printed. We will start distributing to patients within the next week or so and bring survey results to the Board.
- A brochure explaining the Patient Portal (how to enroll, benefits, etc.) has been updated and will be distributed to patients at check-out.
- The CHW management team is in the process of reviewing several forms and processes. The *Patient Rights & Responsibilities* and *CHW Important Tips* documents have been updated and will be distributed to patients and posted on the CHW website. A future review of all patient related documents is planned, with the intent of developing a new patient packet, which would be distributed to all new patients and would include useful information related to CHW services.

#### **Communications –**

- **News Releases/ Website News Posts**
  - National Childhood Obesity Awareness Month
  - National Preparedness Month
  - Food Safety Awareness Month
- **Social Media**
  - National Preparedness Month
  - Food Safety Awareness Month
  - National Childhood Obesity Awareness Month

- #WorkWednesday
- Zika/ mosquito prevention
- GCHD statement on potential measles exposure
- Updated GCHD statement on potential measles exposure
- Labor Day closure
- Speak to a nurse anytime
- No insurance/ underinsured

**CHW Career Opportunities:**

- **Employee Onboarding** - Human Resources conducted new employee orientation for the following employee(s):
  - Shonta Hill – Supervisor of Dental Assistants
  - Maci Rodriguez – Dental Assistant
  - Lilliana Salazar – Dental Assistant
  - Rose Macicek – Lab & X-Ray Technician Team Lead (internal)
  - Susi Salas – Patient Services Specialist
- **Current Vacancies:**
  - CHW Administration – CHW Clinical Director, CHW Medical Director, CHW Dental Director
  - Dental - Dental Assistant (2)
  - Lab & X-Ray – Lab & X-Ray Technician (2)
  - Nursing – LVN, Medical Aide (4)

*\* 3 Midlevels On Hold Pending review of Business Needs*

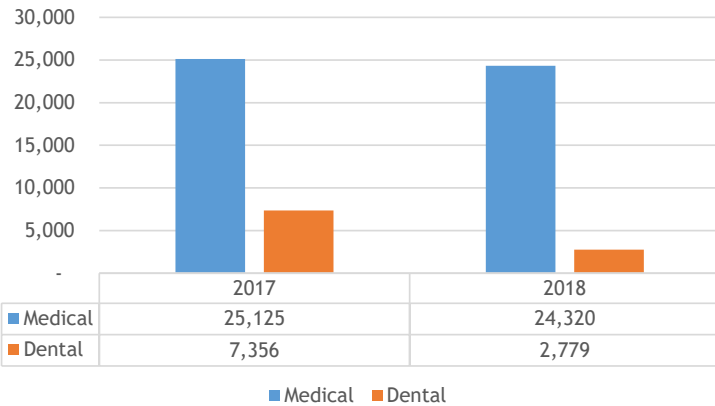
**CHW Contract Reports: September 2018**

1. Coastal Health & Wellness entered into a Memorandum of Understanding with Gulf Coast Center's Recovery Services, through which the parties will collaborate to offer a full continuum of care to individuals undergoing substance abuse recovery. Specifically, CHW patients in need of rehabilitation will be referred to opportunities coordinated by Gulf Coast Center to include detoxification services, hospitalization placement, inpatient residential placement, outpatient addiction care, and facilitation of and referral to support groups.
2. The Gulf Coast Center's ("GCC") Department for Outreach, Screening, Assessment and Referrals entered into a Memorandum of Understanding with Coastal Health & Wellness for the provision of follow-up medical services to Gulf Coast patients in the process of or having recently completed substance abuse rehabilitation. Per the Memorandum, Coastal Health & Wellness shall accept designated referrals from GCC, exchange patient information with GCC relevant for optimal care, tender GCC with explicit policies outlining Coastal's intake procedures and scope of offerings, and prescreen the financial eligibility of referred GCC patients.

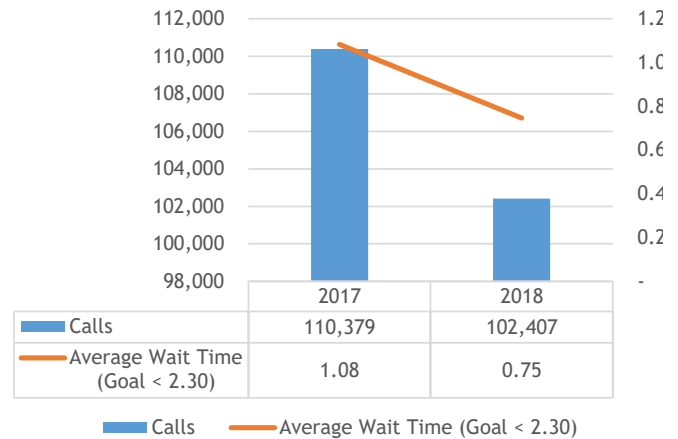
**August 2018**  
**YTD Comparison Report - January through August**

<b>Patient Services - Patients Checked-In</b>	<b>2017</b>	<b>2018</b>	<b>% Change</b>
Medical	25,125	24,320	-3%
Dental	7,356	2,779	-62%
<b>Contact Center</b>	<b>2017</b>	<b>2018</b>	<b>% Change</b>
Calls	110,379	102,407	-7.2%
Average Wait Time (Goal < 2.30)	1.08	0.75	-31%
<b>Electronic Records</b>	<b>2017</b>	<b>2018</b>	<b>% Change</b>
Record Requests	7,012	7,468	7%
<b>County Indigent Program</b>	<b>2017</b>	<b>2018</b>	<b>% Change</b>
Applied	1029	991	-4%
Referrals	2671	3071	15%
Avg Total Patients on Program	275	246	-10%
<b>Case Management</b>	<b>2017</b>	<b>2018</b>	<b>% Change</b>
Referrals	7,992	7,976	0%

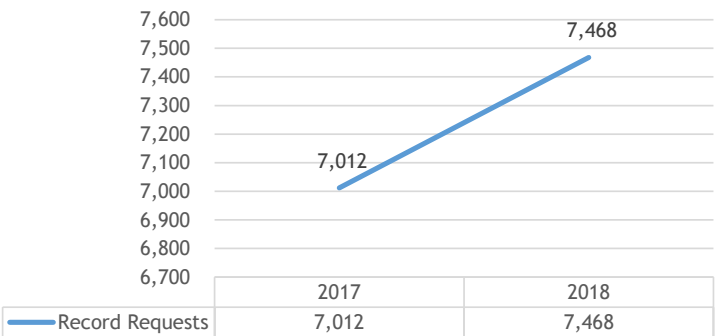
### Patient Services - Total Patients Checked-In



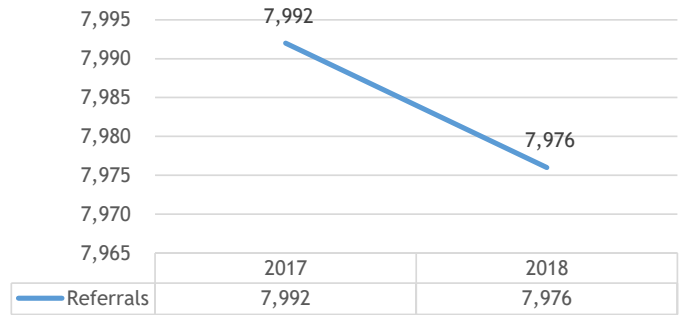
### Contact Center - Calls and Wait Time



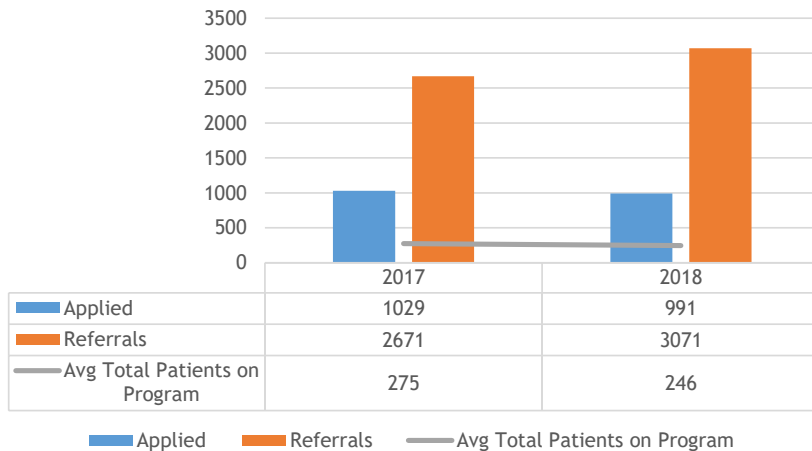
### Electronic Record Requests



### Case Management Referrals



### County Indigent Program







# COASTAL HEALTH & WELLNESS

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**GOVERNING BOARD**

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

**Governing Board  
September 2018  
Item #8  
Consider for Approval August 2018  
Financial Report**

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# COASTAL HEALTH & WELLNESS

Governing Board



## FINANCIAL SUMMARY

For the Period Ending August 31, 2018

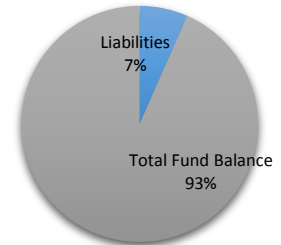
September 27, 2018

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

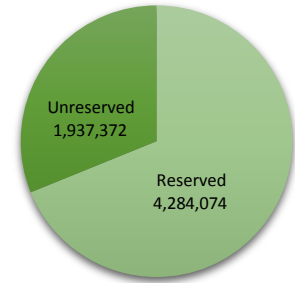
**CHW - BALANCE SHEET** as of August 31, 2018

	Current Month Aug-18	Prior Month Jul-18	Increase (Decrease)
<b>ASSETS</b>			
Cash & Cash Equivalents	\$5,344,150	\$5,490,830	(\$146,680)
Accounts Receivable	2,561,994	\$15,858,426	(13,296,432)
Allowance For Bad Debt	(1,291,546)	(\$14,660,830)	13,369,283
Pre-Paid Expenses	196,453	\$216,412	(19,960)
Due To / From	(47,617)	(\$29,880)	(17,737)
<b>Total Assets</b>	<b>\$6,763,433</b>	<b>\$6,874,958</b>	<b>(\$111,525)</b>
<b>LIABILITIES</b>			
Accounts Payable	\$65,929	\$120,065	(\$54,136)
Accrued Salaries	277,658	426,808	(149,151)
Deferred Revenues	103,243	106,639	(3,396)
<b>Total Liabilities</b>	<b>\$446,830</b>	<b>\$653,512</b>	<b>(\$206,683)</b>
<b>FUND BALANCE</b>			
Fund Balance	6,260,512	6,260,512	\$0
Current Change	56,092	(39,066)	\$95,158
<b>Total Fund Balance</b>	<b>\$6,316,604</b>	<b>\$6,221,446</b>	<b>\$95,158</b>
<b>TOTAL LIABILITIES &amp; FUND BALANCE</b>	<b>\$6,763,433</b>	<b>\$6,874,958</b>	<b>(\$111,525)</b>

Current Period Assets



Total Fund Balance



**CHW - REVENUE & EXPENSES** as of August 31, 2018

	Actual Aug-18	Budgeted Aug-18	PTD Budget Variance	YTD Budget Variance
<b>REVENUE</b>				
County Revenue	\$324,070	\$324,070	(\$0)	(\$0)
DSRIP Revenue	190,000	79,167	110,833	(395,833)
HHS Grant Revenue	239,663	260,617	(20,953)	(108,032)
Patient Revenue	1,582,161	1,352,449	229,712	1,224,941
Other Revenue	11,529	11,187	342	(3,967)
<b>Total Revenue</b>	<b>\$2,347,423</b>	<b>\$2,027,490</b>	<b>\$319,934</b>	<b>\$717,109</b>
<b>EXPENSES</b>				
Personnel	\$619,738	\$652,685	\$32,948	\$307,567
Contractual	57,835	60,260	2,424	50,660
IGT Reimbursement	83,478	37,500	(45,978)	104,022
Supplies	108,579	106,440	(2,140)	19,971
Travel	1,400	2,510	1,111	2,526
Bad Debt Expense	1,291,546	1,084,467	(207,079)	(1,245,529)
Other	89,690	83,628	(6,062)	(90,236)
<b>Total Expenses</b>	<b>\$2,252,266</b>	<b>\$2,027,490</b>	<b>(\$224,776)</b>	<b>(\$851,019)</b>
<b>CHANGE IN NET ASSETS</b>	<b>\$95,157</b>	<b>\$0</b>	<b>\$95,157</b>	<b>(\$133,911)</b>

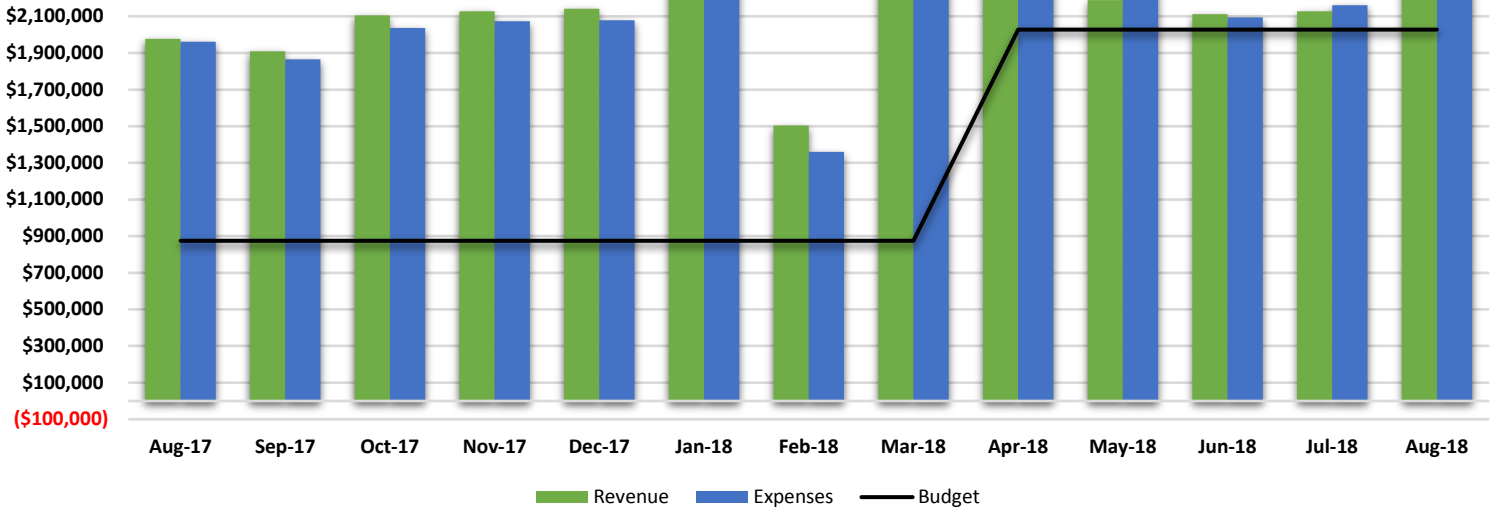
Current Month Revenue & Expenses Actual



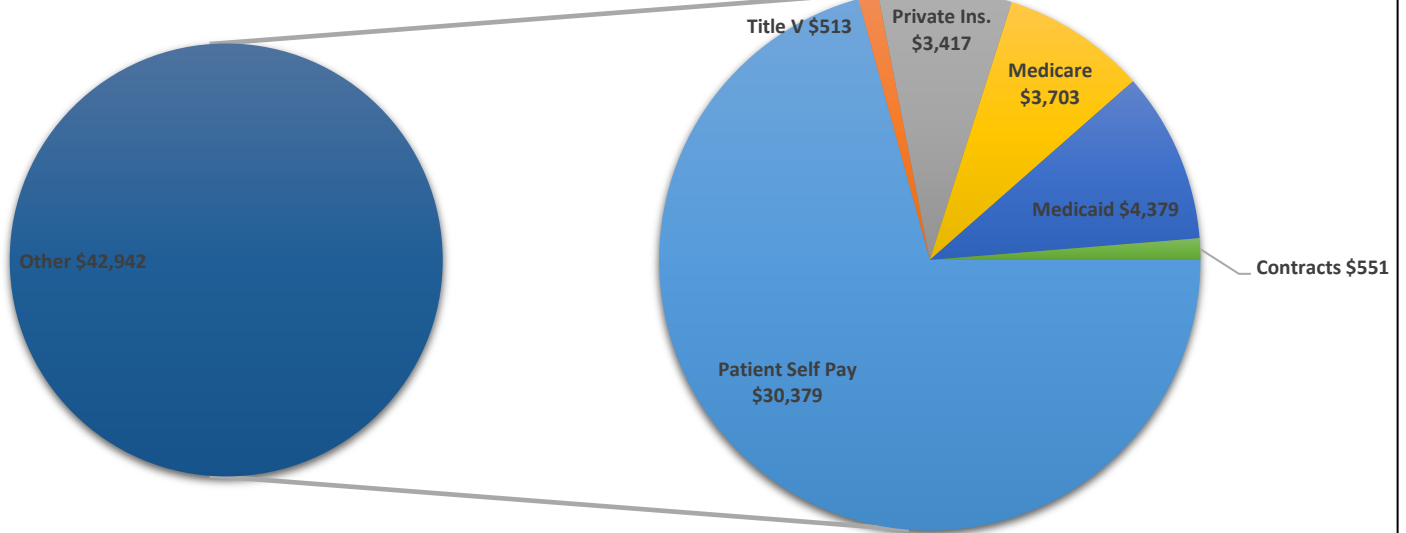
**HIGHLIGHTS**

- MTD increase in Fund Balance of \$95,157.
- Revenues were \$319,934 higher than budgeted this month. MTD/YTD revenues related to Private Insurance, Medicaid, Medicare and Contract Revenue were all higher than budgeted.
- Expenses were (\$224,776) higher MTD than budgeted. Bad Debt expense is recorded higher than budgeted.
- YTD increase in fund balance of \$56,092. Total fund balance \$6,316,604 as of 8/31/18.

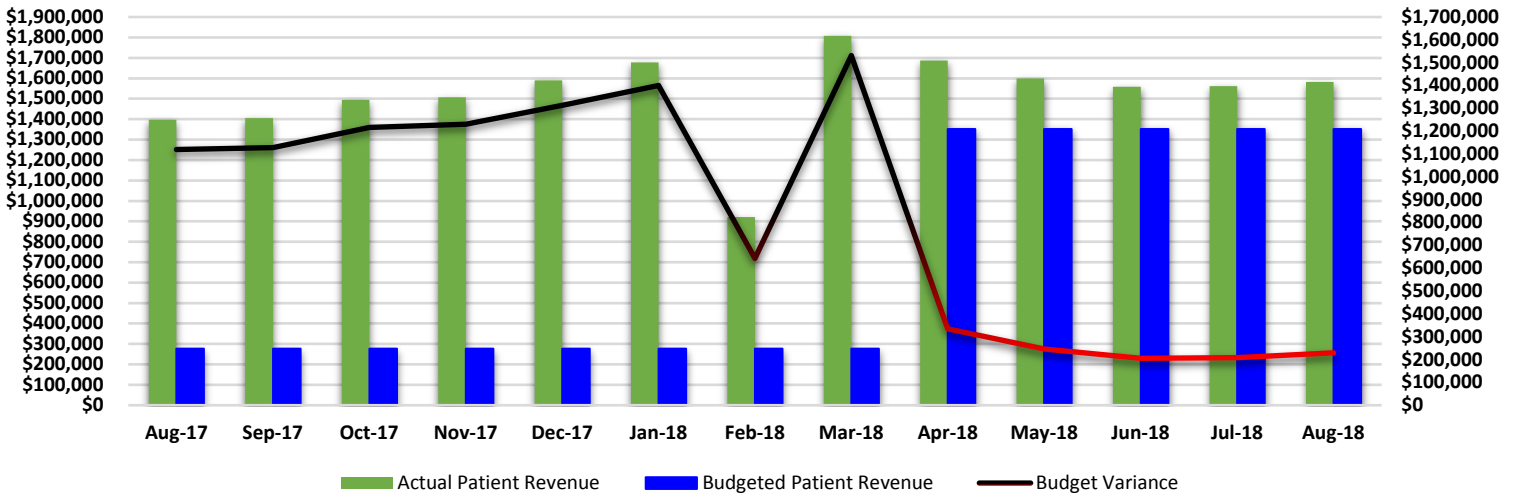
### Actual Revenue & Expenses in Comparison to Budget

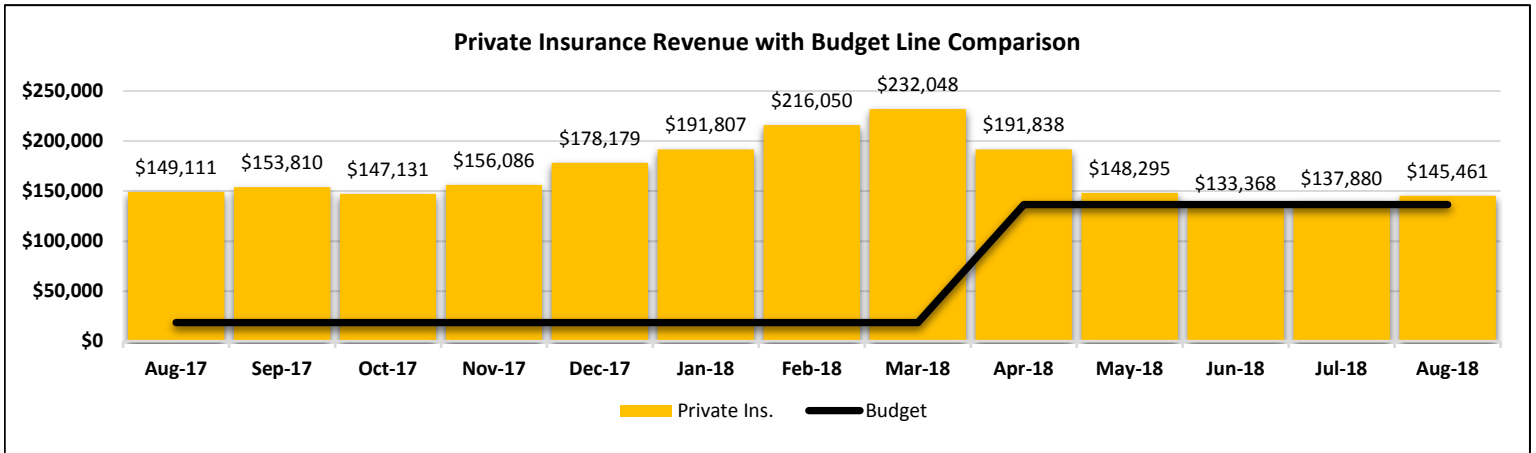
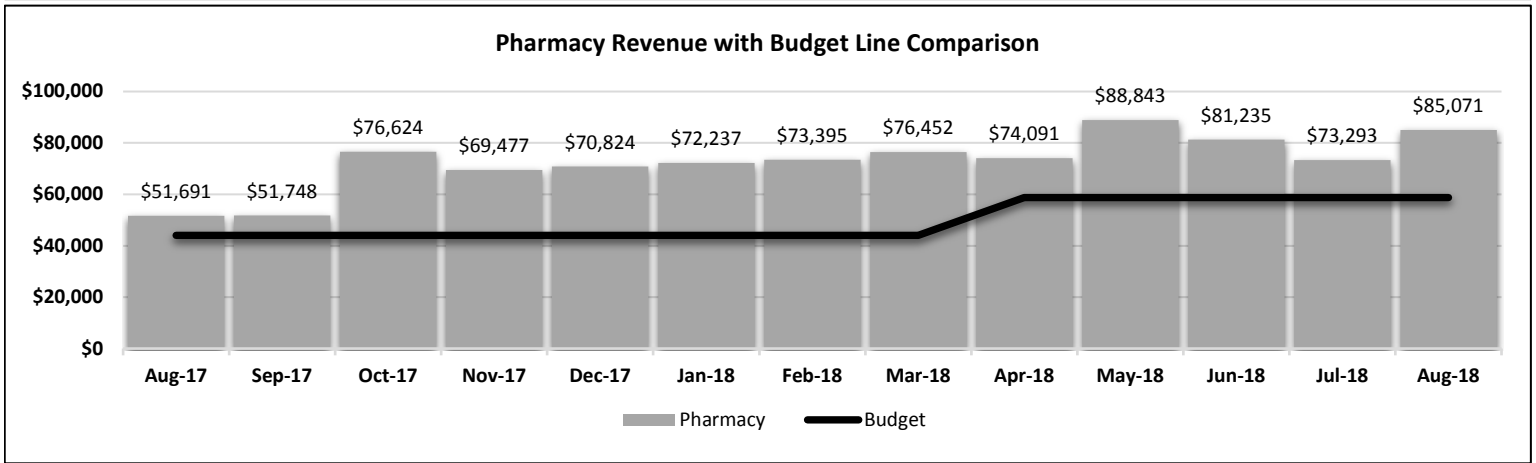
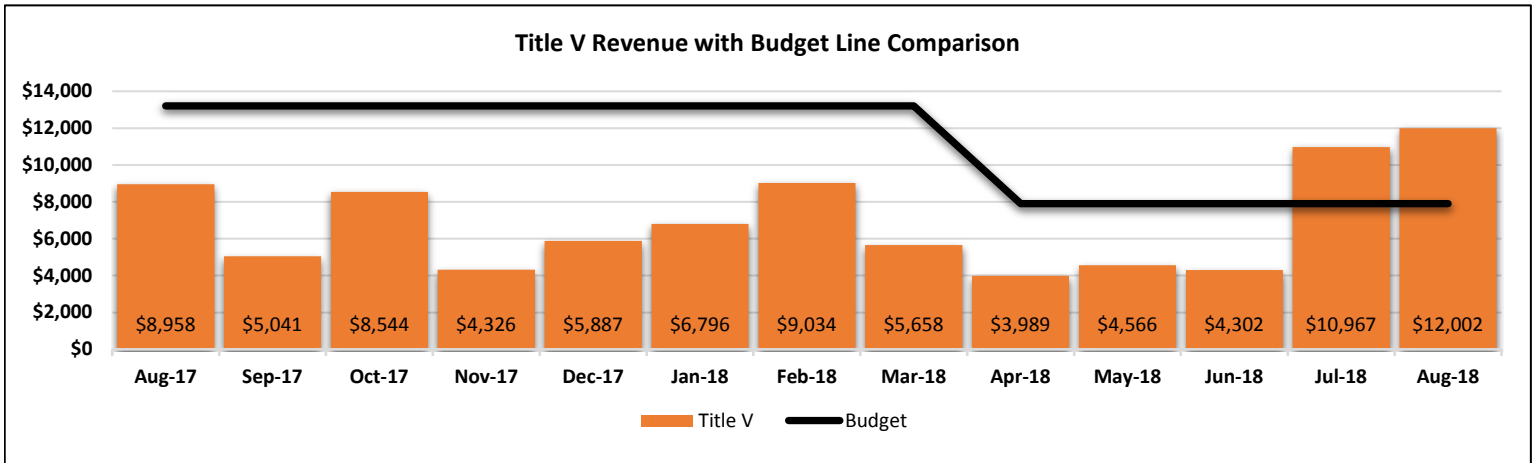
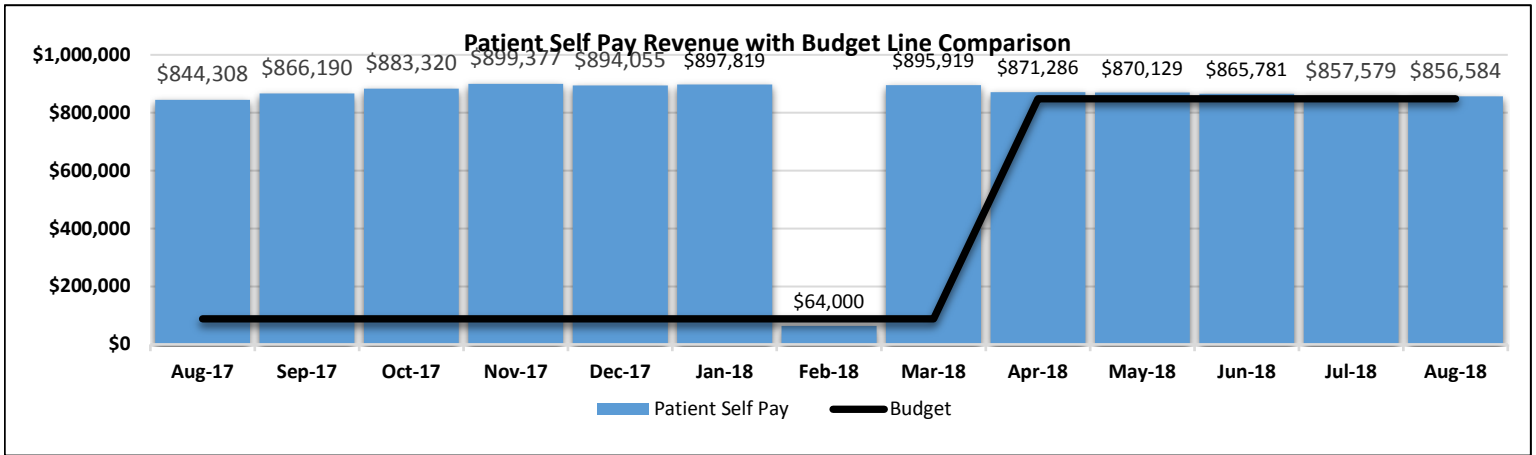


### Current Period Patient Revenue with Third Party Payor Contributions Identified

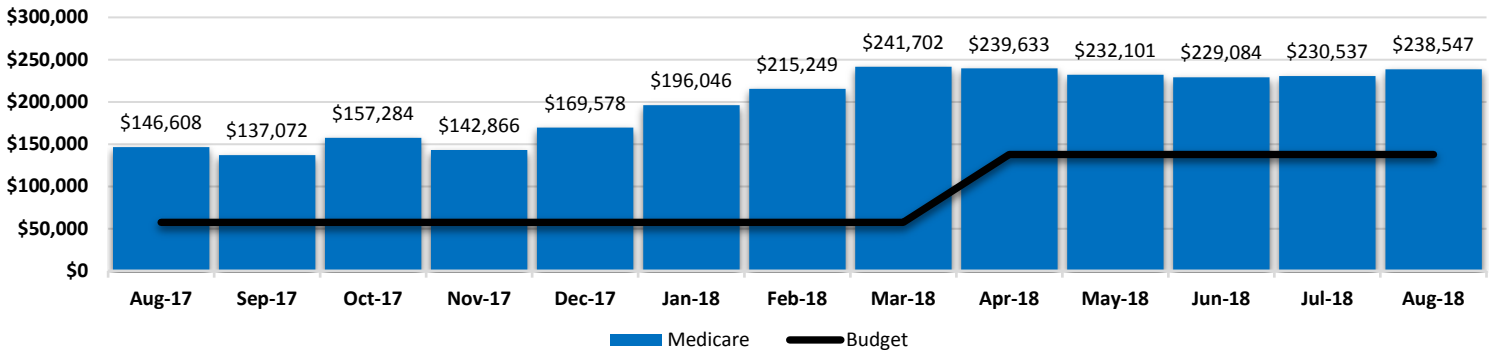


### Actual Patient Revenue Rec'd vs Budget with Variance

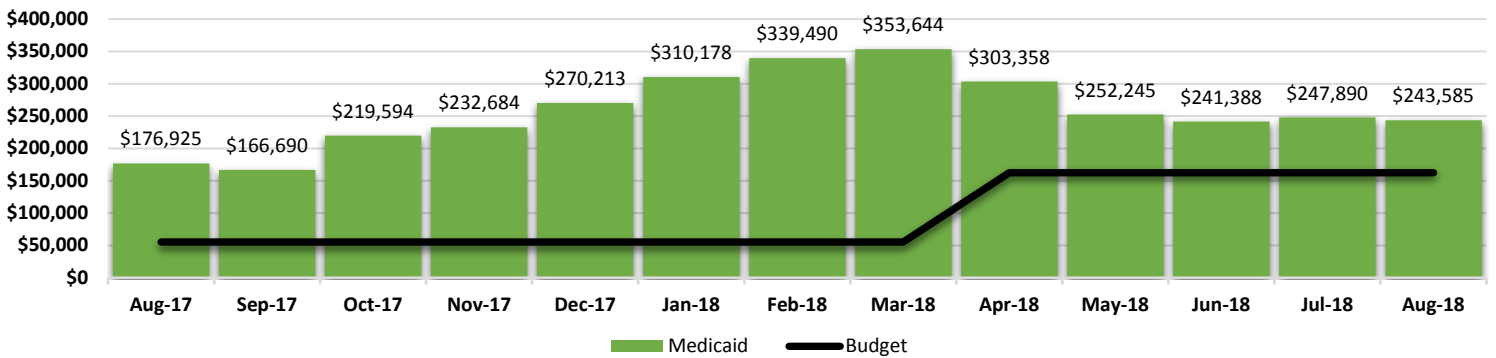




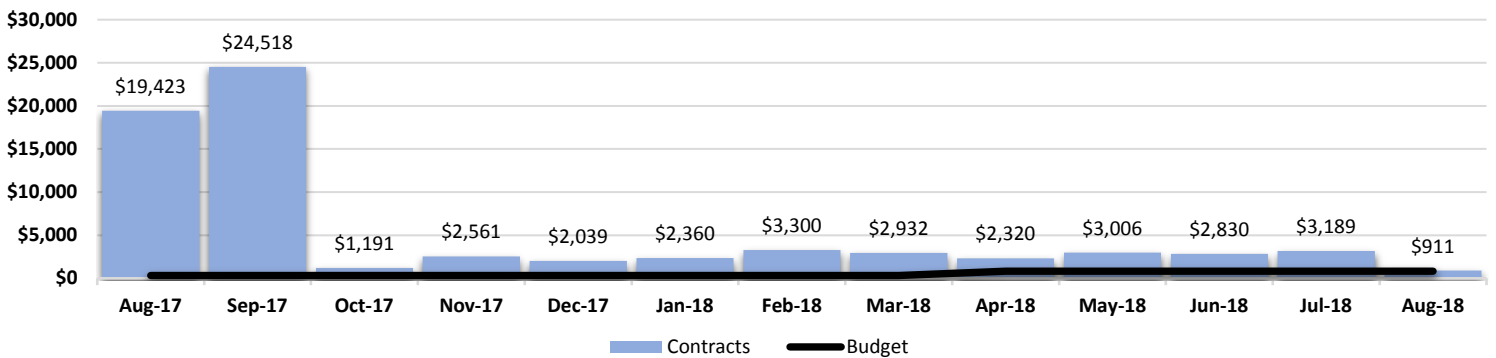
**Medicare Revenue with Budget Line Comparison**



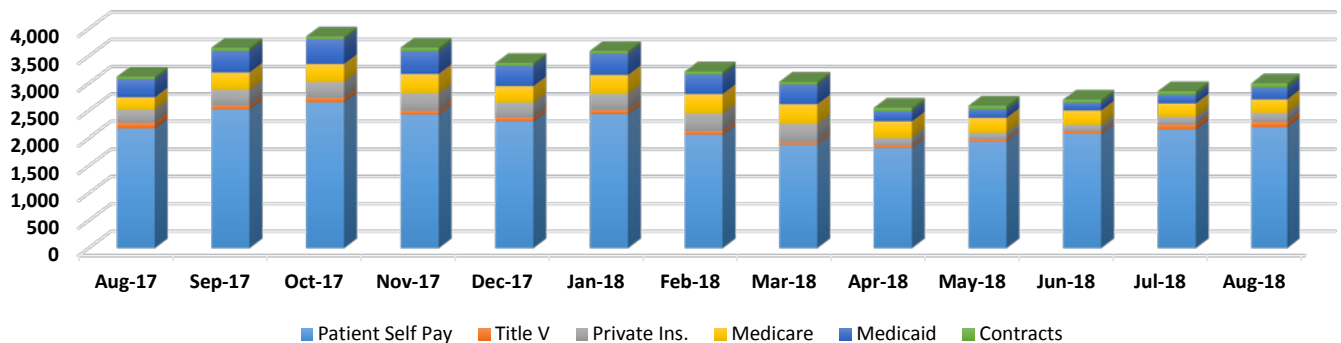
**Medicaid Revenue with Budget Line Comparison**



**Contract Revenue with Budget Line Comparison**



**Total Number of Patient Visits**



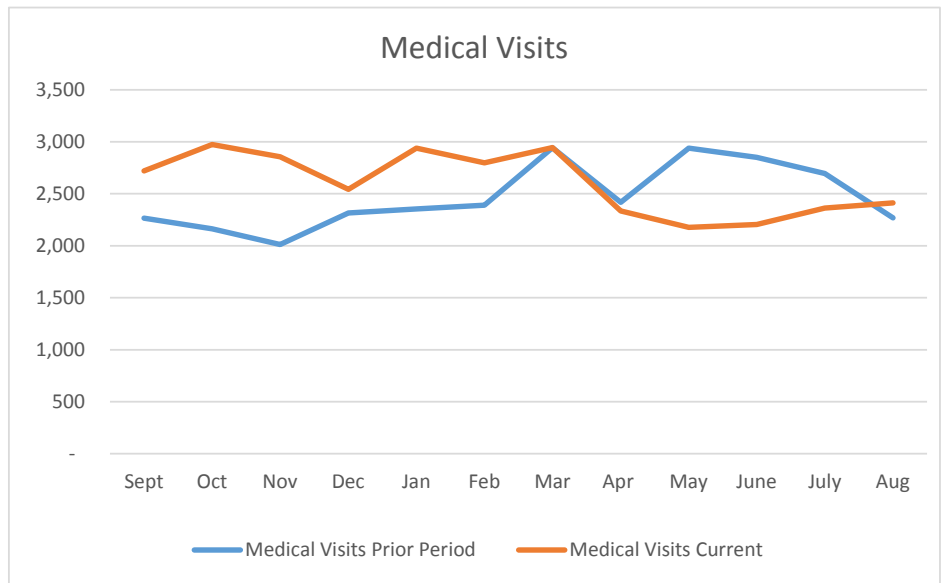
	B	C	H	P	Q	R	S	T	U	V	W	X	N
1	<b>Coastal Health &amp; Wellness</b>												
2	<b>Statement of Revenue and Expenses for the Period ending Aug 31, 2018</b>												
3													
4													
5													
6													
7		<i>Description</i>	<i>Period Ending 8/31/2018</i>	<i>MTD Budget</i>	<i>MTD Budget Variance</i>	<i>YTD Actual</i>	<i>YTD Budget</i>	<i>YTD Budget Variance</i>				<i>Annual Budget</i>	
9	<b>Grouping</b>	<b>REVENUE</b>											
10	HRSA	HHS GRANT REVENUE - Federal	\$239,663	\$260,617	(\$20,953)	\$1,195,051	\$1,303,083.33	(\$108,032)				\$3,127,400	
11	Patient Rev	GRANT REVENUE - Title V	\$12,002	\$7,905	\$4,097	\$35,827	\$39,523	(\$3,696)				\$94,855	
12	Patient Rev	PATIENT FEES	\$856,584	\$848,258	\$8,327	\$4,321,360	\$4,241,288	\$80,071				\$10,179,092	
13	Patient Rev	PRIVATE INSURANCE	\$145,461	\$136,556	\$8,906	\$756,842	\$682,778	\$74,064				\$1,638,668	
14	Patient Rev	PHARMACY REVENUE - 340b	\$85,071	\$58,750	\$26,321	\$402,533	\$293,750	\$108,783				\$705,000	
15	Patient Rev	MEDICARE	\$238,547	\$137,727	\$100,820	\$1,169,903	\$688,635	\$481,269				\$1,652,723	
16	Patient Rev	MEDICAID	\$243,585	\$162,421	\$81,164	\$1,288,466	\$812,104	\$476,362				\$1,949,049	
17	Other Rev.	LOCAL GRANTS & FOUNDATIONS	\$1,351	\$2,701	(\$1,351)	\$6,753	\$13,507	(\$6,753)				\$32,416	
18	Other Rev.	MEDICAL RECORD REVENUE	\$2,885	\$1,354	\$1,531	\$11,497	\$6,771	\$4,726				\$16,250	
19	Other Rev.	MEDICAID INCENTIVE PAYMENTS	\$0	\$0	\$0	\$1,870	\$0	\$1,870				\$0	
20	County	COUNTY REVENUE	\$324,070	\$324,070	(\$0)	\$1,620,352	\$1,620,352	(\$0)				\$3,888,844	
21	DSRIP	DSRIP REVENUE	\$190,000	\$79,167	\$110,833	\$190,000	\$395,833	(\$205,833)				\$950,000	
22	Other Rev.	MISCELLANEOUS REVENUE	\$179	\$0	\$179	\$209	\$0	\$209				\$0	
23	Other Rev.	OTHER REVENUE - SALE OF FIXED ASSET	\$0	\$0	\$0	\$0	\$0	\$0				\$0	
24	Other Rev.	INTEREST INCOME	\$6,556	\$2,083	\$4,473	\$28,963	\$10,417	\$18,546				\$25,000	
25	Patient Rev	CONTRACT REVENUE	\$911	\$833	\$77	\$12,256	\$4,167	\$8,089				\$10,000	
26	Other Rev.	LOCAL FUNDS / OTHER REVENUE	\$559	\$0	\$559	\$2,677	\$0	\$2,677				\$0	
27	Other Rev.	CONVENIENCE FEE	\$0	\$670	(\$670)	\$0	\$3,350	(\$3,350)				\$8,040	
28	Other Rev.	Fund Balance	\$0	\$4,378	(\$4,378)	\$0	\$21,892	(\$21,892)				\$52,540	
29		<b>Total Revenue</b>	<b>\$2,347,423</b>	<b>\$2,027,490</b>	<b>\$319,934</b>	<b>\$11,044,557</b>	<b>\$10,137,449</b>	<b>\$907,109</b>				<b>\$24,329,877</b>	
31		<b>EXPENSES</b>											
32	Personnel	SALARIES	\$501,813	\$515,172	\$13,358	\$2,360,520	\$2,575,858	\$215,339				\$6,182,060	
33	Personnel	SALARIES, Merit Compensation	\$0	\$0	\$0	\$0	\$0	\$0				\$0.00	
34	Personnel	SALARIES, PROVIDER INCENTIVES	\$0	\$4,400	\$4,400	\$1,000	\$22,000	\$21,000				\$52,800.00	
35		SALARIES, supplemental	\$0	\$0	\$0	\$0	\$0	\$0				\$0.00	
36	Personnel	SALARIES, O/T	\$2,874	\$5,000	\$2,126	\$16,085	\$25,000	\$8,915				\$60,000.00	
37	Personnel	SALARIES, PART-TIME	\$9,643	\$19,149	\$9,505	\$44,753	\$95,743	\$50,990				\$229,782.00	
38	Personnel	Comp Pay	\$196	\$0	(\$196)	\$461	\$0	(\$461)				\$0.00	
39	Personnel	FICA EXPENSE	\$36,003	\$41,595	\$5,591	\$177,479	\$207,973	\$30,494				\$499,135.00	
40	Personnel	TEXAS UNEMPLOYMENT TAX	\$681	\$92	(\$589)	\$7,314	\$461	(\$6,853)				\$1,107.00	
41	Personnel	LIFE INSURANCE	\$1,425	\$1,222	(\$203)	\$6,885	\$6,108	(\$777)				\$14,659.00	
42	Personnel	LONG TERM DISABILITY INSURANCE	\$1,034	\$1,125	\$91	\$5,020	\$5,623	\$603				\$13,496.00	
43	Personnel	GROUP HOSPITALIZATION INSURANC	\$30,989	\$48,838	\$17,849	\$148,388	\$244,190	\$95,802				\$586,055.00	
44	Personnel	WORKER'S COMP INSURANCE	\$1,823	\$2,719	\$895	\$8,562	\$13,593	\$5,031				\$32,623.00	
45		EMPLOYER SPONSORED HEALTHCARE	\$6,954	\$0	(\$6,954)	\$34,237	\$0	(\$34,237)				\$0.00	
46	Personnel	HRA EXPENSE	\$0	\$0	\$0	\$0	\$0	\$0				\$0.00	
47	Personnel	PENSION / RETIREMENT	\$12,654	\$13,376	\$722	\$59,611	\$66,878	\$7,267				\$160,506.00	
48	Contractual	OUTSIDE LAB CONTRACT	\$21,297	\$26,500	\$5,203	\$112,217	\$132,500	\$20,283				\$318,000.00	
49	Contractual	OUTSIDE X-RAY CONTRACT	\$1,692	\$3,850	\$2,158	\$12,168	\$19,250	\$7,082				\$46,200.00	
50	Contractual	MISCELLANEOUS CONTRACT SERVICES	\$11,125	\$14,720	\$3,594	\$54,732	\$73,598	\$18,866				\$176,634.00	
51	Personnel	TEMPORARY STAFFING	\$13,648	\$0	(\$13,648)	\$85,544	\$0	(\$85,544)				\$0.00	
52	Contractual	CHW CONTRACT BILLING SERVICE	\$6,635	\$8,400	\$1,765	\$29,097	\$42,000	\$12,903				\$100,800.00	
53	IGT	IGT REIMBURSEMENT	\$83,478	\$37,500	(\$45,978)	\$83,478	\$187,500	\$104,022				\$450,000.00	
54	Contractual	JANITORIAL CONTRACT	\$14,001	\$2,800	(\$11,201)	\$24,743	\$14,000	(\$10,743)				\$33,600.00	
55	Contractual	PEST CONTROL	\$80	\$80	(\$0)	\$401	\$400	(\$1)				\$960.00	
56	Contractual	SECURITY	\$3,006	\$3,910	\$904	\$17,280	\$19,550	\$2,270				\$46,920.00	
57	Supplies	OFFICE SUPPLIES	\$4,163	\$5,115	\$952	\$17,122	\$25,573	\$8,451				\$61,376.00	
58	Supplies	OPERATING SUPPLIES	\$30,629	\$19,500	(\$11,129)	\$102,389	\$97,500	(\$4,889)				\$234,000.00	
59	Supplies	OUTSIDE DENTAL SUPPLIES	\$450	\$2,000	\$1,550	\$2,240	\$10,000	\$7,760				\$24,000.00	
60	Supplies	PHARMACEUTICAL SUPPLIES	\$70,878	\$78,850	\$7,972	\$387,198	\$394,250	\$7,052				\$946,200.00	
61	Supplies	JANITORIAL SUPPLIES	\$397	\$375	(\$22)	\$1,202	\$1,875	\$673				\$4,500.00	
62	Supplies	PRINTING SUPPLIES	\$0	\$200	\$200	\$13	\$1,000	\$987				\$2,400.00	
63	Supplies	UNIFORMS	\$2,062	\$400	(\$1,662)	\$2,062	\$2,000	(\$62)				\$4,800.00	
64	Other	POSTAGE	\$751	\$667	(\$84)	\$3,472	\$3,333	(\$139)				\$8,000.00	
65	Other	TELEPHONE	\$3,989	\$4,055	\$66	\$20,733	\$20,275	(\$458)				\$48,660.00	
66	Other	WATER	\$31	\$31	\$0	\$153	\$155	\$2				\$372.00	
67	Other	ELECTRICITY	\$1,713	\$2,083	\$371	\$9,740	\$10,417	\$676				\$25,000.00	
68	Travel	TRAVEL, LOCAL	\$400	\$375	(\$25)	\$2,118	\$1,875	(\$243)				\$4,501.00	
69	Travel	TRAVEL, OUT OF TOWN	\$0	\$0	\$0	\$0	\$0	\$0				\$0.00	
70	Travel	LOCAL TRAINING	\$1,000	\$417	(\$583)	\$4,788	\$2,083	(\$2,705)				\$5,000.00	
71	Travel	TRAINING, OUT OF TOWN	\$0	\$1,719	\$1,719	\$3,120	\$8,593	\$5,473				\$20,624.00	
72	Other	RENTALS	\$3,289	\$3,044	(\$245)	\$15,710	\$15,220	(\$490)				\$36,528.00	
73	Other	LEASES	\$43,702	\$43,702	\$0	\$218,509	\$218,510	\$1				\$524,424.00	
74	Other	MAINTENANCE / REPAIR, EQUIP.	\$12,835	\$6,609	(\$6,226)	\$40,188	\$33,046	(\$7,142)				\$79,310.00	
75	Other	MAINTENANCE / REPAIR, AUTO	\$0	\$42	\$42	\$3,023	\$208	(\$2,815)				\$500.00	
76	Other	FUEL	\$106	\$42	(\$64)	\$106	\$208	\$102				\$500.00	
77	Other	MAINTENANCE / REPAIR, BLDG.	\$208	\$417	\$209	\$469	\$2,083	\$1,614				\$5,000.00	
78	Other	MAINT/REPAIR, IT Equip.	\$0	\$0	\$0	\$0	\$0	\$0				\$0.00	
79	Other	MAINTENANCE / Preventative, AUTO	\$0	\$42	\$42	\$0	\$208	\$208				\$500.00	
80	Other	INSURANCE, AUTO/Truck	\$166	\$166	\$0	\$830	\$830	\$0				\$1,992.00	
81	Other	INSURANCE, GENERAL LIABILITY	\$724	\$750	\$26	\$3,620	\$3,750	\$130				\$9,000.00	
82	Other	INSURANCE, BLDG. CONTENTS	\$1,479	\$1,380	(\$99)	\$7,395	\$6,900	(\$495)				\$16,560.00	
83	Other	COMPUTER EQUIPMENT	\$0	\$0	\$0	\$369	\$0	(\$369)				\$0.00	
84	Other	OPERATING EQUIPMENT	\$0	\$0	\$0	\$0	\$0	\$0				\$0.00	
85	Other	BUILDING IMPROVEMENTS	\$0	\$0	\$0	\$0	\$0	\$0				\$0.00	
86	Other	NEWSPAPER ADS	\$684	\$1,500	\$816	\$4,387	\$7,500	\$3,113				\$18,000.00	
87	Other	SUBSCRIPTIONS, BOOKS, ETC	\$0	\$125	\$125	(\$226)	\$625	\$851				\$1,500.00	
88	Other	ASSOCIATION DUES	\$2,667	\$2,883	\$216	\$13,685	\$14,413	\$728				\$34,592.00	
89	Other	IT SOFTWARE, LICENSES, INTANGIBLES	\$13,236	\$12,712	(\$525)	\$145,363	\$63,558	(\$81,805)				\$152,540.00	

	B	C	H	P	Q	R	S	T	U	V	W	X
1	<b>Coastal Health &amp; Wellness</b>											
2	<b>Statement of Revenue and Expenses for the Period ending Aug 31, 2018</b>											
3												
4												
5												
6												
7		<i>Description</i>	<i>Period Ending 8/31/2018</i>	<i>MTD Budget</i>	<i>MTD Budget Variance</i>	<i>YTD Actual</i>	<i>YTD Budget</i>	<i>YTD Budget Variance</i>	<i>Annual Budget</i>			
90	Other	PROF FEES/LICENSE/INSPECTIONS	\$32	\$191	\$159	\$1,028	\$953	(\$75)	\$2,288.00			
91	Other	PROFESSIONAL SERVICES	\$2,564	\$1,342	(\$1,223)	\$11,946	\$6,708	(\$5,237)	\$16,100.00			
92	Other	MED/HAZARD WASTE DISPOSAL	\$520	\$483	(\$37)	\$2,253	\$2,417	\$164	\$5,800.00			
93	Other	TRANSPORTATION CONTRACT	\$385	\$650	\$265	\$2,601	\$3,250	\$649	\$7,800.00			
94	Other	BOARD MEETING OPERATIONS	\$0	\$29	\$29	\$71	\$146	\$75	\$350.00			
95	Other	SERVICE CHG - CREDIT CARDS	\$589	\$685	\$96	\$2,907	\$3,425	\$518	\$8,220.00			
96	Other	CASHIER OVER / SHORT	(\$5)	\$0	\$5	(\$5)	\$0	\$5	\$0.00			
97	Other	LATE CHARGES	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00			
98	Other	BAD DEBT EXPENSE	\$1,291,546	\$1,084,467	(\$207,079)	\$6,667,863	\$5,422,335	(\$1,245,529)	\$13,013,603.00			
99	Other	MISCELLANEOUS EXPENSE	\$25	\$0	(\$25)	\$50	\$0	(\$50)	\$0.00			
100		<b>Total Expenses</b>	<b>\$2,252,266</b>	<b>\$2,027,490</b>	<b>(\$224,776)</b>	<b>\$10,988,468</b>	<b>\$10,137,449</b>	<b>(\$851,019)</b>	<b>\$24,329,877</b>			
102		<b>Net Change in Fund Balance</b>	<b>\$95,157</b>	<b>\$0</b>	<b>\$95,157</b>	<b>\$56,089</b>	<b>\$0</b>	<b>\$56,089</b>	<b>\$0</b>			



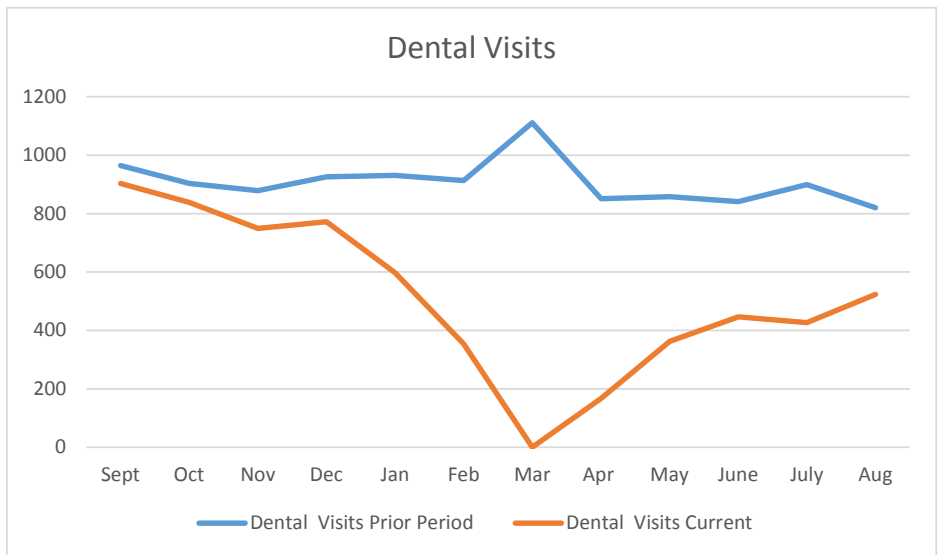
### Medical Visits

	<u>Prior Period</u>	<u>Current</u>
Sept	2,265	2,720
Oct	2,164	2,974
Nov	2,012	2,857
Dec	2,316	2,542
Jan	2,353	2,939
Feb	2,390	2,798
Mar	2,943	2,946
Apr	2,417	2,334
May	2,939	2,177
June	2,850	2,205
July	2,696	2,363
Aug	2,267	2,413
	<u>29,612</u>	<u>31,268</u>



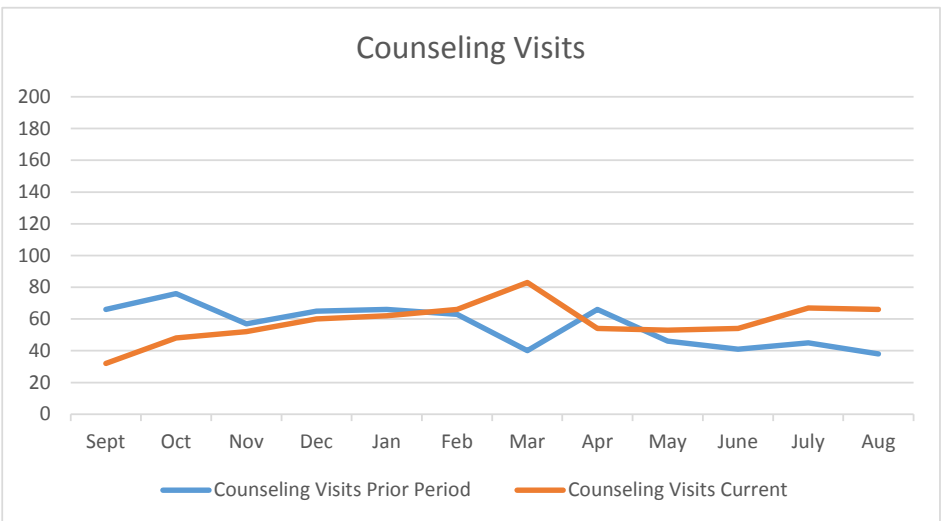
### Dental Visits

	<u>Prior Period</u>	<u>Current</u>
Sept	964	903
Oct	903	838
Nov	878	749
Dec	926	772
Jan	931	597
Feb	913	354
Mar	1111	0
Apr	851	167
May	858	362
June	841	446
July	899	427
Aug	820	523
	<u>10,895</u>	<u>6,138</u>



### Counseling Visits

	<u>Prior Period</u>	<u>Current</u>
Sept	66	32
Oct	76	48
Nov	57	52
Dec	65	60
Jan	66	62
Feb	63	66
Mar	40	83
Apr	66	54
May	46	53
June	41	54
July	45	67
Aug	38	66
	<u>669</u>	<u>697</u>



**Vists by Financial Class - Actual vs. Budget**  
**As of August 31, 2018 (Grant Year 4/1/18-3/31/19)**

	Annual HRSA		Over/(Under)		YTD	Over/(Under)		% Over/ (Under)
	Grant Budget	MTD Actual	MTD Budget	MTD Budget		YTD Actual	YTD Budget	
Medicaid	4,379	221	365	(144)	643	1,825	(1,182)	-65%
Medicare	3,703	247	309	(62)	1,087	1,543	(456)	-30%
Other Public (Title V, Contract)	1,064	169	89	80	445	443	2	0%
Private Insurance	3,417	164	285	(121)	511	1,424	(913)	-64%
Self Pay	30,379	2,201	2,532	(331)	8,023	12,658	(4,635)	-37%
	<b>42,942</b>	<b>3,002</b>	<b>3,579</b>	<b>(577)</b>	<b>10,709</b>	<b>17,893</b>	<b>(7,184)</b>	<b>-40%</b>

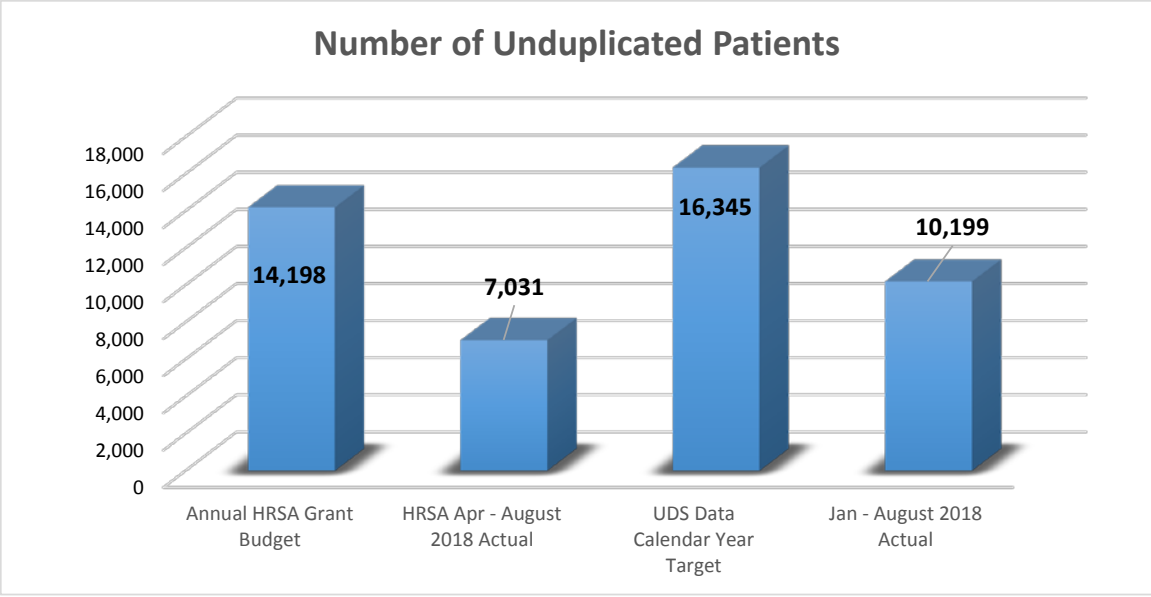
**Unduplicated Patients - Current vs. Prior Year**  
**UDS Data Calendar Year**  
**January through December**

	Current Year Annual Target	Jan - Aug 2017 Actual	Jan - Aug 2018 Actual	Increase/ (Decrease) Prior	% of Annual Target
				Year	
Unduplicated Patients	16,345	10,972	10,199	(773)	62%

**Unduplicated Patients - Current vs. Prior Year**  
**HRSA Grant Year**  
**April through March**

	Annual HRSA Grant Budget	Apr - Aug 2017 Actual	Apr - Aug 2018 Actual	Increase/ (Decrease) Prior	% of Annual Target
				Year	
Unduplicated Patients	14,198	8,609	7,031	(1,578)	50%

\* The Dental Clinic reopened on April 16, 2018.



[Back to Agenda](#)



# COASTAL HEALTH & WELLNESS

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**GOVERNING BOARD**

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

**Governing Board**

**September 2018**

**Item #9**

**Consider for Approval HRSA Funding Award and Proposed Budget  
Related to the FY 2018 Capital Assistance for Hurricane Response and  
Recovery Efforts (CARE) in the Amount of \$337,012**

<b>1. DATE ISSUED:</b> 07/30/2018		<b>2. PROGRAM CFDA:</b> 93.224	
<b>3. SUPERSEDES AWARD NOTICE dated:</b> except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.			
<b>4a. AWARD NO.:</b> 1 C13CS32007-01-00		<b>4b. GRANT NO.:</b> C13CS32007	<b>5. FORMER GRANT NO.:</b>
<b>6. PROJECT PERIOD:</b> <b>FROM:</b> 09/01/2018 <b>THROUGH:</b> 08/31/2020			
<b>7. BUDGET PERIOD:</b> <b>FROM:</b> 09/01/2018 <b>THROUGH:</b> 08/31/2020			



**NOTICE OF AWARD**  
**AUTHORIZATION (Legislation/Regulation)**  
 Title VIII of the Secretary PHS Services Emergency Fund for activities authorized under section 319(a) of the Public Health Service Act, and Section 330 of the Public Health Service Act (42 U.S.C. 254b, as amended). Bipartisan Budget Act of 2018 (BBA

**8. TITLE OF PROJECT (OR PROGRAM):** FY 2018 Capital Assistance for Hurricane Response and Recovery Efforts

**9. GRANTEE NAME AND ADDRESS:**  
 COASTAL HEALTH & WELLNESS  
 PO BOX 939  
 LA MARQUE, TX 77568-5925  
**DUNS NUMBER:**  
 135951940

**10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR)**  
 Mary Orange  
 COASTAL HEALTH & WELLNESS  
 PO BOX 939  
 La Marque, TX 77568

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

a. Salaries and Wages :	\$0.00
b. Fringe Benefits :	\$0.00
c. Total Personnel Costs :	\$0.00
d. Consultant Costs :	\$0.00
e. Equipment :	\$279,678.00
f. Supplies :	\$0.00
g. Travel :	\$0.00
h. Construction/Alteration and Renovation :	\$0.00
i. Other :	\$57,334.00
j. Consortium/Contractual Costs :	\$0.00
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 :	\$337,012.00
p. INDIRECT COSTS (Rate: % of S&W/TADC) :	\$0.00
q. TOTAL APPROVED BUDGET :	\$337,012.00
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$337,012.00

**12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:**

a. Authorized Financial Assistance This Period	<b>\$337,012.00</b>
b. Less Unobligated Balance from Prior Budget Periods	
i. Additional Authority	\$0.00
ii. Offset	\$0.00
c. Unawarded Balance of Current Year's Funds	\$0.00
d. Less Cumulative Prior Awards(s) This Budget Period	\$0.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	<b>\$337,012.00</b>

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

YEAR	TOTAL COSTS
Not applicable	

**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	<b>\$0.00</b>

**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** **[A]**  
 Estimated Program Income: \$0.00

**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)

*Electronically signed by LaShawna Smith , Grants Management Officer on : 07/30/2018*

**17. OBJ. CLASS:** 41.11 **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
18 - 398H160	93.224	18C13CS32007	\$337,012.00	\$0.00		18CARE

## 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/WebEPSExternal/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.**

### Grant Specific Term(s)

1. All post-award requests, such as significant budget revisions or a change in scope, must be submitted as a Prior Approval action via the Electronic Handbooks (EHBs) and approved by HRSA prior to implementation. Grantees under "Expanded Authority," as noted in the Remarks section of the Notice of Award, have different prior approval requirements. See "Prior-Approval Requirements" in the DHHS Grants Policy Statement: <http://www.hrsa.gov/grants/hhsgrantspolicy.pdf>
2. As required by the Federal Funding Accountability and Transparency Act of 2006 (Pub. L. 109-282), as amended by section 6202 of Public Law 110-252, recipients must report information for each subaward of \$25,000 or more in Federal funds and executive total compensation, as outlined in Appendix A to 2 CFR Part 170. You are required to submit this information to the FFATA Subaward Reporting System (FSRS) at [www.frs.gov](http://www.frs.gov) by the end of the month following the month in which you awarded any subaward. The FFATA reporting requirements apply for the duration of the project period and so include all subsequent award actions to aforementioned HRSA grants and cooperative agreement awards (e.g., Type 2 (competing continuation), Type 5 (non-competing continuation), etc.). Subawards to individuals are exempt from these requirements. For more information, visit: <http://www.hrsa.gov/grants/ffata.html>.
3. The funds for this award are sub-accounted in the Payment Management System (PMS) and will be in a P type (sub accounted) account. This type of account allows recipients to specifically identify the individual grant for which they are drawing funds and will assist HRSA in monitoring the award. If your organization previously received a grant under this program, it was in a G type (cash pooled) account designated by a PMS Account Number ending in G or G1. Now that this grant is sub accounted the PMS Account Number will be changed to reflect either P or P1. For example, if the prior year grant was in payee account number 2AAG it will now be in 2AAP. Similarly, if the prior year grant was in payee account 2AAG1, the grant will be in payee account 2AAP1. The P sub account number and the sub account code (provided on page 1 of this Notice of Award) are both needed when requesting grant funds.  
You may use your existing PMS username and password to check your organizations P account access. If you do not have access, complete a PMS Access Form (PMS/FFR Form) found at: [http://www.dpm.psc.gov/grant\\_recipient/grantee\\_forms.aspx](http://www.dpm.psc.gov/grant_recipient/grantee_forms.aspx) and send it to the fax number indicated on the bottom of the form. If you have any questions about accessing PMS, contact the PMS Liaison Accountant as identified at: <http://www.dpm.psc.gov/contacts/contacts.aspx>.
4. Each project budget has a Federal Percentage Share based upon the award amount and the total allowable project costs. Grant funds can only be drawn down from the Payment Management System (PMS) as allowable costs are incurred. Unless otherwise authorized, draw down should be done in the same proportion as the grant is to total project costs in the approved budget. For example, for a project with a total allowable cost of \$100,000, and a federal contribution of \$75,000, the federal share is 75 percent. If \$100 in allowable costs are incurred, then \$75 of grant funds would be drawn down from PMS to pay this incurred cost, while the other \$25 will be paid by other sources of funds. The draw down percentage may be re-evaluated based on any modifications to the project that have been received from the grantee and approved by HRSA.
5. Due to the availability of funding, your award has been increased by 20.5%. Funds may be rebudgeted for allowable expenses within approved projects in the original application without Prior Approval or the submission of a revised budget. Individual site specific projects must still meet the requirements of Minor Alterations/Renovations (total site specific costs less than \$500,000, excluding equipment costs). A change in scope of project or the addition of a new project site will require Prior Approval from HRSA. Contact your Project Officer if you have any questions regarding the use of the additional funds.

### Program Specific Term(s)

1. Funds in this award are for the proposed project(s) and associated site(s) presented in the HRSA-18-114 application, subject to compliance with the terms and conditions of the award.
2. This Notice of Award (NoA) is issued based on approval of an FY 2018 competitive application submitted in response to HRSA-18-114

Capital Assistance for Hurricane Recovery and Relief Efforts (CARE). Additional terms, conditions, and/or additional actions may be applied to this NoA if outstanding programmatic compliance issues are identified by HRSA.

3. An award recipient may acquire a variety of commercially available goods or services in connection with a grant-supported project or program. Award recipients may use their own procurement procedures that reflect applicable state and local laws and regulations, as long as those procedures conform to the following applicable U.S. Department of Health and Human Services (HHS) regulations: HHS regulations at 45 Code of Federal Regulations (CFR) 75 UNIFORM ADMINISTRATIVE REQUIREMENTS, COST PRINCIPLES, AND AUDIT REQUIREMENTS FOR HHS AWARDS. States must follow the requirements at Title 45 CFR 75. Generally, States must follow the same policies and procedures they use for procurements from non-Federal funds. Local and Tribal governments must follow the requirements at 45 CFR 75.
4. Pre-award costs such as architect's and consultant's fees necessary to the planning and design of the project may be considered for funding as long as they are included in the application, are allowable costs under the authorizing legislation, and were not incurred more than 90 days prior to award issue date. It should be noted that such pre-award costs are undertaken at the applicant's risk and require Prior Approval. Consultation with the Project Officer is needed to determine if such costs will be permitted.
5. Pursuant to existing law, and consistent with Executive Order 13535 (75 FR 15599), health centers are prohibited from using Federal funds to provide abortion services (except in cases of rape or incest, or when the life of the woman would be endangered).
6. Funds in this award associated with the proposed alteration/renovation and/or equipment-only project are restricted and may not be drawn down until all program- and grant-specific conditions of this award have been met and lifted from the Notice of Award. The only exceptions to this restriction on drawdown are limited pre-construction activities related to meeting one of these conditions, such as expenses for completing architectural and engineering plans, meeting licensing and permitting requirements, historic preservation consultation with the State Historic Preservation Office/Tribal Historic Preservation Office, and preparing the Environmental Assessment
7. On September 15, 2010, the United States Department of Justice published revised Americans with Disabilities Act (ADA) regulations in the Federal Register that update and amend some of the provisions in the original 1991 ADA regulations (see <http://www.ada.gov/>). These changes include revised accessibility standards, called the 2010 Standards for Accessible Design (2010 Standards), which establish minimum criteria for accessibility in design and construction ([http://www.ada.gov/2010ADASTandards\\_index.htm](http://www.ada.gov/2010ADASTandards_index.htm)).
8. Although this NoA approves funds for the project, identified in the submitted application, HRSA may take action to withdraw the approval and funds for the project if subsequent events lead HRSA to conclude that a project as originally proposed is ineligible or cannot be completed. Subsequent events could include, but are not limited to, non-compliance with the implementation of the project (such as excessive drawdown, improper procurement, conflicts of interests, etc.), significant changes to the location or physical scope of the project without prior approval, or the identification of previously undocumented environmental or historic preservation issues that lead the HRSA to conclude that the proposed project cannot be carried out consistent with the eligibility and program requirements. If this occurs, please contact the assigned Project Officer to discuss.
9. New and/or improved space resulting from the funded project, may only be used for purposes consistent with Section 330 of the Public Health Service (PHS) Act (42 U.S.C. §254b). Use of improved space for other purposes inconsistent with the Health Center Program requires Prior Approval.
10. The preferred method for accomplishing construction development is by soliciting for competitive bids and then selecting the lowest responsive and responsible bid (where the contractor has adequately responded to the terms, conditions, and specification of the bid and has the capability to satisfactorily perform the contract). However, some award recipients may wish to accomplish construction using their own work force (force account). The award recipient must justify the use of force account by demonstrating that it would be more cost effective and that qualified personnel are available to accomplish the work. Consultation with the Project Officer is needed to determine if force account labor will be permitted.
11. If a Notice of Federal Interest (NFI) is required, HRSA's Federal interest is subordinate to all pre-existing mortgages or obligations recorded against the property. HRSA's Federal interest is also subordinate to loans and obligations identified in the CD-BC application as sources of financing for the project. Future modifications and new mortgages and obligations will require prior approval.
12. Applicants that are NOT required to file a Notice of Federal Interest, still acknowledge with the receipt of the Notice of Award that the Federal interest exists in real property and equipment and will be maintained in accordance with 45 CFR Part 75 UNIFORM ADMINISTRATIVE REQUIREMENTS FOR AWARDS AND SUBAWARDS TO INSTITUTIONS OF HIGHER EDUCATION, HOSPITALS, OTHER NONPROFIT ORGANIZATIONS, or 45 CFR Part 75 UNIFORM ADMINISTRATIVE REQUIREMENTS FOR GRANTS AND COOPERATIVE AGREEMENTS TO STATE AND LOCAL GOVERNMENTS, as applicable. The recipient shall maintain adequate documentation to track and protect the Federal Interest. For real property, adequate documentation will also include communications between the lessor and the lessee related to protecting such interest, in accordance with the standard award terms and conditions. Such documentation should be available for subsequent review by HRSA.
13. The award recipient does not have expanded authority under this program. Items that require prior approval from the awarding office as

indicated in 45 CFR Part 75. HRSA has not waived cost-related or administrative prior approvals for recipients unless specifically stated on this Notice of Award] or 45 CFR Part 75, or the HHS Grants Policy Statement Prior-Approval Requirements, must be submitted in through the Electronic Handbook. Only responses to prior approval requests signed by the GMO and authorized under a Notice of Award are considered valid. award recipients who take action on the basis of responses from other officials do so at their own risk. Such responses will not be considered binding by or upon the HRSA.

HRSA requires award recipients to seek prior approval through the Electronic Handbook for: (a) all pre-award costs, (b) rebudgeting of funds between construction and nonconstruction work; (c) rebudgeting of project costs exceeding 25 percent of the total approved budget (inclusive of direct and indirect costs and Federal funds and required matching or cost sharing) for that budget period or \$150,000, whichever is less;. (d) changes in project scope, which occurs when the recipient proposes to change (or changes) the objectives, aims, or purposes identified in the approved application, including changing location, changing the approved design under a construction grant, eliminating a primary care delivery site, or making budget changes that cause a project to change substantially from that which was approved. Approval of a prior approval request may be conditioned by new terms and conditions that must be met and lifted from the Notice of Award prior to implementing work.

## Standard Term(s)

1. Recipients must comply with all terms and conditions outlined in their grant award, including grant policy terms and conditions outlined in applicable Department of Health and Human Services (HHS) Grants Policy Statements, and requirements imposed by program statutes and regulations and HHS grant administration regulations, as applicable; as well as any requirements or limitations in any applicable appropriations acts.
2. All discretionary awards issued by HRSA on or after October 1, 2006, are subject to the HHS Grants Policy Statement (HHS GPS) unless otherwise noted in the Notice of Award (NoA). Parts I through III of the HHS GPS are currently available at <http://www.hrsa.gov/grants/hhsgrantspolicy.pdf>. Please note that the Terms and Conditions explicitly noted in the award and the HHS GPS are in effect.
3. "This [project/publication/program/website] [is/was] supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$XX with xx percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government."  
Recipients are required to use this language when issuing statements, press releases, requests for proposals, bid solicitations, and other HRSA-supported publications and forums describing projects or programs funded in whole or in part with HRSA funding. Examples of HRSA-supported publications include, but are not limited to, manuals, toolkits, resource guides, case studies and issues briefs.
4. Recipients and sub-recipients of Federal funds are subject to the strictures of the Medicare and Medicaid anti-kickback statute (42 U.S.C. 1320a - 7b(b) and should be cognizant of the risk of criminal and administrative liability under this statute, specifically under 42 U.S.C. 1320 7b(b) Illegal remunerations which states, in part, that whoever knowingly and willfully: (A) Solicits or receives (or offers or pays) any remuneration (including kickback, bribe, or rebate) directly or indirectly, overtly or covertly, in cash or in kind, in return for referring (or to induce such person to refer) an individual to a person for the furnishing or arranging for the furnishing of any item or service, OR (B) In return for purchasing, leasing, ordering, or recommending purchasing, leasing, or ordering, or to purchase, lease, or order, any goods, facility, services, or item ....For which payment may be made in whole or in part under subchapter XIII of this chapter or a State health care program, shall be guilty of a felony and upon conviction thereof, shall be fined not more than \$25,000 or imprisoned for not more than five years, or both.
5. Items that require prior approval from the awarding office as indicated in 45 CFR Part 75 [Note: 75 (d) HRSA has not waived cost-related or administrative prior approvals for recipients unless specifically stated on this Notice of Award] or 45 CFR Part 75 must be submitted as a Prior Approval action via Electronic Handbooks (EHBs). Only responses to prior approval requests signed by the GMO are considered valid. Grantees who take action on the basis of responses from other officials do so at their own risk. Such responses will not be considered binding by or upon the HRSA.

In addition to the prior approval requirements identified in Part 75, HRSA requires grantees to seek prior approval for significant rebudgeting of project costs. Significant rebudgeting occurs when, under a grant where the Federal share exceeds \$100,000, cumulative transfers among direct cost budget categories for the current budget period exceed 25 percent of the total approved budget (inclusive of direct and indirect costs and Federal funds and required matching or cost sharing) for that budget period or \$250,000, whichever is less. For example, under a grant in which the Federal share for a budget period is \$200,000, if the total approved budget is \$300,000, cumulative changes within that budget period exceeding \$75,000 would require prior approval). For recipients subject to 45 CFR Part 75, this requirement is in lieu of that in 45 CFR 75 which permits an agency to require prior approval for specified cumulative transfers within a grantee's approved budget. [Note, even if a grantee's proposed rebudgeting of costs falls below the significant rebudgeting threshold identified above, grantees are still required to request prior approval, if some or all of the rebudgeting reflects either a change in scope, a proposed purchase of a unit of equipment exceeding \$25,000 (if not included in the approved application) or other prior approval action identified in Part 75 unless HRSA has specifically exempted the grantee from the requirement(s).]



6. Payments under this award will be made available through the DHHS Payment Management System (PMS). PMS is administered by the Division of Payment Management, Financial Management Services, Program Support Center, which will forward instructions for obtaining payments. Inquiries regarding payments should be directed to: ONE-DHHS Help Desk for PMS Support at 1-877-614-5533 or [PMSSupport@psc.hhs.gov](mailto:PMSSupport@psc.hhs.gov). For additional information please visit the Division of Payment Management Website at [www.DPM.PSC.GOV](http://www.DPM.PSC.GOV).
7. The DHHS Inspector General maintains a toll-free hotline for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Such reports are kept confidential and callers may decline to give their names if they choose to remain anonymous. Contact: Office of Inspector General, Department of Health and Human Services, Attention: HOTLINE, 330 Independence Avenue Southwest, Cohen Building, Room 5140, Washington, D. C. 20201, Email: [Htips@os.dhhs.gov](mailto:Htips@os.dhhs.gov) or Telephone: 1-800-447-8477 (1-800-HHS-TIPS).
8. Submit audits, if required, in accordance with 45 CFR Part 75, to: Federal Audit Clearinghouse Bureau of the Census 1201 East 10th Street Jefferson, IN 47132 PHONE: (310) 457-1551, (800) 253-0696 toll free <https://harvester.census.gov/facweb/default.aspx/>.
9. EO 13166, August 11, 2000, requires recipients receiving Federal financial assistance to take steps to ensure that people with limited English proficiency can meaningfully access health and social services. A program of language assistance should provide for effective communication between the service provider and the person with limited English proficiency to facilitate participation in, and meaningful access to, services. The obligations of recipients are explained on the OCR website at <http://www.hhs.gov/ocr/lep/revisedlep.html>.
10. This award is subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to <http://www.hrsa.gov/grants/trafficking.htm>. If you are unable to access this link, please contact the Grants Management Specialist identified in this Notice of Award to obtain a copy of the Term.
11. The Consolidated Appropriations Act, 2017, Division H, § 202, (P.L.115-31) enacted May 5, 2017, limits the salary amount that may be awarded and charged to HRSA grants and cooperative agreements to the Federal Executive Pay Scale Level II rate set at \$189,600, effective January, 2018. This amount reflects an individual's base salary exclusive of fringe benefits. An individual's institutional base salary is the annual compensation that the recipient organization pays an individual and excludes any income an individual may be permitted to earn outside the applicant organization duties. HRSA funds may not be used to pay a salary in excess of this rate. This salary limitation also applies to sub-recipients under a HRSA grant or cooperative agreement. The salary limitation does not apply to payments made to consultants under this award although, as with all costs, those payments must meet the test of reasonableness and be consistent with recipient's institutional policy. None of the awarded funds may be used to pay an individual's salary at a rate in excess of the salary limitation. Note: an individual's base salary, per se, is NOT constrained by the legislative provision for a limitation of salary. The rate limitation simply limits the amount that may be awarded and charged to HRSA grants and cooperative agreements.
12. To serve persons most in need and to comply with Federal law, services must be widely accessible. Services must not discriminate on the basis of age, disability, sex, race, color, national origin or religion. The HHS Office for Civil Rights provides guidance to grant and cooperative agreement recipients on complying with civil rights laws that prohibit discrimination on these bases. Please see <http://www.hhs.gov/civil-rights/for-individuals/index.html>. HHS also provides specific guidance for recipients on meeting their legal obligation under Title VI of the Civil Rights Act of 1964, which prohibits discrimination on the basis of race, color or national origin in programs and activities that receive Federal financial assistance (P. L. 88-352, as amended and 45 CFR Part 75). In some instances a recipient's failure to provide language assistance services may have the effect of discriminating against persons on the basis of their national origin. Please see <http://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/index.html> to learn more about the Title VI requirement for grant and cooperative agreement recipients to take reasonable steps to provide meaningful access to their programs and activities by persons with limited English proficiency.
13. Important Notice: The Central Contractor registry (CCR) has been replaced. The General Services Administration has moved the CCR to the System for Award Management (SAM) on July 30, 2012. To learn more about SAM please visit <https://www.sam.gov>. It is incumbent that you, as the recipient, maintain the accuracy/currency of your information in the SAM at all times during which your entity has an active award or an application or plan under consideration by HRSA, unless your entity is exempt from this requirement under 2 CFR 25.110. Additionally, this term requires your entity to review and update the information at least annually after the initial registration, and more frequently if required by changes in your information. This requirement flows down to subrecipients. Note: SAM information must be updated at least every 12 months to remain active (for both grantees and sub-recipients). Grants.gov will reject submissions from applicants with expired registrations. It is advisable that you do not wait until the last minute to register in SAM or update your information. According to the SAM Quick Guide for Grantees ([https://www.sam.gov/sam/transcript/SAM\\_Quick\\_Guide\\_Grants\\_Registrations-v1.6.pdf](https://www.sam.gov/sam/transcript/SAM_Quick_Guide_Grants_Registrations-v1.6.pdf)), an entity's registration will become active after 3-5 days. Therefore, check for active registration well before the application deadline.
14. In any grant-related activity in which family, marital, or household considerations are, by statute or regulation, relevant for purposes of determining beneficiary eligibility or participation, grantees must treat same-sex spouses, marriages, and households on the same terms as opposite-sex spouses, marriages, and households, respectively. By "same-sex spouses," HHS means individuals of the same sex who have entered into marriages that are valid in the jurisdiction where performed, including any of the 50 states, the District of Columbia, or a U.S. territory or in a foreign country, regardless of whether or not the couple resides in a jurisdiction that recognizes same-sex marriage. By

"same-sex marriages," HHS means marriages between two individuals validly entered into in the jurisdiction where performed, including any of the 50 states, the District of Columbia, or a U.S. territory or in a foreign country, regardless of whether or not the couple resides in a jurisdiction that recognizes same-sex marriage. By "marriage," HHS does not mean registered domestic partnerships, civil unions or similar formal relationships recognized under the law of the jurisdiction of celebration as something other than a marriage. This term applies to all grant programs except block grants governed by 45 CFR part 96 or 45 CFR Part 98, or grant awards made under titles IV-A, XIX, and XXI of the Social Security Act; and grant programs with approved deviations.

15. **§75.113 Mandatory disclosures.**

Consistent with 45 CFR 75.113, applicants and non-federal entities must disclose, in a timely manner, in writing to the HHS awarding agency, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Sub recipients must disclose, in a timely manner, in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the awarding agency and to the HHS OIG at the following address:

Department of Health and Human Services  
Health Resources and Services Administration  
Office of Federal Assistance Management  
Division of Grants Management Operations  
5600 Fishers Lane, Mailstop 10SWH-03  
Rockville, MD 20879

**AND**

U.S. Department of Health and Human Services  
Office of Inspector General  
Attn: Mandatory Grant Disclosures, Intake Coordinator  
330 Independence Avenue, SW, Cohen Building  
Room 5527  
Washington, DC 20201

Fax: (202)205-0604 (Include: "mandatory Grant Disclosures" in subject line) or Email: [MandatoryGranteeDisclosures@oig.hhs.gov](mailto:MandatoryGranteeDisclosures@oig.hhs.gov)

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371. Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 & 376 and 31 U.S.C. 3321). The recipient must include this mandatory disclosure requirement in all sub-awards and contracts under this award.

Non-Federal entities that have received a Federal award including the term and condition outlined in Appendix XII are required to report certain civil, criminal, or administrative proceedings to [www.sam.gov](http://www.sam.gov). Failure to make required disclosures can result in any of the remedies described in §75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. 3321).

**Recipient integrity and performance matters.** If the total Federal share of the Federal award is more than \$500,000 over the period of performance, [Appendix XII to CFR Part 200](#) is applicable to this award.

## Reporting Requirement(s)

1. **Due Date: Within 90 Days of Project End Date**

(156077-01) Within 90 days of project completion, the award recipient will submit documentation for the approved project certifying that the project have been completed in accordance with the previously provided certified documents and in accordance with all mandatory requirements imposed on federally-assisted projects by specific laws enacted by Congress, Presidential Executive Orders, or Departmental Policy, as well as all applicable program standards, State codes, and local codes and ordinances. Be certain to use the template provided at <http://bphc.hrsa.gov/about/healthcentersaca/acacapital/index.html> when completing this requirement. Please upload the required documentation and attachments for the approved project into the HRSA Electronic Handbooks.

2. **Due Date: Within 90 Days of Project End Date**

(156077-01)

The grantee must submit within 90 days after the project end date the SF-428 (Tangible Personal Property Report) with the SF-428B (Final Report Attachment) and if applicable the SF-428S (Supplemental Sheet). These documents must be completed using the Electronic Handbooks (EHBs). The grantee is required to report federally-owned property, acquired equipment with an acquisition cost of \$5,000 or more for which HRSA has reserved the right to transfer title, and residual unused supplies with total aggregate fair market value exceeding \$5,000. Records for equipment acquired with Federal funds shall be retained for three years after final disposal.

3. **Due Date: Annually (Budget Period) Beginning: Budget Start Date Ending: Budget End Date, due Quarter End Date after 90 days of reporting period.**

The grantee must submit an annual Federal Financial Report (FFR). The report should reflect cumulative reporting within the project period and must be submitted using the Electronic Handbooks (EHBs). The FFR due dates have been aligned with the Payment Management

System quarterly report due dates, and will be due 90, 120, or 150 days after the budget period end date. Please refer to the chart below for the specific due date for your FFR:

- Budget Period ends August – October: FFR due January 30
- Budget Period ends November – January: FFR due April 30
- Budget Period ends February – April: FFR due July 30
- Budget Period ends May – July: FFR due October 30

**Failure to comply with these reporting requirements will result in deferral or additional restrictions of future funding decisions.**

## Contacts

### NoA Email Address(es):

Name	Role	Email
Mary Orange	Program Director, Authorizing Official	morange@gchd.org

Note: NoA emailed to these address(es)

### Program Contact:

For assistance on programmatic issues, please contact Priscilla Myles at:

MailStop Code: 16N70B

OPPD/SIPD

5600 Fishers Lane

Rockville, MD, 20857-

Email: pmyles@hrsa.gov

Phone: (301) 443-3147

### Division of Grants Management Operations:

For assistance on grant administration issues, please contact Kaleema Muhammad at:

5600 FISHERS LANE

ROCKVILLE, MD, 20857-

Email: kMuhammad@hrsa.gov

Phone: (301) 443-7061

## HRSA CARE Grant

Equipment	Units	Unit Cost	Total
Stethoscopes	10	10.00 \$	100
Spot Vital Sign Machine	12	2,335.00 \$	28,020
Stands for Machine	12	320.00 \$	3,840
Back up batteries for above	12	226.00 \$	2,712
Portable Ultra Sound Machine	2	8,125.00 \$	16,250
Ophthalmoscope/Otoscope	12	745.00 \$	8,940
Fetal Monitor	1	2,995.00 \$	2,995
Edan F6 Dual Fetal Monitor Tiger Medical			
Scales	2	2,400.00 \$	4,800
Notebooks	70	1,800.00 \$	164,400
docking stations	70	320.00	
Carts for Notebook mobility	16	1,000.00	
Portable Emergency Kit	6	473.00 \$	2,958
Radios for emergency comm.	12	2,596.00 \$	33,552
Battery	12	106.50	
Charger	12	93.75	
Privacy screens	10	125.00 \$	1,250
Privacy Screens	40	22.00 \$	880
Cascade HealthCare Solutions			
Scanner	1	671.00 \$	671
Printers	6	200.00 \$	1,200
Portable Phone Chargers	10	16.00 \$	160
Portable AED's	2	1,695.00 \$	3,390
LifePak CR Plus AED Tiger Medical			
Portable treatment tables	8	445.00 \$	3,560
Vinyl cover up to 600 Lbs Tiger Medical			
<b>Amt requested</b>		<b>\$</b>	<b>279,678</b>
<b>Additional funding 20.5%</b>		<b>\$</b>	<b>57,334 *</b>
<b>Total Funding</b>		<b>\$</b>	<b>337,012</b>

\*Additional Funding can be used to buy additional equipment and cover add'l expense if estimated expense was too low.

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# COASTAL HEALTH & WELLNESS

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**GOVERNING BOARD**

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

**Governing Board**

**September 2018**

**Item #10**

**Consider for Approval HRSA One-Time Supplemental Funding Award  
and Proposed Budget in the Amount of \$28,316 to Support Quality  
Improvement Activities**

<b>1. DATE ISSUED:</b> 08/02/2018		<b>2. PROGRAM CFDA:</b> 93.224	
<b>3. SUPERSEDES AWARD NOTICE dated:</b> 07/19/2018 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.			
<b>4a. AWARD NO.:</b> 6 H80CS00344-17-09		<b>4b. GRANT NO.:</b> H80CS00344	<b>5. FORMER GRANT NO.:</b> H27CS02006
<b>6. PROJECT PERIOD:</b> <b>FROM:</b> 04/01/2002 <b>THROUGH:</b> 03/31/2019			
<b>7. BUDGET PERIOD:</b> <b>FROM:</b> 04/01/2018 <b>THROUGH:</b> 03/31/2019			



**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)

**8. TITLE OF PROJECT (OR PROGRAM):** Health Center Program

**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)**  
 Kathy Barroso  
 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 :	\$6,477,142.00
b . Fringe Benefits :	\$1,302,541.00
c . Total Personnel Costs :	\$7,779,683.00
d . Consultant Costs :	\$0.00
e . Equipment :	\$0.00
f . Supplies :	\$1,272,477.00
g . Travel :	\$25,125.00
h . Construction/Alteration and Renovation :	\$0.00
i . Other :	\$14,497,455.00
j . Consortium/Contractual Costs :	\$730,914.00
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 :	\$24,305,654.00
p . INDIRECT COSTS (Rate: % of S&W/TADC) :	\$0.00
q . TOTAL APPROVED BUDGET :	\$24,305,654.00
i. Less Non-Federal Share:	\$21,149,938.00
ii. Federal Share:	\$3,155,716.00

**12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:**

a. Authorized Financial Assistance This Period	<b>\$3,155,716.00</b>
b. Less Unobligated Balance from Prior Budget Periods	
i. Additional Authority	\$0.00
ii. Offset	\$0.00
c. Unawarded Balance of Current Year's Funds	\$0.00
d. Less Cumulative Prior Awards(s) This Budget Period	\$3,127,400.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	<b>\$28,316.00</b>

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

YEAR	TOTAL COSTS
Not applicable	

**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	<b>\$0.00</b>

**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: \$15,524,388.00

**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)

*Electronically signed by Elvera Messina , Grants Management Officer on : 08/02/2018*

**17. OBJ. CLASS:** 41.51    **18. CRS-EIN:** 1741665318A1    **19. FUTURE RECOMMENDED FUNDING:** \$3,127,400.00

FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
18 - 398160F	93.527	16H80CS00344	\$28,316.00	\$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.**

### Grant Specific Term(s)

1. This award provides one-time funding that will be available for use through the end of your FY 2019 budget period but should be used within 12 months of receipt. To use this funding in the FY 2019 budget period, the appropriate amount must be shown as un-obligated (UOB) on line 10.h of the Annual Federal Financial Report (FFR), SF-425, and you must submit a Prior Approval Request to carry over these funds through EHB immediately following the FFR submission. Please consult your Grants Management Specialist for questions regarding submission of the FFR and/or Prior Approval Requests to carry over UOB funds.
2. The purpose of the Fiscal Year (FY) 2018 Health Center Quality Improvement (QI) one-time grant supplement is to support health centers that displayed high levels of quality performance in Calendar Year 2017 Uniform Data System reporting to continue to strengthen quality improvement activities, including achieving new and/or maintaining existing patient centered medical home recognition.
3. Funds may not be used for fundraising, lobbying, incentives (gift cards, food), construction/renovation, facility or land purchases, or vehicle purchases. Pursuant to existing law and consistent with Executive Order 13535 (75 FR 15599), health centers are prohibited from using federal funds to provide abortion services (except in cases of rape or incest, or when the life of the woman would be endangered). This is consistent with past practice and long-standing requirements applicable to grant awards to health centers. Funds must be used consistent with all federal cost principles as noted in 45 CFR Part 75. In addition, this supplemental funding may not be used to: supplant existing resources or support bonuses or other staff incentives. HRSA will send a Request for Information through the EHBs for the provision of an SF-424A and budget narrative justification for this supplemental funding. The submitted budget narrative must outline plans for utilization of this funding in alignment with the focus outlined above.
4. You will be required to provide information on the QI activities supported through this one-time supplement via their FY 2020 Budget Period Progress Report (BPR). More information will be provided in the FY 2020 BPR instructions.

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

## Contacts

### NoA Email Address(es):

Name	Role	Email
Kathy Barroso	Authorizing Official, Program Director	kbarroso@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](mailto: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](mailto:vwindham@hrsa.gov)  
Phone: (301) 443-6859





## Award H80CS00344-17-09

### QI Expenditure List

**Awarded**

**8/2/2018**

**Total Award**

**\$28,316**

TACHC Conference registration and Travel	4,500.00	based on 3 people attending
OC3 Travel to meeting - January 2019	2,500.00	
Ramp for dental panoramic machine	1,816.00	
TV replacement in waiting areas (5)	2,000.00	
Colposcopy Machine	7,500.00	
Fetal Non-Stress test Machine	<u>10,000.00</u>	
<b>Total</b>	<b>\$ 28,316.00</b>	

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# COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

**Governing Board**

**September 2018**

**Item #11**

**Consider for Approval HRSA Funding Award and Proposed Budget  
Related to the FY2018 Expanding Access to Quality Substance Use  
Disorder and Mental Health Services (SUD-MH) in the Amount of  
\$185,000**

<b>1. DATE ISSUED:</b> 09/13/2018		<b>2. PROGRAM CFDA:</b> 93.224	
<b>3. SUPERSEDES AWARD NOTICE dated:</b> 08/02/2018 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.			
<b>4a. AWARD NO.:</b> 3 H80CS00344-17-10		<b>4b. GRANT NO.:</b> H80CS00344	<b>5. FORMER GRANT NO.:</b> H27CS02006
<b>6. PROJECT PERIOD:</b> <b>FROM:</b> 04/01/2002 <b>THROUGH:</b> 03/31/2019			
<b>7. BUDGET PERIOD:</b> <b>FROM:</b> 04/01/2018 <b>THROUGH:</b> 03/31/2019			



**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  
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 Section 330 of the Public Health Service (PHS) Act, as amended (42 U.S.C. 254b, as amended)

**8. TITLE OF PROJECT (OR PROGRAM):** Health Center Program

**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)**  
 Kathy Barroso  
 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 :	\$6,477,142.00
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f . Supplies :	\$1,272,477.00
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h . Construction/Alteration and Renovation :	\$0.00
i . Other :	\$14,682,455.00
j . Consortium/Contractual Costs :	\$730,914.00
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 :	\$24,490,654.00
p . INDIRECT COSTS (Rate: % of S&W/TADC) :	\$0.00
q . TOTAL APPROVED BUDGET :	\$24,490,654.00
i. Less Non-Federal Share:	\$21,149,938.00
ii. Federal Share:	\$3,340,716.00

**12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:**

a. Authorized Financial Assistance This Period	<b>\$3,340,716.00</b>
b. Less Unobligated Balance from Prior Budget Periods	
i. Additional Authority	\$0.00
ii. Offset	\$0.00
c. Unawarded Balance of Current Year's Funds	\$0.00
d. Less Cumulative Prior Awards(s) This Budget Period	\$3,155,716.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	<b>\$185,000.00</b>

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

YEAR	TOTAL COSTS
Not applicable	

**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	<b>\$0.00</b>

**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: \$15,524,388.00

**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)

*Electronically signed by Elvera Messina , Grants Management Officer on : 09/13/2018*

**17. OBJ. CLASS:** 41.51 | **18. CRS-EIN:** 1741665318A1 | **19. FUTURE RECOMMENDED FUNDING:** \$3,127,400.00

FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
18 - 398160H	93.527	16H80CS00344	\$185,000.00	\$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/WebEPSExternal/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.**

### Grant Specific Term(s)

1. Your Fiscal Year 2018 Expanding Access to Quality Substance Use Disorder and Mental Health Services (SUD-MH) application indicated the use of one-time funding to support minor alteration/renovation (A/R) activities. Prior approval from HRSA is required for all minor A/R activities prior to the initiation of any physical construction activities such as site preparation, demolition, alteration, and/or renovation. This approval will take approximately 6 to 9 months. You should develop appropriate contingencies to ensure delays in receiving HRSA approval of your minor A/R plans do not impact your ability to meet staffing and patient projections on time. HRSA will contact you to request additional information about your minor A/R plans. Information on the documentation you are required to submit to HRSA through submission of a Capital Update prior approval request will be available at <https://bphc.hrsa.gov/programopportunities/fundingopportunities/sud-mh/>.
2. An additional \$10,000 in expanded services funding and \$25,000 in one-time funding has been provided in this award. You must use these additional funds to enhance implementation and/or advancement of evidence-based strategies to expand access to quality integrated substance use disorder and/or mental health services, as proposed in your SUD-MH application, including the SUD-MH budget request, or revisions, if applicable. You are required to request prior approval from HRSA if some or all of the additional one-time funding will be used to support minor alteration and renovation (A/R) projects, or to purchase unit(s) of equipment exceeding \$5,000.
3. Your Fiscal Year 2018 Expanding Access to Quality Substance Use Disorder and Mental Health Services (SUD-MH) award includes funding as requested and approved in your SUD-MH application, including the SUD-MH budget request, or revisions, if applicable. You may re-budget SUD-MH funding without prior approval, provided that the proposed use of SUD-MH funding aligns with the intent of the SUD-MH funding opportunity and complies with the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards available at <http://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75>. Budget adjustments must support your ability to add at least 1.0 full-time equivalent (FTE) personnel who will support substance use disorder and/or mental health service expansion within 8 months of award, and increase patients receiving SUD and/or mental health services according to your patient projections by December 31, 2019. If you did not request one-time funding for minor alteration and renovation (A/R) in your SUD-MH application, you may not propose minor A/R costs or activities post-award.
4. You are expected to increase patients receiving substance use disorder, mental health, and medication-assisted treatment (MAT) services by December 31, 2019, as projected in your Fiscal Year 2018 Expanding Access to Quality Substance Use Disorder and Mental Health Services (SUD-MH) Patient Impact Form. Additionally, HRSA will increase your patient target by the projected number of new unduplicated patients listed on your SUD-MH Patient Impact Form. Progress toward achieving projected new patient increases is tracked through the Service Area Competition (SAC). Patient target resources are available at <https://bphc.hrsa.gov/programopportunities/fundingopportunities/sac/index.html>.
5. You may not use Fiscal Year 2018 Expanding Access to Quality Substance Use Disorder and Mental Health Services (SUD-MH) funding for: the purchase or upgrade of an electronic health record (EHR) that is not certified by the Office of the National Coordinator for Health Information Technology (ONC); new construction activities, including additions or expansions, that do not meet the definition of minor alteration and renovation; major alterations or renovations in excess of \$500,000 in total federal and non-federal costs (excluding the cost of allowable moveable equipment); installation of trailers and pre-fabricated modular units; or facility or land purchases. SUD-MH funding must supplement, not supplant, existing resources. All proposed budget items must directly support the SUD-MH funding purpose, as demonstrated in the Budget Narrative attachment and Project Overview Form.
6. Pursuant to existing law, and consistent with Executive Order 13535 (75 FR 15599), health centers are prohibited from using Federal funds to provide abortion services (except in cases of rape or incest, or when the life of the woman would be endangered).
7. This award provides 12 months of Fiscal Year 2018 Expanding Access to Quality Substance Use Disorder and Mental Health Services (SUD-MH) funding for activities covering the period of September 1, 2018 to August 31, 2019. As such, a portion of these funds is provided

for use in your upcoming FY 2019 budget period, as applicable, through a carryover request. Carryover of monthly pro-rated expanded services funding and any unobligated one-time funding into and for expenditure throughout the FY 2019 budget period is allowed. To use this funding in the upcoming budget period, the appropriate amount must be shown as un-obligated (UOB) on line 10.h of the Annual Federal Financial Report (FFR), SF 425. In addition, a Prior Approval Request to carry over these funds must be submitted through HRSA Electronic Handbooks (EHB) in conjunction with the FFR submission. Contact the Grants Management Specialist listed on this Notice of Award with questions regarding submission of the FFR and/or Prior Approval Requests to carry over UOB funds.

8. This Notice of Award provides Fiscal Year 2018 Expanding Access to Quality Substance Use Disorder and Mental Health Services (SUD-MH) supplemental funding to support your implementation and/or advancement of evidence-based strategies to: 1) expand access to quality integrated substance use disorder (SUD) prevention and treatment services, including those addressing opioid use disorder (OUD) and other emerging SUD issues, to best meet the health needs of the population served by your health center; and/or 2) expand access to quality integrated mental health services, with a focus on conditions that increase risk for, or co-occur with SUD, including OUD. You must use SUD-MH expanded services funding to support a minimum 1.0 full-time equivalent (FTE) increase in personnel who will expand access to SUD and/or mental health services. You must also expand access to medication-assisted treatment (MAT) services if you were eligible for and requested MAT-focused expanded services funding. You must use SUD-MH one-time funding, if requested, to support the increased access to integrated SUD and/or mental health services.
9. You must report progress toward achieving the personnel and patient increases projected in your Fiscal Year 2018 Expanding Access to Quality Substance Use Disorder and Mental Health Services (SUD-MH) application in triannual SUD-MH progress reports. These SUD-MH progress reports, due in January, May, and September, will each cover a 4-month reporting period and require data and a brief summary of SUD-MH implementation progress and barriers on areas outlined in the SUD-MH instructions. You will also report narrative progress toward achieving your SUD-MH outcomes in the Budget Period Progress Report (BPR) Non-Competing Continuation (NCC) submission, starting with the FY 2020 BPR submitted in calendar year 2019. HRSA will also monitor progress toward achieving SUD-MH outcomes through annual Uniform Data System (UDS) report submissions.
10. Within 8 months of award, you are required to add at least 1.0 full time equivalent (FTE) in personnel who will support substance use disorder and/or mental health service expansion. Personnel may include direct hire staff and/or contractor(s). You may increase the hours of existing personnel and/or support new personnel in order to meet this requirement. Progress toward the minimum 1.0 FTE increase will be monitored via your responses to Expanding Access to Quality Substance Use Disorder and Mental Health Services (SUD-MH) reporting requirements. HRSA may not award year 2 SUD-MH funding if you fail to add at least 1.0 FTE personnel who will expand access to SUD and/or mental health services within 8 months of award (by April 30, 2019). If year 2 SUD-MH funds are awarded, the minimum 1.0 FTE increase must be maintained.
11. Fiscal Year 2018 Expanding Access to Quality Substance Use Disorder and Mental Health Services (SUD-MH) funding may expand existing services in your approved scope of project as well as support new services related to the delivery of integrated substance use disorder and/or mental health services. New services and/or new service delivery methods must be indicated on Form 5A: Services Provided. Complete a Scope Adjustment or Change in Scope request to update your Form 5A as needed (e.g., add a new service, change the service delivery method from Column III to Column I and/or Column II). If you will use SUD-MH one-time funding to purchase a mobile medical van, you must submit a Change in Scope request to add the van to scope on Form 5B. Scope Adjustment and Change in Scope approvals must be obtained prior to the implementation of a new service or new mobile medical van. See the scope of project resources available at <https://bphc.hrsa.gov/programrequirements/scope.html>.

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

## Contacts

### NoA Email Address(es):

Name	Role	Email
Kathy Barroso	Program Director, Authorizing Official	kbarroso@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 18N70A  
Rockville, MD, 20852-1750  
Email: [bwood@hrsa.gov](mailto: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

HRS/DGMO/OFAM/HCB  
5600 Fishers Ln  
Rockville, MD, 20857-0001  
Email: [wwindham@hrsa.gov](mailto:wwindham@hrsa.gov)  
Phone: (301) 443-6859

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## Coastal Health Wellness - Budget Justification

Federal and Non-Federal Expenditures

Funding Period: September 1, 2018 to March 31, 2020

SUD-MH Application

Budget Justification	Year 1	
	Federal Grant Request	Non-Federal Resources
<b>PERSONNEL</b>		
Assisting staff (LVN or Case Manager) \$45,000/year Year 1 8 mos./Year 2 12 mos.	30,000	
<b>TOTAL PERSONNEL</b>	<b>\$30,000</b>	<b>\$0</b>
<b>FRINGE BENEFITS</b>		
FICA @ 7.65%	3,723	
Long Term Disability Insurance @ 0.22%	107	
Life ADD @ 0.20%	97	
State Unemployment Tax @ 0.10%	49	
Dependent Life @ \$1.71/month (per eligible employee)	14	
Medical Insurance @ \$419.26/month (per eligible employee)	3,354	
Retirement @ 2.46%	1,197	
Workers Compensation @ 0.50%	243	
CARE HERE \$65/month (per eligible employee) less \$50 (emp contr.)	120	
<b>TOTAL FRINGE @ 19.4%</b>	<b>8,904</b>	<b>-</b>
<b>TRAVEL</b>		
Non-Local Travel – related to staff trainings/CME, etc. <i>includes mileage, registration fees, meals</i>	1,500	
Local Travel – staff travel b/t clinic sites, meetings, etc. <i>(8,472 x 54 cents per mile)</i>	436	
<b>TOTAL TRAVEL</b>	<b>\$1,936</b>	<b>\$0</b>
<b>EQUIPMENT – Include items of moveable equipment that cost \$5,000 or more and with a useful life of one year or more.</b>		
Equipment for telemedicine for 2 locations Telemedicine equipment - i8500 Mobile Video - includes cart base, VESA mount, 42" monitor, Codec-Camera-Battery brackets, Video Switch, Codec Integration \$10,000 each x 2 = \$20,000	20,000	-
<b>TOTAL EQUIPMENT</b>	<b>\$20,000</b>	<b>\$0</b>
<b>SUPPLIES</b>		
Office & Printing Supplies (\$100/month)		800
Pharmaceuticals/lab expenses Lab \$82x90=\$7,380 Rx \$52.40x50=\$2,620	10,000	
<b>TOTAL SUPPLIES</b>	<b>\$10,000</b>	<b>\$800</b>
<b>CONTRACTUAL – Include sufficient detail to justify costs.</b>		
Telehealth Contract (\$800/week for 4 hours/week)	41,600	
IT Programming for EHR (\$125/hr for 15 hours)	1,875	
<b>TOTAL CONTRACTUAL</b>	<b>\$43,475</b>	<b>\$0</b>
<b>CONSTRUCTION</b>		
Renovation costs for space remodeling in two clinic locations to support Telemedicine access for patients.	30,000	
<b>TOTAL CONSTRUCTION</b>	<b>\$30,000</b>	

## Coastal Health Wellness - Budget Justification

Federal and Non-Federal Expenditures

Funding Period: September 1, 2018 to March 31, 2020

SUD-MH Application

<b>OTHER – Include detailed justification. Note: Federal funding CANNOT support construction, fundraising, or lobbying costs.</b>		
Training – CME and other types of continuing education <i>(\$417/month x 12 months)</i>	3,000	
Patient Transportation	685	
Outreach Printing and Advertising <i>Brochures English 2,000 @ .130 = \$260 Spanish 2,000 @ .130 = \$260 Shipping \$63 Flyers English 4,000 @ .05 = \$200 Spanish 4,000 @ .05 + \$200 Shipping \$22 Newspaper ads \$1,005; Year 2 newspaper ads \$750</i>	2,000	
<b>TOTAL OTHER</b>	<b>\$5,685</b>	<b>\$0</b>
<b>TOTAL DIRECT CHARGES (Sum of TOTAL Expenses)</b>	<b>\$150,000</b>	<b>\$800</b>
<b>INDIRECT CHARGES – Include approved indirect cost rate.</b>		
X% indirect cost rate (includes utilities and accounting services)	-	-
<b>TOTALS (Total of TOTAL DIRECT CHARGES and INDIRECT CHARGES)</b>	<b>\$150,000</b>	<b>\$800</b>
<b>Add'l funding</b>	<b>\$35,000</b>	
<b>TOTAL AWARDED AMOUNT</b>	<b>\$ 185,000</b>	

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# COASTAL HEALTH & WELLNESS

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**GOVERNING BOARD**

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

**Governing Board**

**September 2018**

**Item #12**

**Consider for Approval Authorization to Expend up to \$6,590 from  
Fund Balance to Change Claim Processing System**

## Consider Approval to Expend Funds for Real Time Service (RTS) for CHW

We are currently under contract with ClaimRemedi for claims processing and insurance verification. The contract was executed in January 2010, and has an automatic renewal clause. The number of FTE's has never been updated. This analysis assumes ClaimRemedi is updated to same # of providers as NextGen contract. Current Budget \$3,000.00. Benefits of the change-over to RTS include faster check-in of patients, streamlining of insurance verification, and real-time documentation in the patient's chart of insurance verification associated with a specific encounter. This will also do pre-authorization of insurance coverage for referrals.

	ClaimRemedi			NextGen		
	Per month	# providers	Total/mo	Per month	# providers	Total/mo
Cost Per FTE*	65.00	15.00	975.00			
Cost Per Full-Time Provider				110.00	5.00	550.00
Cost per Part-time Provider				85.00	5.00	425.00
Cost per Mid-Level Provider				57.00	5.00	285.00
Total/Month			975.00			1,260.00
Total/Year			11,700.00			15,120.00
One-time set-up Fee					500.00	
Paper claims				Paper claims		
.45 for print-to-paper	Avg 10/month		54.00	.50 for print-to-paper		60.00
Eligibility**	20.00	Cost/year	240.00			
<b>Estimated recurring cost/year</b>			<b>11,994.00</b>			<b>15,180.00</b>
<b>Currently Budgeted Amount</b>			<b>3,000.00</b>			<b>3,000.00</b>
<b>Net increase in expense thru March 31, 2019</b>						<b>\$6,590</b>

**Recommended Action:** We are requesting approval to expend funds in the amount of approximately \$6,590 for the cost of the transition from Claimremedi to RTS, from Fund Balance Reserve. This is assuming an implementation date of 10/1/2018. The annual cost of \$15,180 will become part of the budget effective 4/1/19.

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# **COASTAL HEALTH & WELLNESS**

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**GOVERNING BOARD**

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

**Governing Board**

**September 2018**

**Item #13**

**Consider for Approval Authorization of Funds in the Amount of \$5,716  
from QI Funds and Fund Balance Reserve for Freezer for Galveston  
Clinic**

**Requesting Approval Authorization of Funds in the amount of \$5,716 from QI funds and Fund Balance Reserve for Freezer for Galveston Clinic.**

**Grant #H80CS00344 Tracking #00222879**

**QI Expenditure List**

**Awarded 8/11/2017**

**Total Award \$26,612**

OC3 Registration for 2017-2019 year	1,500.00	OC3 registration
OC3 Travel to meeting - January	1,874.50	registration/hotel/travel
Henry Schein Easy Clave Printer	1,497.44	Purchased 3/1/18 received 3/8/18
Migali G-25 Refrigerator	4,510.00	Migali G-2R refrigerator \$3,950 + \$560 shipping
<b>Pharmacy grade freezer - Galveston</b>	<b>3,000.00</b>	
2 Printers for Spirometer Laptop computer	200.00	
3 small refrigerators	360.00	For sample medications and controls
Cryogenic Gloves	361.81	elbow length water resistant cryogenic gloves for liquid nitrogen - around \$200
OC3 Travel - May	2,383.18	meeting in Houston
EHR Interface	4,000.00	Software to integrate Nextgen to Houston Connect for meaningful use
	4,150.00	Services to integrate software above
NextGen Libraries upgrade	<u>2,408.25</u>	Allows patient information to be printed out in various languages
<b>Total</b>	<b>\$ 26,245.18</b>	

We requested to carry over \$21,740.06 as unobligated funds for the 2018-2019 funding period, and we received the approval 9/25/18.



**K2 Scientific**

401 Hawthorne Lane  
Suite 110-139  
Charlotte North Carolina 28204  
U.S.A

# Quote

# K2Q-000962

Provided For  
**Galveston County Health District**

Quote Date : September 25, 2018

Item & Description	Quantity	Price	Total
K223SDF 23 cu. ft. Laboratory/Medical Upright Solid Door Freezer	1.00	3,995.00	3,595.50
NIST Data Logger T&D TR 75-WF WIFI Remote Monitoring Data Logger (Text & E-Mail Alerts) 20 GB of free data, no paid subscription	1.00	0.00	0.00
		Sub Total	3,595.50
		<b>Total</b>	<b>\$3,595.50</b>

### Notes

Please let us know if you have any questions or concerns.

Free Shipping.

10% discount applied

### Terms & Conditions

Free dock to dock LTL shipping to the Continental 48. Please let us know if you request a lift gate, inside or white glove delivery (additional charges apply for lift gate, inside and white glove delivery).



**Date: 9/25/2017**  
**Contract Number: QUO-04957-R0K0X3**  
**PO Box 327**  
**Gloucester, NJ 08030**  
**866-923-7873 Fax: 856-583-1039**  
[jmannino@tempurescientific.com](mailto:jmannino@tempurescientific.com)

Submitted to:	Galveston County Health District
Contact:	Nancy Morecraft
Address:	9850 Emmett F. Lowry Expy
	TEexas City, TX 77591
Phone:	409-938-2274
Fax:	

Job Name:	Galveston County Health District
Contact:	
Job Address:	9850 Emmett F. Lowry Expy
	TEexas City, TX 77591
Phone:	
Email:	nmorecraft@gchd.org

**EQUIPMENT: Quantity: 1 LF-28-S-M : 1 Solid Door Pharmacy/Laboratory Freezer: \$6,127.00**

Dimensions: (WxDxH):27.5 x 32 x 73.875

Self Contained 1 Solid Door Plasma Freezer  
 -25C  
 1 Solid Door with Lock  
 (6) Shelves  
 3/4 Horsepower Compressor  
 Microprocessor Temperature Controller with product simulator  
 Digital Temperature Display, Audible and Visual Temperature Alarms  
 Dry Contacts  
 High Density urethane foam insulation  
 Auto Defrost  
 Access Port Plus Product Simulator

**Warranty: 1 years on labor**  
**2 years on parts**  
**7 years on compressor**

**Electric:** Customer is responsible for all electrical hook-up. Unit is provided with a NEMA Part # 5-20P power cord and should be connected to a 20 amp, 115v/60Hz AC three prong grounded receptacle. The use of extension cords is not recommended.

TemPure Scientific strives to use the best quality parts and systems available. We reimburse your warranty claims quickly. However product loss remains a potential occurrence with all commercial refrigeration. If product loss occurs, we will not reimburse these expenses. Please discuss this coverage with your insurance carrier. Replacement parts are available to you in an even exchange for faulty parts covered by your warranty. Shipping charges for warranty parts will be sole responsibility of the buyer. If you purchase parts from your local service person, we will reimburse you our cost for said part(s). Any service to be provided under these warranties must be paid to the service personnel by the customer and TemPure Scientific will reimburse the customer to the extent allowed under these warranties and agreed to, in advance, by TemPure personnel. The customer may not deduct service bills from any monies owing and due to TemPure Scientific.



A LIMITED EXPRESS WARRANTY subject to terms & conditions below covers all units sold by TemPure Scientific LLC. Hereunder, such warranty shall provide as follows:

**1 Year on Labor    2 Year on Parts (Excluding glass shelves & lamps)    7 Years on Compressor**

1. The Warranty period shall begin upon receipt of equipment by consignee. A delay in installation or putting unit into service does not postpone the start of the warranty period
2. Due to handling of the unit, under normal circumstances, unit can take 48-120 hours for the temperature to regulate. TemPure Scientific LLC does not recommend putting product into the unit during this time frame.
3. The Warranty is subject to compliance with certain maintenance and usage requirements, including, but not limited to:
  - a) The power source must be maintained so as to provide the power specified by electrical specifications of the unit.
  - b) The unit must be taken out of service immediately if it malfunctions in any way.
  - c) The unit must not be used for any purpose other than that which was specified at the time of purchase.
  - d) The specified air or water flow to the condensing unit must be maintained at all times while the unit is in operation.
  - e) The cabinet access door must not be permitted to remain open for extended periods of time.
  - f) The condenser coil must be cleaned as often as necessary to prevent any build up of foreign materials, which will impede or block the required airflow.
  - g) The unit must not be altered or moved from the original place of installation at the job site or moved to another job site.
  - h) The unit must not be subject to abuse in anyway.
  - i) Failure to notify TemPure Scientific of the service problem prior to repairing, releases TemPure Scientific from being held responsible for paying the claim.
  - j) Any defective parts, invoices & supply house invoices must be returned to TemPure within 30 DAYS of the date of service. Claims (ie parts & invoices) received after 30 days of service call will not be considered.
  - k) All returned parts & invoices must be clearly marked with return authorization number.
  - l) Self contained unit must not be laid down. If you MUST lay a unit down you MUST allow it to stand for minimum of 8 hours before plugging unit it. Damage resulting from this action will "NOT" be covered under warranty.

**EXPRESS WARRANTIES:**

- a) **LABOR WARRANTY-** TemPure Scientific LLC. will reimburse the original purchaser reasonable labor cost incurred for the repair or replacement of any parts, which prove to be defective within one (1) year from date of delivery. The decision to repair or replace any part is solely the option of TemPure Scientific LLC. Adjustments are not covered by the labor warranty under any circumstances. Holiday, weekend and overtime rates are excluded from the labor warranty.
- b) **PARTS WARRANTY –** TemPure Scientific LLC. will replace any existing parts to your unit during the period of two (2) years from the date of delivery excluding light bulbs & glass shelves. Bulbs & glass shelves are specifically excluded under parts warranty & would be sole responsibility of the buyer. TemPure Scientific will ship all replacement parts unless specific authorization is given otherwise by an authorized TemPure Scientific representative. Credit will be issued on approved supply house invoices & parts found to be defective within 30 days of receipt of said parts & invoices.
- c) **COMPRESSOR WARRANTY –** The compressor is warranted for seven (7) years from the date of delivery and subject to following conditions. Compressor tags off failed compressor must be sent to TemPure Scientific for reimbursement or replacement. Filters/dryers & any other starting components should be considered parts and are not covered under warranty after the initial two (2) years parts warranty period.

**WARRANTY EXCLUSIONS -** TemPure Scientific LLC hereby specifies that there are certain conditions and/or items which are excluded, but not limited to the following as listed below:

- 1) TemPure Scientific LLC under no circumstances shall be responsible for all loss of any type of product, including but not limited to: medical supplies, reagents, vaccines, samples, test materials, cultures and/or lab supplies. TemPure Scientific LLC. shall not be responsible for any loss of business, due to any defect, delay or malfunction of any equipment. Moreover, TemPure Scientific LLC. shall not be responsible for any damage or economic loss resulting from fire, flood, civil disorder, earthquake or any other event not covered under the enclosed warranty.
- 2) Adjustments of any type are not covered under the warranty. This includes but is not limited to: temperature controls, defrost time clocks, microprocessors, alarms, monitoring devices (both mounted and independent units), data loggers, doors, doors hinges etc. Adjustments are covered under no circumstances and are the sole responsibility of the buyer.
- 3) Freon / Freon leaks, under any circumstances, are not considered parts & will not be covered under any portion of the TemPure Scientific LLC Express Warranty
- 4) Warranty excludes shipping cost on all replacement parts

TemPure Scientific LLC. and buyer specifically understand and acknowledge that there are no warranties, either expressed or implied hereunder other than the warranties which are specifically stated herein. Said buyer shall rely on no other assertions, representations or statements, other than those specifically expressed in this warranty and/or attached purchase agreement, or expressed in writing, signed by a duly authorized agent of TemPure Scientific LLC.

**DELIVERY:** Your Equipment will be delivered by a common carrier. You must inspect Crates and/or Boxes for damage before signing for shipment. (Note any damage on freight bill). All equipment received, when damage is not indicated on the delivery slip, will not be repaired or replaced. You are responsible for the unloading (which means removing the equipment from the truck to ground) and installation of your equipment. Regardless of the care and precautions taken by us, damage can occur in shipping. The common carrier is responsible for such damage. It is your responsibility to report and/or be responsible for damage, which is caused by the common carrier. All equipment received, when damage is not indicated on the delivery slip, will not be repaired or replaced. All boxes and packing materials should be saved, as they, along with the damaged merchandise, will need to be inspected by the freight company before a claim is resolved. If you have any questions, please call TemPure Scientific.

**PRICE:** \$6,127.00

**SHIPPING:** \$379.00

**TERMS:** \$6,506.00 Payable by BUSINESS CHECK or PURCHASE ORDER to TemPure Scientific due with signed contract.

Customer is responsible for all drainage, if required. TemPure Scientific is not responsible for any permits or ordinances. Above Pricing is Valid for 30 days.

### Acceptance of Contract:

The above prices and specifications are satisfactory and are hereby accepted. Cancellation of contract will subject customer to a restocking charge of 25%-50% of the entire contract price. Any claim or action brought under this Agreement shall be exclusively brought in Camden County or the United States District Court for the District of New Jersey. Each party hereto expressly consents to the exclusive jurisdiction of the State of New Jersey and specifically waives any objection based upon improper venue with regard to any claim or action brought in Camden County or the United States District court for the district of New Jersey. If TemPure has not included tax in this contract, customer agrees, in good faith, to self assess and pay all state, local and city sales and use tax on any product(s) purchased. Please contact your accountant or financial advisor.

Tempure Scientific Authorization

Customer Authorization

*Joe Mannino*

9/25/2017

Date: / /

\_\_\_\_\_  
Joe Mannino

\_\_\_\_\_  
Sign Name

\_\_\_\_\_  
Print Name



1 Triangle Lane  
 Blackwood NJ 08012  
 Toll Free: 855-464-4254  
 Please fax your PO to:  
 856-963-3604  
[www.migaliscientific.com](http://www.migaliscientific.com)  
 Federal Tax ID# 22-2283089

# QUOTE

**Number** EVOQ12728  
**Date** Sep 25, 2018

Sold To	Ship To	Bill To
---------	---------	---------

**Galveston County Health**  
 Nancy Morecraft  
 9850 B Emmett F  
 Texas City, TX 77591

**Galveston County Health**  
 Nancy Morecraft  
 4700 Broadway  
 Galveston, TX 77550

**Galveston County Health**  
 Accounts Payable  
 PO Box 939  
 La Marque, TX 77568

**Phone:** (409) 938-2274  
**Fax:**  
**Email:** [nmorecraft@gchd.org](mailto:nmorecraft@gchd.org)

**Phone:** (409) 938-2274  
**Fax:**  
**Email:** [nmorecraft@gchd.org](mailto:nmorecraft@gchd.org)

**Phone:**  
**Fax:**  
**Email:**

Terms	P.O. Number	Ship Via	Your Sales Rep
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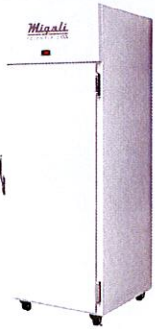
NET 30

STI:White Glove

**Jerry Rappaport** 855-464-4254  
[jerry@migaliscientific.com](mailto:jerry@migaliscientific.com)

Qty	Description	Unit Price	Ext. Price
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1	<p><b>EVOx-1F</b> Pharmacy/ Laboratory Freezer            25 cu ft Capacity            Auto Defrost- Will Maintain -18C in Defrost            Upright Hinged Locking Solid Door            -30 C            ( ALL UNITS ARE FACTORY SET IN C , IF YOU WOULD LIKE IT            SET IN F PLEASE SPECIFY ON ORDER)            Digital Temperature Control            Built-in Stand Alone Hi/Lo Audible Programmable Alarm            Stainless Steel Exterior &amp; White Interior            Access Port- Never have to breach the door gasket            Foamed In Place Insulation            Six (6) Coated shelves- each shelf is rated for 100 lbs capacity            Four (4) 3" Locking Casters            Forced Air Expansion Valve Refrigeration System- quickest            temperature pull down / recovery            Electric Condensation Evaporator            Self-Contained 1 HP Condensing Unit</p> <p>15 AMP RECEPTACLE NEMA 5-15P</p> <p>Dimensions: 28 1/16" W x 32 D x 78" H            STORAGE CAPACITY: 25 Cu Ft            25.0% Discount</p>	\$6,888.00	\$6,888.00
			-\$1,722.00



Migali Scientific assumes no responsibility for incidental, consequential, or other damages including, but not limited to loss or damage to property, loss of profit or revenue, loss of the unit, loss of stored product, loss of time, or inconvenience. Warranties are valid for Migali brand equipment only. This warranty is not valid for Migali private labeled 3rd party branded distributors or OEM companies. Warranties are not valid unless the purchased item and corresponding invoice is paid in full according to Migali terms and conditions. All warranty service calls must be pre-approved by Migali Scientific prior to contacting service agents or purchasing over-the-counter parts for reimbursement.  
**WARRANTY:** EVOx Series 7 years Compressor; 2 years parts & 1 yr service

Genesis: 5 years Compressor; 1 Year parts & labor

White Glove inside delivery includes units (s) brought to location designated by enduser, packing debris removed & unit (s) put into place. End user is responsible to insure units (s) will fit thru all entry ways and transportation corridors within the facility. Your loading dock **MUST** be tractor trailer accessible.

<b>SubTotal</b>	\$5,166.00
<b>Sales Tax</b>	\$0.00
<b>Shipping</b>	\$550.00
<b>Total</b>	<b>\$5,716.00</b>

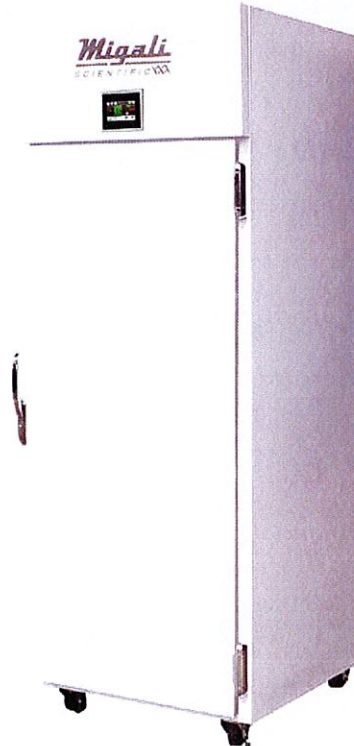


### SPECIFICATIONS

- EVO<sup>X</sup> EXPANSION VALVE FOR RAPID COOLING
- FORCED AIR REFRIGERATION SYSTEM
- UNIFORM CHAMBER INTERIOR TEMPERATURE OF -30° C
- AUTO-DEFROST SYSTEM
- DIGITAL CONTROLLER + READ OUT
- TOP MOUNT COMPRESSOR
- ACCESS PORT + PRODUCT SIMULATOR
- POWDER COATED ANTI-MICROBIAL EXTERIOR & WHITE INTERIOR
- SOLID DOOR WITH LOCKS
- POSITIVE LATCH HANDLE
- INCANDESCENT INTERIOR LIGHT
- EASILY ACCESSIBLE CONDENSING UNIT FOR PREVENTATIVE MAINTENANCE
- (2) LOCKING CASTERS, (2) NON-LOCKING CASTERS
- (12) VINYL COATED SHELVES
- WARRANTY: (7) YEAR COMPRESSOR, (2) YEAR PARTS + (1) YEAR LABOR

### ACCESSORIES

- MIGALI INTELVU® INTELLIGENT MONITORING SYSTEM
- 4" TEMPERATURE RECORDER
- HI/LOW AUDIBLE/VISUAL ALARM
- AUTO DIALER
- INK PEN SET
- ADDITIONAL CHARTS
- ADDITIONAL SHELVES



Shown with Migali IntelVU®  
Not included in Standard Model

\* We reserve the right to change specifications without prior notice.  
\* NOTE: This equipment is designed for use in locations with heat & air conditioning where temperature and relative humidity *DO NOT* exceed 75°F and 55% R.H.

## EVO<sup>Series</sup> EVOLUTION SERIES

MODEL	EVO X - 1F
DIMENSIONS WxDxH (INCHES)	27 1/2" X 32" X 77 7/8"
SOLID DOOR	1
INTERIOR CAPACITY (CUFT)	25
NO. OF SHELVES	6
FREEZING CYCLE	-20 Celsius
REFRIGERANT	404A
HORSE POWER	1
POWER SUPPLY	115/60/1
AMPERAGE	11.6
BTU	2136
SHIPPING WEIGHT (LBS)	415
PLUG	NEMA 5-20P



AMERICAN FAMILY  
OWNED SINCE 1955



YouTube



## TRUSTED SINCE 1955

MIGALI SCIENTIFIC • 516 LANSDOWNE AVE. • CAMDEN, NJ 08104  
TOLL FREE: 855.464.4254 • FAX: 856.963.3604 WEB: [www.migaliscientific.com](http://www.migaliscientific.com) • EMAIL: [contact@migaliscientific.com](mailto:contact@migaliscientific.com)



# COASTAL HEALTH & WELLNESS

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**GOVERNING BOARD**

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

**Governing Board**

**September 2018**

**Item #14**

**Consider for Approval Request to Authorize Placement Fee of \$10,000  
to TACHC for Medical Director Candidate Selected and Referred by  
TACHC**

# Introduction to Recruiting with TACHC

## **TACHC Recruitment & Retention Department Mission Statement:**

TACHC's R&R Team is dedicated to serving as a valued resource for members by assisting centers in recruiting high quality healthcare professionals, as well as working to improve overall staff retention. This will be achieved by **1)** aggressively pursuing opportunities resulting in ideally matched candidate referrals to the health center, **2)** partnering with both the health center and candidate to ensure the process is brought to completion in an efficient and timely manner, and **3)** collaborating with member centers to identify recruitment and retention needs and share best practices for bringing new employees into the health center environment and its surrounding community.

## **How It Works**

TACHC uses a portion of the annual dues from each member to support general marketing and advertising of Texas health center careers, to support the overhead costs of the recruitment program and, to directly support the promotion of Texas health center careers at national conferences, and career presentations at physician residency, dental training and other medical clinician training programs across the state. This service covers **all** TACHC member centers.

Regarding **targeted** (as opposed to general) advertisement and candidate sourcing specifically for your opportunity, our department has two full-time recruiters, Anita Mitchell and Marcia Falloure, as well as a Program Assistant, Danielle Ramos, in place to help complement your internal recruitment efforts. To give you an idea of the service we provide, all candidates undergo a preliminary screening/background check and a short (usually 30-40 min.) telephone pre-interview with TACHC recruitment staff before they are presented to any member center opportunity. This is to assure a good match prior to the referral—we value your time as well as the candidate's! After the referral, TACHC staffs stay in contact with the center and candidate to facilitate on an as-needed basis. If the candidate is hired, TACHC (as part of our retention program) conducts follow up retention calls to the Supervisor and to the new hire at their 30-day and 6-month milestones.

As of January 2010, TACHC's board of directors approved a \$10,000 placement fee for TACHC referred candidates. This fee is the same for all referrals, regardless of specialty (in addition to health care providers, we also assist with executive administrative positions) or type of employment (full-time/part-time). This is a contingency fee, meaning that your center only pays when a TACHC referral is hired. The fee is divided into two installments, half (\$5,000) due on the candidate accepting the job offer (usually on signing the contract) and the other half (\$5,000) due after the new hire has been employed for 90 days.

If the new hire leaves prior to completing his/her 90 day probationary period, the TACHC R&R staff will be given an opportunity to replace him/her within 90 days before being required to issue a refund for any payments already made toward the original referral's placement fee. If the TACHC R&R staff are able to refill the position within 90 days, the amount paid towards the previous referral's placement fee will be applied towards the new hire's placement fee, and the remaining half (if outstanding) will be invoiced after the new hire's 90 day probationary period has passed. If the TACHC R&R staff are unable to refill the position within 90 days, the health center will receive a full refund of the amount paid towards the original referral.

# Introduction to Recruiting with TACHC

## TACHC Candidate Referral Protocol

The following are the expectations of community health center staff:

- The health center will advise TACHC R&R staff of clinical and administrative opportunities by completing job opportunity profiles on the TACHC website.
- The health center will contact all referred candidates within 3 business days to acknowledge receipt of their information and will inform TACHC R&R staff of referred candidates' status (i.e. scheduled interview, decline referral) within 3 business days.
- The health center will inform TACHC R&R staff of any change in vacancy status within 2 business days to update the vacancy list.
- The health center acknowledges that non-communication with TACHC R&R staff on candidate follow up/vacancy status after 5 business days will result in TACHC deactivating that specific center position posting and focusing efforts on matching the candidate with other viable opportunities.
- The health center will immediately inform TACHC R&R staff of an offer extended to a referred candidate.
- The health center will immediately inform TACHC R&R staff of a referred candidate's acceptance or declining of an extended offer.
- Upon hiring a referred candidate, the health center will pay the first installment of the placement fee within 15 days of receiving an invoice.
- The health center Executive Director / R&R staff understands that, as part of the TACHC retention program, the new hire and the health center will both receive follow up calls from TACHC R&R staff at the 30-days and 6-months milestones to ensure expectations are being met.
- Hiring an active TACHC candidate subsequent to presentation will be considered a placement and the placement fee will apply. A TACHC member center should not share a TACHC candidate referral with another organization. If this occurs, the health center receiving the referral will be held liable for the placement fee should the candidate be hired by that organization regardless of whether or not that organization posted the opportunity with TACHC's Recruitment and Retention Department.

The following goals have been outlined for the TACHC staff:

- Staff will actively recruit qualified candidates via online sourcing and print venues, attend residency and clinical training programs, job fairs, and various conferences.
- Contingent upon receiving a completed opportunity profile, staff will actively respond to a center's vacancy posting request within 2 business days.
- Staff will keep the center informed regarding candidate availability with respect to their opening.
- To ensure timely communication after a candidate is presented to a center opportunity, staff will follow up with the center within 3 business days of the referral (if no communication from the center has been shared with TACHC R&R staff).
- Upon receiving notice that the center hired a referred candidate and as part of the TACHC Retention Program, follow up calls with the placed candidate and the hiring health center will be conducted on 30-days and 6-months milestones to ensure expectations are being met.
- TACHC staff will invoice the center for the first installment of the placement fee after confirming a TACHC referred candidate has been hired.

# Introduction to Recruiting with TACHC

## To Get Started

Please visit <http://www.tachc.org/position> to complete the easy, online position profile and get us started on creating your job posting.

Be sure to include all of the requested information in as much detail as possible, as this is what will be used by TACHC staff to match candidates to your position. Note: salary range will not be shown on the published ad (we ALWAYS post every position as “salary negotiable”); however, having the salary range noted internally in our system is critical for our recruiters when speaking with candidates. We don’t want to refer a candidate if his/her salary expectations are not in line with your center’s compensation package. Salary ranges should be entered without commas or currency symbols; otherwise the system will not accept the entry.

In addition, please list any special qualifications (ex. years/type of experience) or specific requirements/skills (ex. licensure, certifications, travel/driving requirements, previous work with a specific EMR), as this will help ensure that TACHC refers only those candidates possessing the appropriate skills and experience for your position. Visit our career opportunities page (<http://www.tachc.org/careers>) to view current examples of other center job postings by clicking on any of the specialties listed. This is exactly what candidates see as they browse through TACHC’s job bank. Select the yellow ‘Details’ box to the right of each post to see the full ad.

There are many variations and the more robust the information, the more attractive to those shopping for employment. Once we have created your ad, you will receive an email with a link asking you to proof it for accuracy. Please be aware that we use the position profile information you provide us to create ads for your vacancies on several online job sites—your job is not just advertised in one place! Our aim is to reach as many qualified candidates as possible, nationwide, and attract them to your opportunity.

Again, please visit <http://www.tachc.org/position> to begin the process. If you have any questions, do not hesitate to contact us. We are delighted to assist!

512-329-5959

Danielle Ramos, TACHC Recruitment & Retention Program Assistant: [dramos@tachc.org](mailto:dramos@tachc.org)

Anita Mitchell, TACHC Provider Services Specialist (Family Medicine w/Ob, Family Medicine w/out Ob, Nurse Practitioners, Physician Assistants) [amitchell@tachc.org](mailto:amitchell@tachc.org)

Marcia Falloure, TACHC Provider Services Specialist (Internal Medicine, Pediatrics, Psychiatric Medicine/Counseling, OB/GYN, Dentistry, Health Care Administration) [mfalloure@tachc.org](mailto:mfalloure@tachc.org)

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# COASTAL HEALTH & WELLNESS

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**GOVERNING BOARD**

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

**Governing Board  
September 2018  
Item #15**

**Consider for Approval Re-Privileging Rights for Taylor Riggs, PA-C**



Date: September 27, 2018  
To: CHW Governing Board  
From: Abdul-Aziz Alhassan, MD  
Medical Director  
Re: Re-Privileging

A handwritten signature in black ink, appearing to read "ALHASSAN, MD". The signature is written in a cursive, somewhat stylized font.

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After preparation of the credentialing file, the Coastal Health & Wellness Medical Director has reviewed the complete file and recommends that the Governing Board approve re-privileging as follow:

- Taylor Riggs is a Physician Assistant who will practice full time at both clinic sites. Taylor Riggs, PA-C graduated from University of Texas Medical Branch. Taylor Riggs is requesting re-privileging.

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**Governing Board**

**September 2018**

**Item #16**

**Notification of Recent Parking Lot Security Concerns and Proposed  
Next Steps**

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# COASTAL HEALTH & WELLNESS

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**GOVERNING BOARD**

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

**Governing Board  
September 2018  
Item #17  
2017 Uniform Data (UDS) Summary Report**

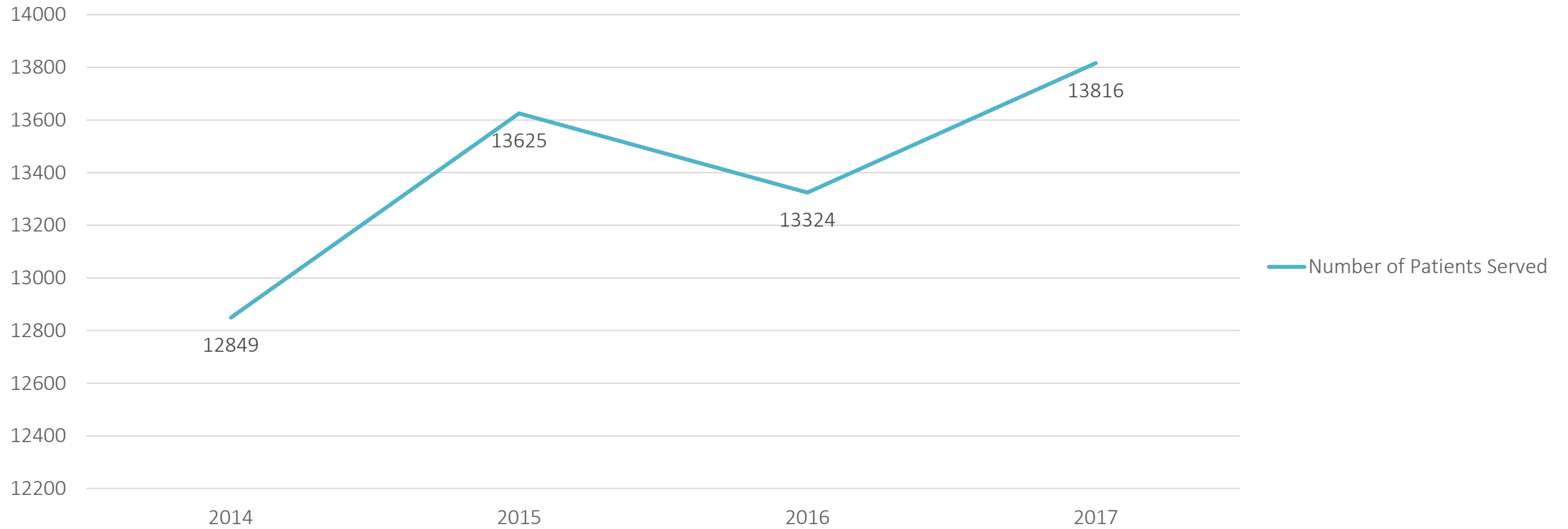


# 2017 Uniform Data System (UDS) Summary Report

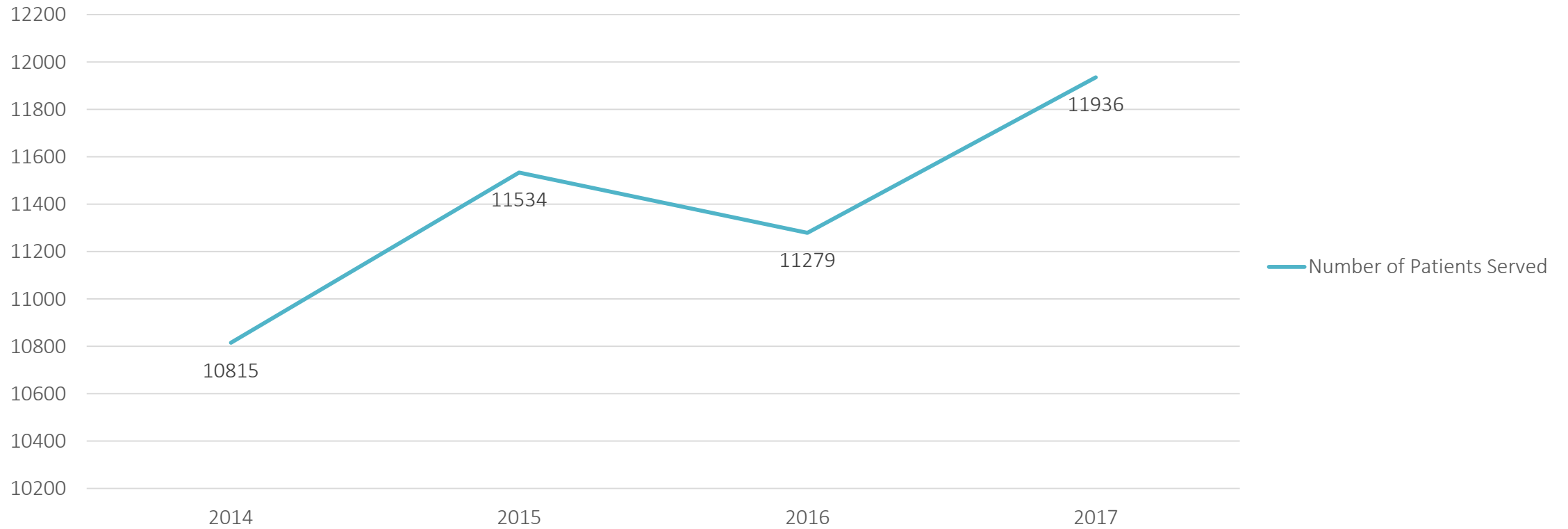
With Comparison to State and National Averages

Kathy Barroso  
Interim Executive Director

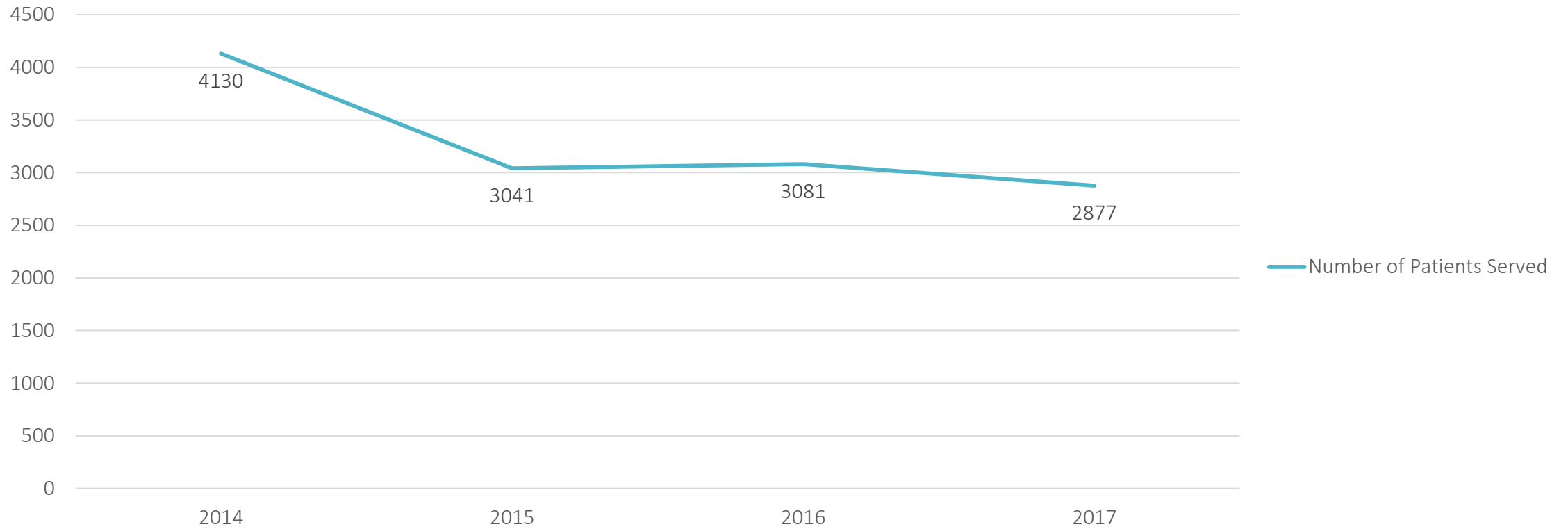
# Total Number of Patients Served



# Total Medical Patients Served

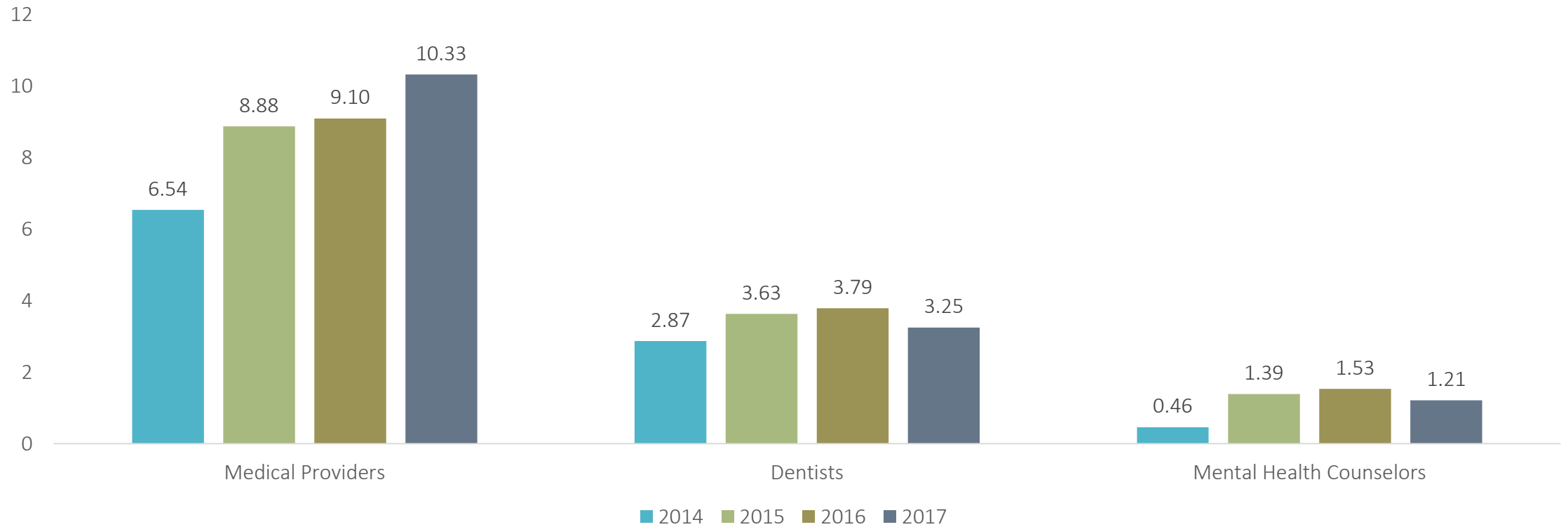


# Total Dental Patients Served

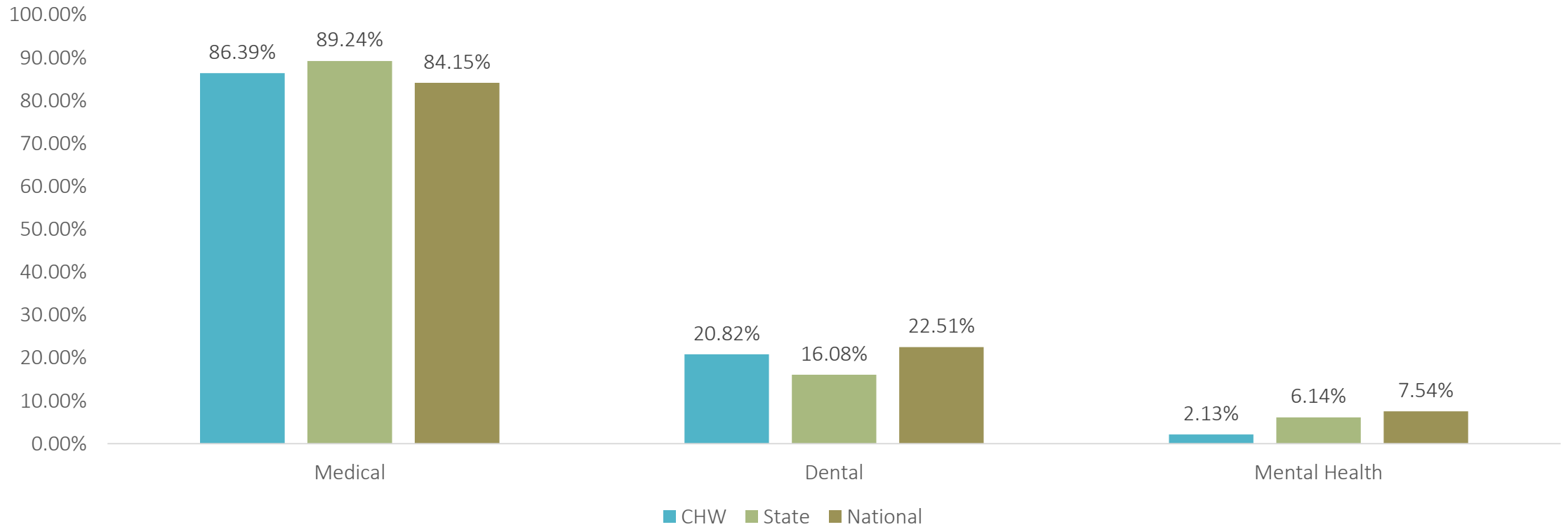




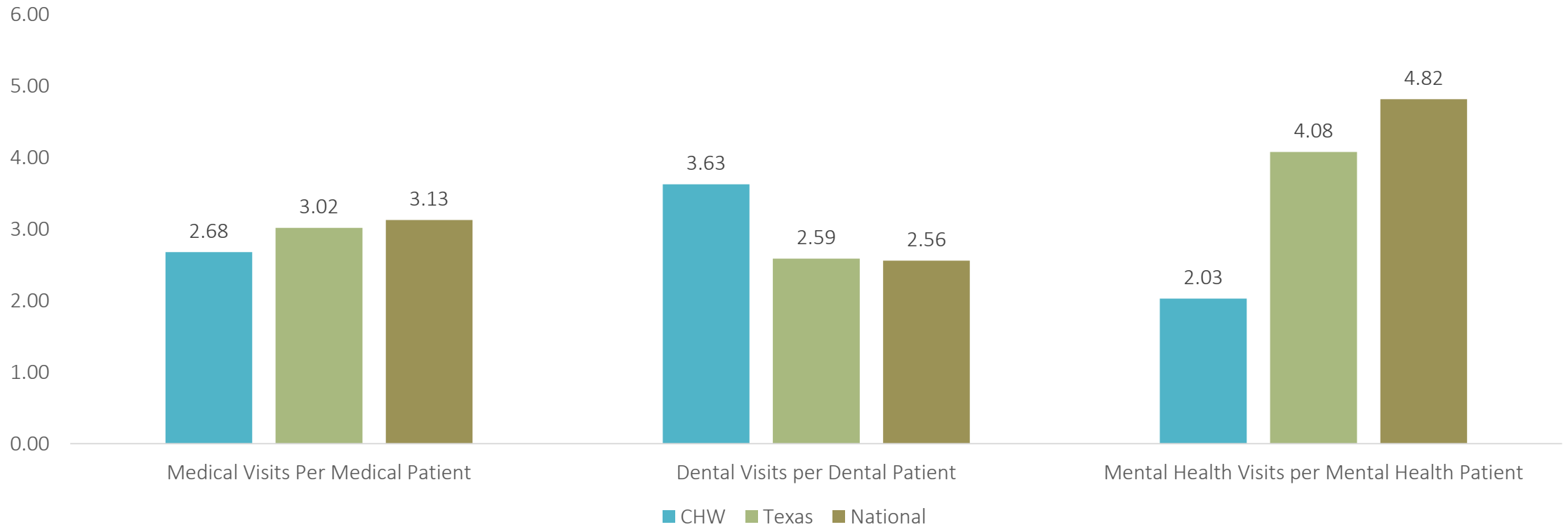
# Staffing – FTE's



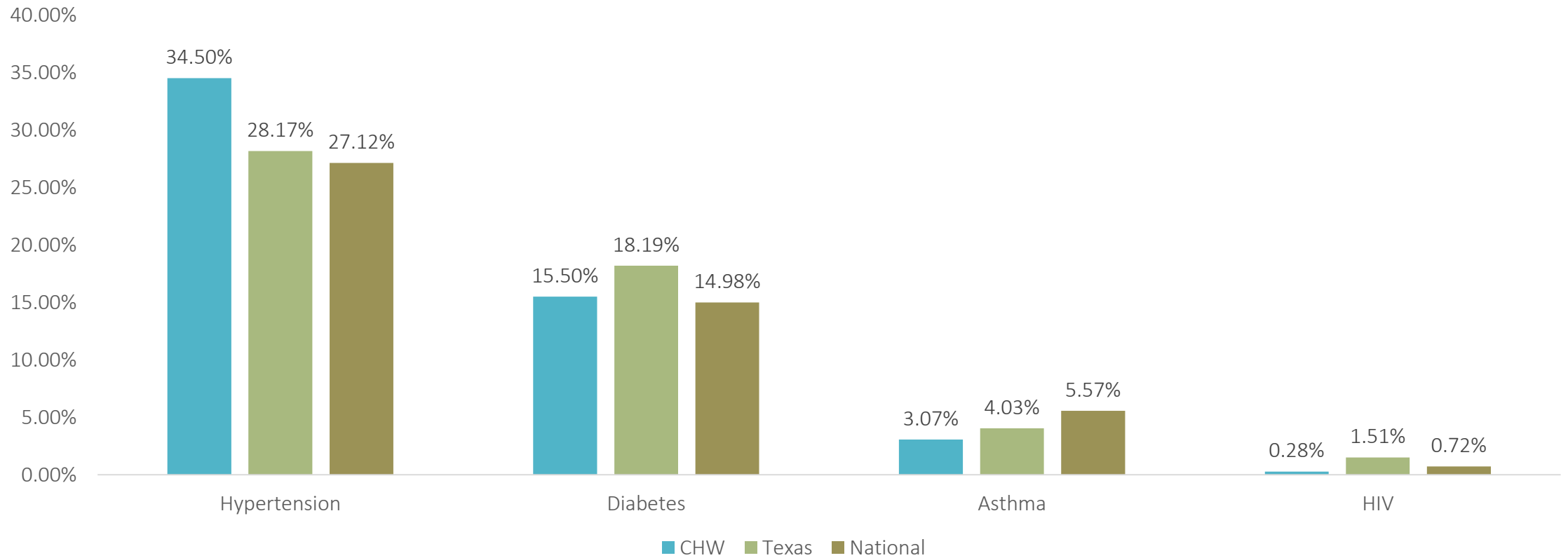
# 2017 Percent of Patients by Services



# 2017 Visits Per Patient



# 2017 Medical Conditions



# Quality of Care Indicators

Early Entry into Prenatal Care	Coastal	State	National
Access to Prenatal Care (first prenatal visit in 1 <sup>st</sup> trimester)	<b>85.71%</b>	67.69%	73.97%
Low Birth Weight (live births < 2500 grams)	<b>0.00%</b>	7.94%	8.03%

# Quality of Care Indicators (Cont'd)

Preventive Health Screenings & Services	Coastal	State	National
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	2.91%	67.65%	65.85%
Body Mass Index (BMI) Screening and Follow-Up Plan	55.01%	66.83%	63.85%
Tobacco Use Screening and Cessation Intervention	<b>79.29%</b>	66.83%	63.85%
Colorectal Cancer Screening	15.24%	32.20%	42.02%
Screening for Depression and Follow-up Plan	<b>86.65%</b>	71.56%	66.15%

# Quality of Care Indicators (Cont'd)

Preventive Health Screenings & Services	Coastal	State	National
Cervical Cancer Screening	29.35%	56.68%	55.67%
Childhood Immunization Status	3.92%	37.34%	40.24%
Dental Sealants for Children between 6-9 Years	32.14%	44.39%	51.07%

# Quality of Care Indicators (Cont'd)

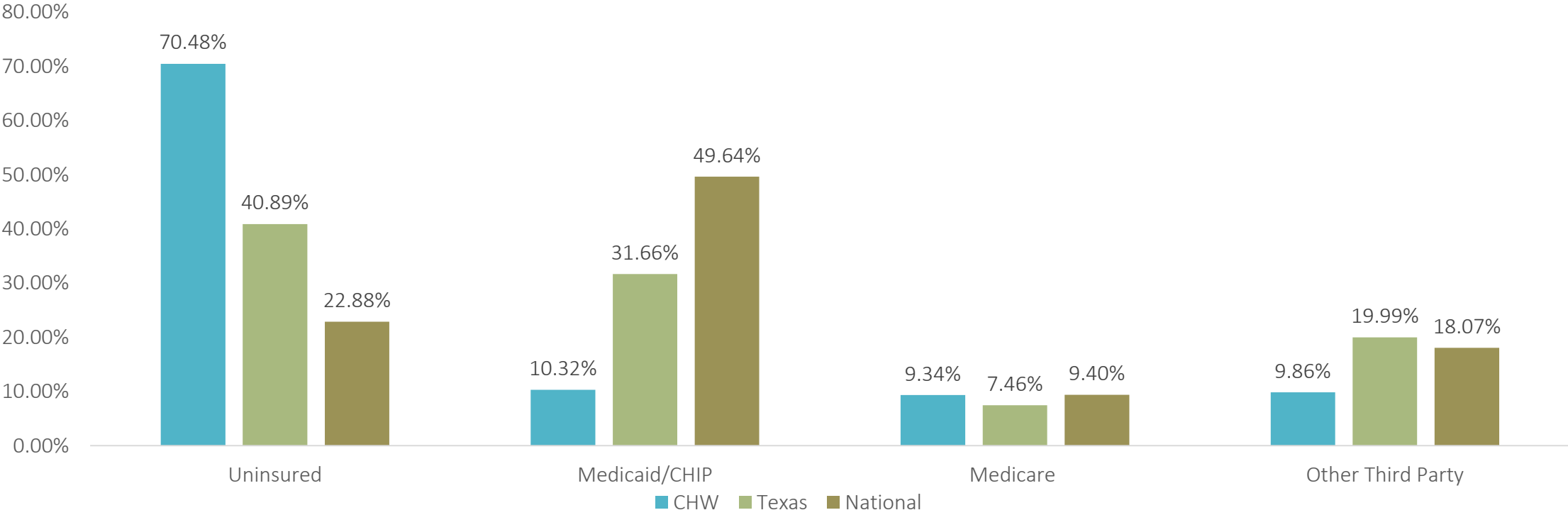
Chronic Disease Management	Coastal	State	National
Use of Appropriate Medications for Asthma	75.84%	87.28%	86.62%
Coronary Artery Disease (CAD) Lipid Therapy	<b>86.54%</b>	82.69%	80.72%
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet	<b>79.57%</b>	76.03%	79.27%
HIV Linkage to Care	<b>100%</b>	84.98%	84.52%



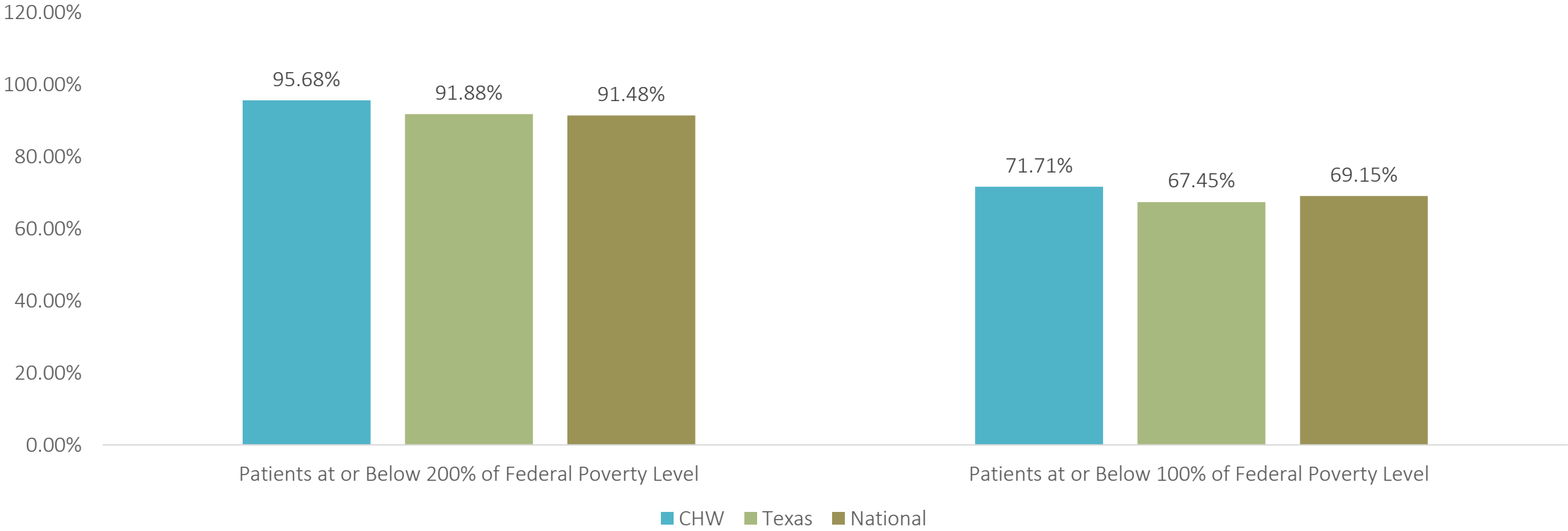
# Quality of Care Indicators (Cont'd)

Chronic Disease Management	Coastal	State	National
Controlling High Blood Pressure (Hypertensive Patients with Blood Pressure < 140/90)	58.79%	59.94%	62.71%
Diabetes: Hemoglobin A1c Poor Control (Diabetic Patients with HbA1c > 9%) or No Test During Year	35.36%	36.41%	32.95%

# 2017 Percent of Patients by Insurance Status



# 2017 Percent of Patient by Income Status

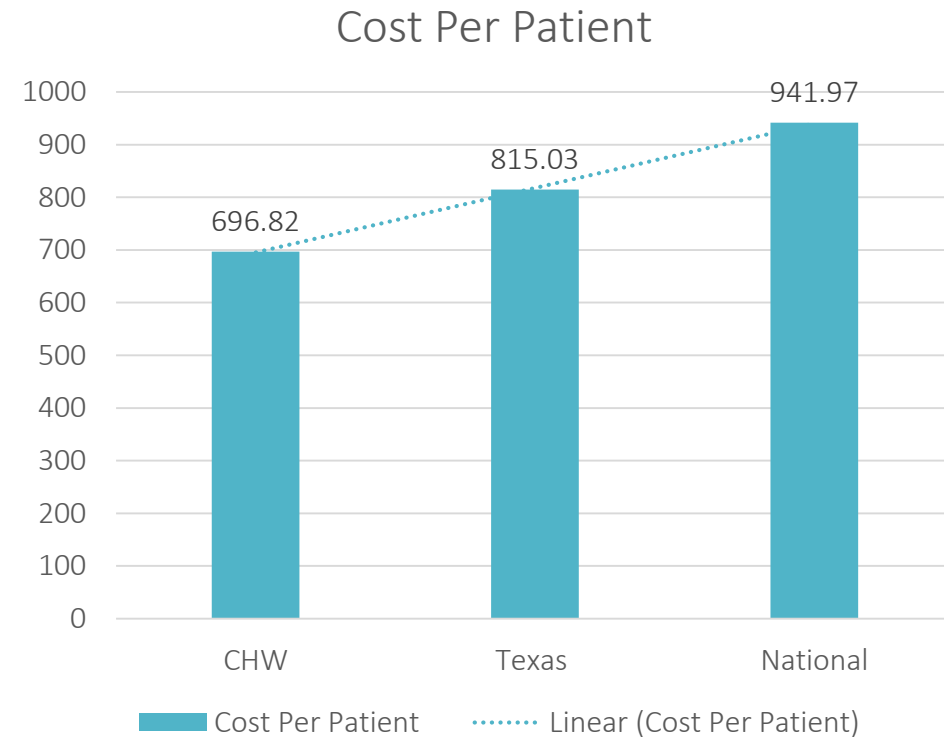


# 2017 Total Costs Per Patient

Coastal Health & Wellness -  
\$696.82

State Average - \$815.03

National Average - \$941.97

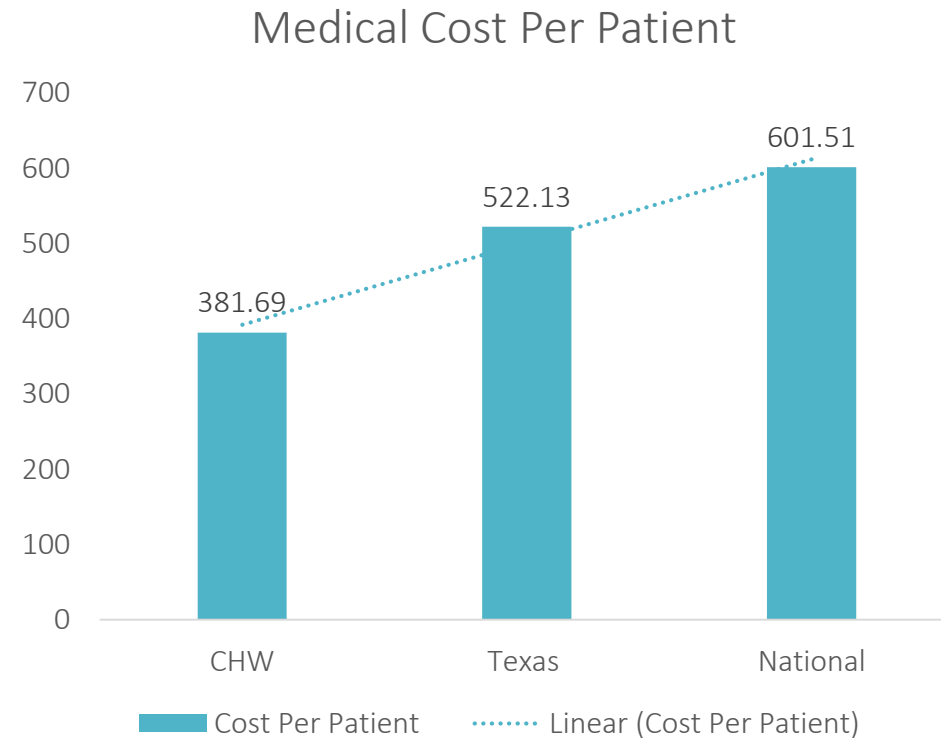


# 2017 Medical Costs Per Patient

Coastal Health & Wellness -  
\$381.69

State Average - \$522.13

National Average - \$601.51

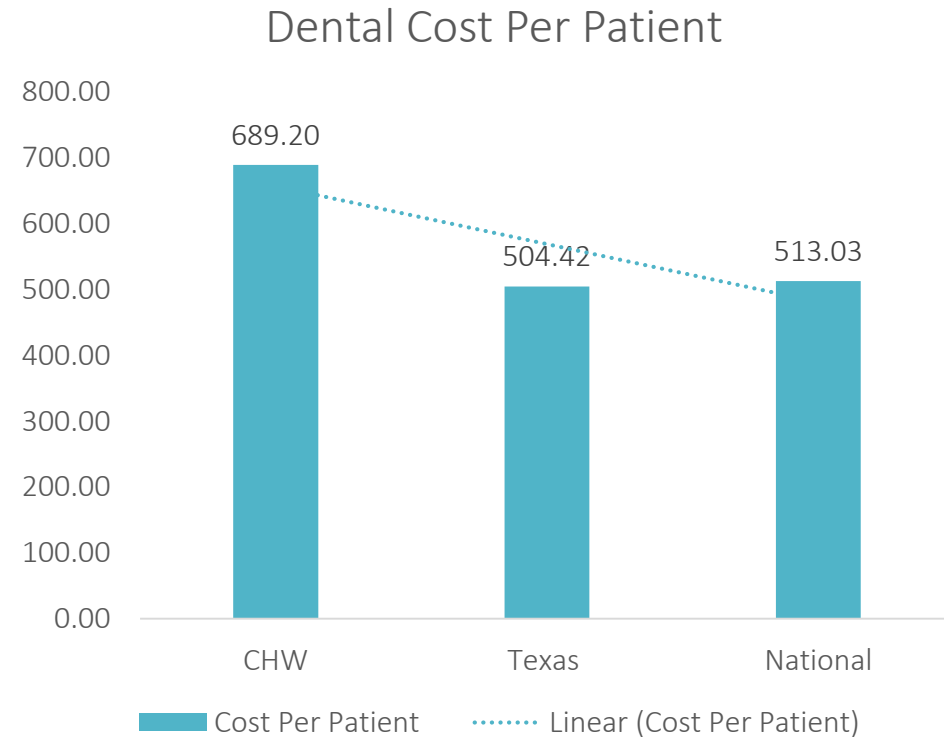


# 2017 Dental Costs Per Patient

Coastal Health & Wellness -  
\$689.20

State Average - \$504.42

National Average - \$513.03

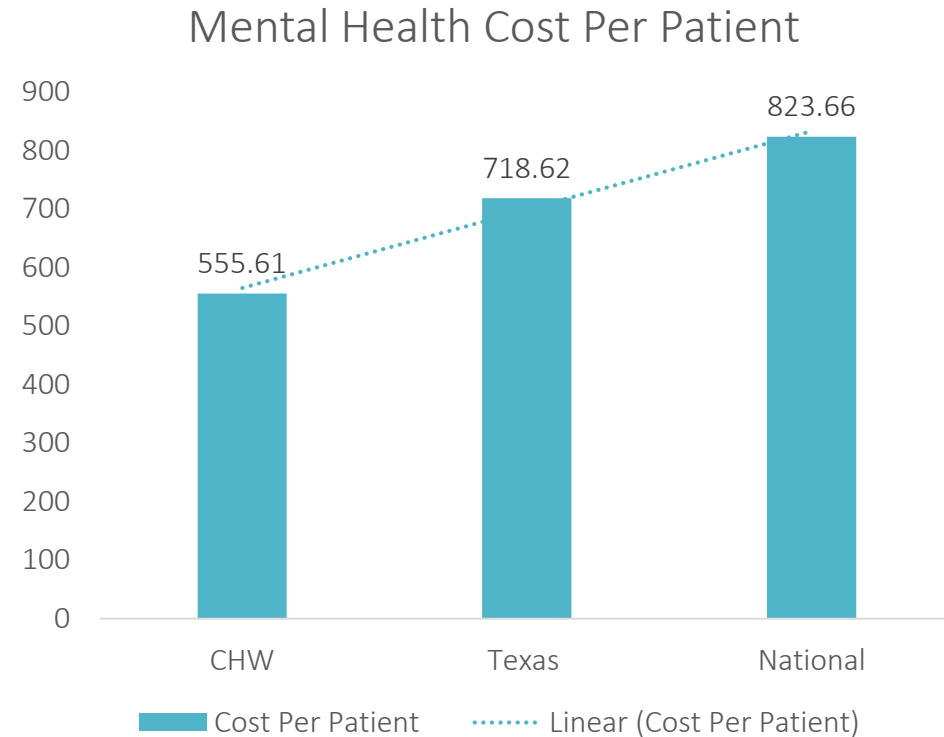


# 2017 Mental Health Costs Per Patient

Coastal Health & Wellness -  
\$555.61

State Average - \$718.62

National Average - \$823.66

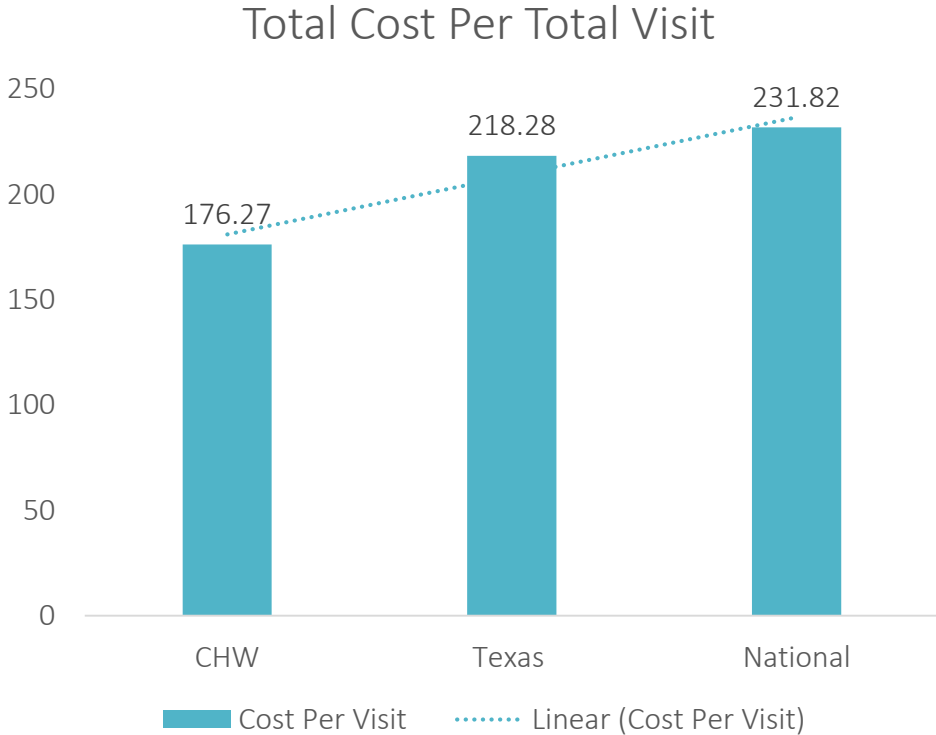


# 2017 Total Cost Per Total Visit

Coastal Health & Wellness -  
\$176.27

State Average - \$218.28

National Average - \$231.82



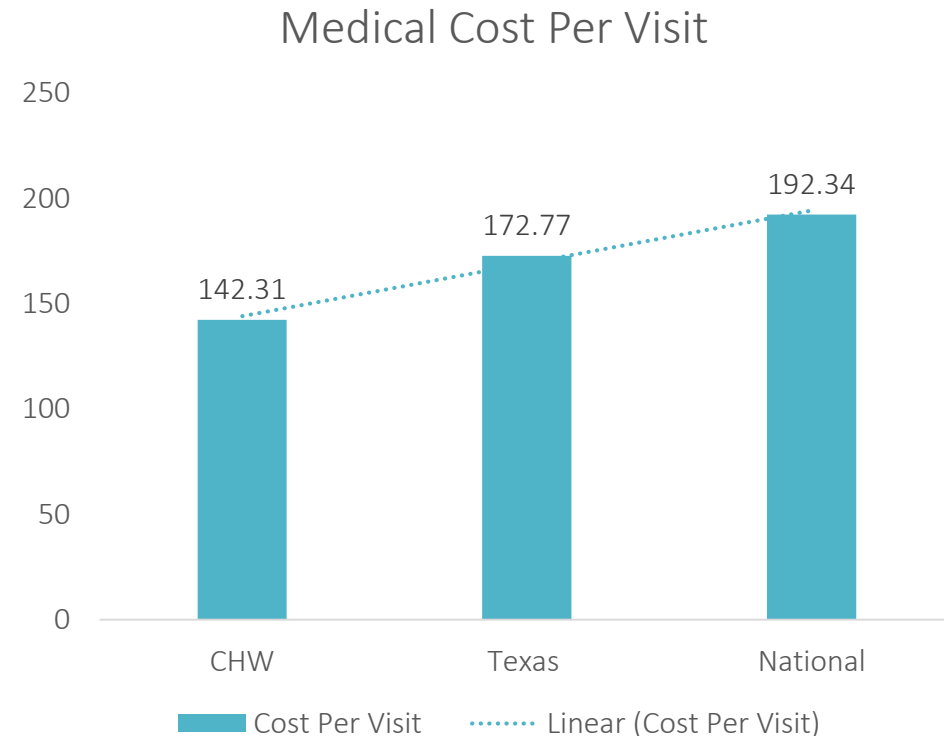


# 2017 Medical Cost Per Medical Visit

Coastal Health & Wellness - \$142.31

State Average - \$172.77

National Average - \$192.34

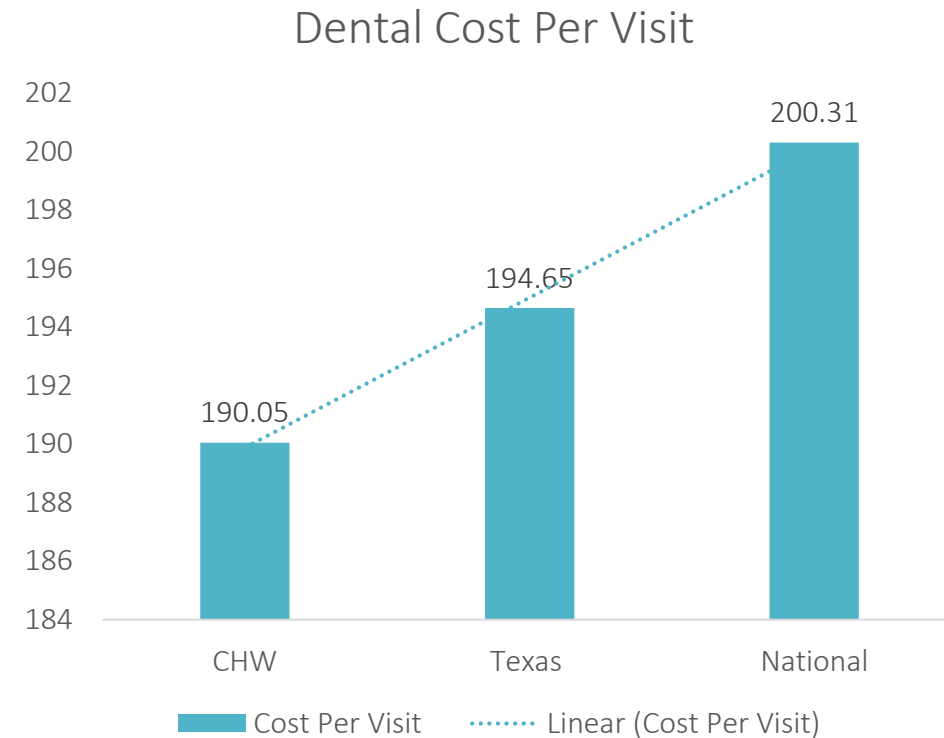


# 2017 Dental Cost Per Dental Visit

Coastal Health & Wellness -  
\$190.05

State Average - \$194.65

National Average - \$200.31

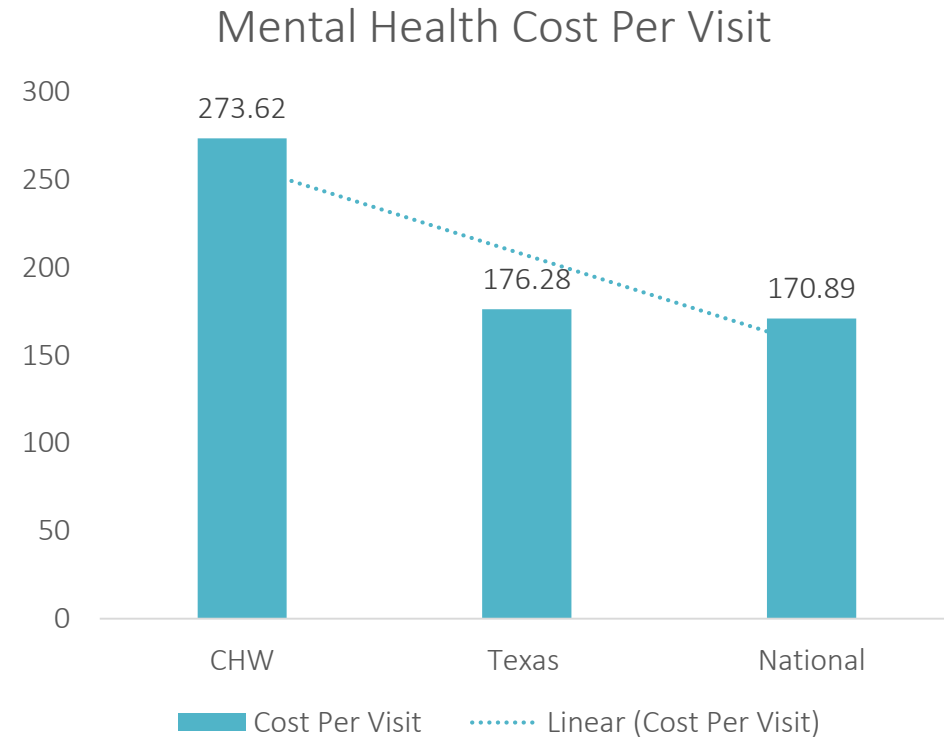


# 2017 Mental Health Cost Per Mental Health Visit

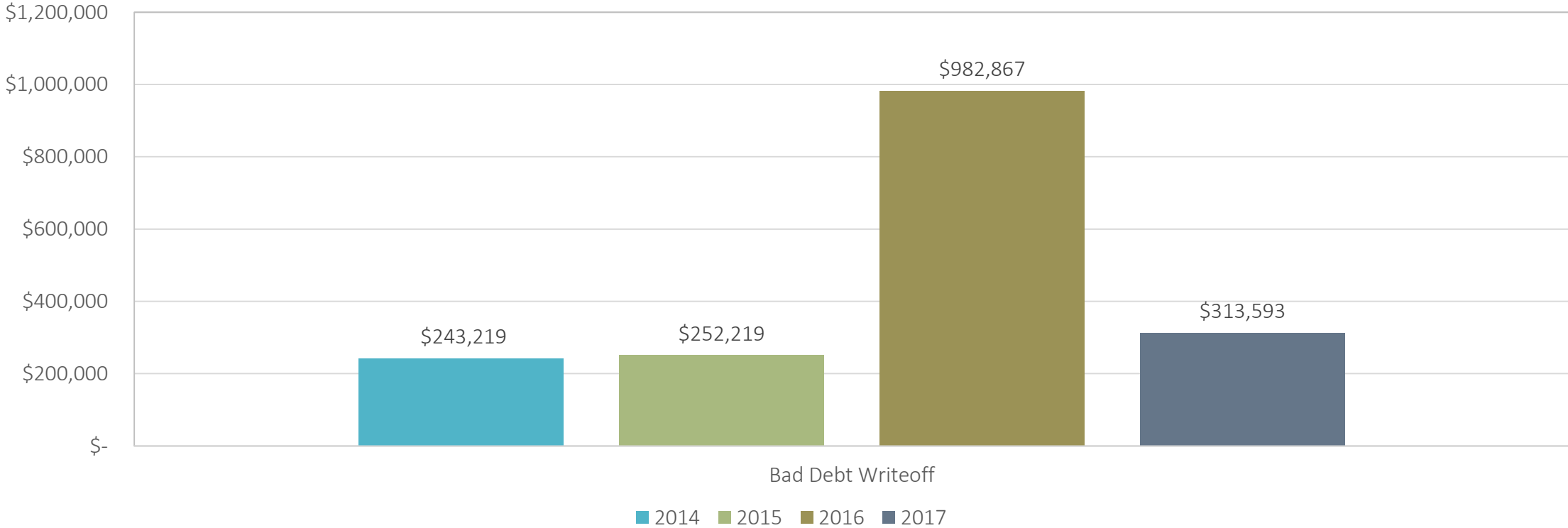
Coastal Health & Wellness -  
\$273.62

State Average - \$176.28

National Average - \$170.89



# Bad Debt Write Offs



# Questions



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