



COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

SPECIAL MEETING AGENDA Tuesday, October 16, 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.

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

SPECIAL MEETING

Meeting Called to Order

- *Item #1 Agenda
- *Item #2 **ACTION**..... Excused Absence(s)
- *Item #3 **ACTION**..... Consider for Approval Minutes from September 27, 2018 Governing Board Meeting
- *Item #4 **ACTION**..... Policies Approved by United Board of Health as Authorized Under the Shared Services Agreement
 - a) Mother Friendly Worksite
- Item #5 **ACTION**..... Consider for Approval Change in Scope (CIS) Request to Update Sites and Services
- Item #6 **ACTION**..... Consider for Approval FY2019 Service Area Competition (SAC) Application and Budget for the 2019-2020 Funding Period
- Item #7 **ACTION**..... Consider for Approval the Appointment of Aaron Akins as a Consumer Representative to the Coastal Health & Wellness Governing Board for a 3-year Term Expiring October 2021

Adjournment

Tentative Next Meeting: November 1, 2018

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
October 2018
Item #2
Excused Absence(s)**

- **Dorothy Goodman**
- **Barbara Thompson**
- **Mario Hernandez**

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

October 2018

Item #3

Consider for Approval Minutes from September 27, 2018

Governing Board Meeting

**Coastal Health & Wellness
Governing Board Meeting
September 27, 2018**

Board Members

Present:

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

Staff:

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

Excused Absence: Miroslava Bustamante

Guest: Aaron Akins

***Items 1-6 Consent Agenda**

A motion was made by Virginia Valentino to approve the consent agenda items one through six. Mario Hernandez seconded the motion and the Board unanimously approved the consent agenda.

Item #7 Executive Report

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

Item #8 Consider for Approval July 2018 Financial Report

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

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

Mary Orange, Business Office Manager, presented the HRSA funding award and proposed budget related to FY 2018 capital assistance for hurricane response and recovery efforts to the Board. A motion to accept the HRSA funding award and proposed budget as presented was made by Dorothy Goodman and seconded by Victoria Dougharty. The Board unanimously approved the motion.

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

Mary Orange, Business Office Manager, presented the HRSA one-time supplement funding award and proposed budget to the Board. A motion to accept the HRSA one-time supplement funding in the amount of \$28,316 as presented was made by Jay Holland and seconded by Mario Hernandez. The Board unanimously approved the motion.

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

Mary Orange, Business Office Manager, presented the HRSA funding award and proposed budget related to the FY 2018 expanding access to quality substance used disorder and mental health services to the Board. A motion to accept the HRSA funding award and proposed budget as presented was made by Dorothy Goodman and seconded by Mario Hernandez. The Board unanimously approved the motion.

Item #12 Consider for Approval Authorization to Expend up to \$6,590 from Fund Balance to Change Claim Processing System

Mary Orange, Business Office Manager, asked the Board to consider for approval authorization to expend up to \$6,590 from fund balance to change the claim processing system. A motion to accept changing the claim processing system as presented was made by Virginia Valentino and seconded by Victoria Dougharty. The Board unanimously approved the motion.

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

Mary Orange, Business Office Manager, asked the Board to approve authorization of funds from QI funds and fund balance reserve for a freezer for the Galveston Clinic. A motion to accept funds in the amount of \$5,716 from QI funds and fund balances as presented was made by Virginia Valentino and seconded by Victoria Dougharty. The Board unanimously approved the motion.

Item #14 Consider for Approval Request to Authorize Placement Fee of \$10,000 to TACHC for Medical Director Candidate Selected and Referred by TACHC

Kathy Barroso, Interim Executive Director, asked the Board to consider for approval a placement fee of \$10,000 to TACHC in the event a Medical Director candidate is selected and referred by TACHC. A motion to approve the request as presented was made by Jay Holland and seconded by Mario Hernandez. The Board unanimously approved the motion.

Item #15 Consider for Approval Privileging Rights for Taylor Riggs, PA-C

Dr. Abdul-Aziz Alhassan, Medical Director, asked the Board to consider for approval privileging rights for Taylor Riggs, PA-C. A motion to accept privileging rights for Taylor Riggs, PA-C was made by Virginia Valentino, and second by Victoria Dougharty. The Board unanimously approved the motion.

Item #16 Notification of Recent Parking Lot Security Concerns and Proposed Next Steps

Richard Mosquera, Chief Compliance Officer, notified the Board of recent parking lot security concerns. It was recommended that a security risk assessment be conducted and brought back to the Board with proposed recommendations and associated costs.

Item #17 2017 Uniform Data (UDS) Summary Report

Kathy Barroso, Interim Executive Director, presented the 2017 Uniform Data System (UDS) Summary Report to the Board. It was suggested that staff continue to monitor quality of care indicators through the Quality Assurance Committee and identify areas for performance improvement.

Adjournment

A motion to adjourn was made by Virginia Valentino, seconded by Dorothy Goodman. The Board adjourned at 1:08 p.m.

Chair

Secretary/Treasurer

Date

Date

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

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

- **Mother Friendly Worksite**

Mother Friendly Worksite

Audience

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

Policy

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

Management staff of the District shall work with breastfeeding employees to determine mutually agreeable hours or work, assignments and breaks which support breastfeeding practices for one year after the child’s birth.

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

Employees that utilize the Mother Friendly Worksite area should contact Human Resources.

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

October 2018

Item #5

Consider for Approval Change in Scope (CIS)

Request to Update Sites and Services

Consider for Approval Change in Scope (CIS) Request to Update Sites and Services

We are requesting Board approval to submit the following Change in Scope Request to HRSA based on current delivery sites and services.

Form 5A: Services Provided

- Add services provided and paid through formal written agreements with UTMB:
 - General Primary Medical Care (Column II)
 - Voluntary Family Planning (Column II)
 - Obstetrical Care
 - Prenatal Care (Column II)

*Column II of Form 5A includes services that the Health Center pays through a formal written contract/agreement.

Form 5B: Service Sites

- Remove the following temporary site locations setup during Hurricane Harvey that were designated as seasonal:
 - Friendswood High School, 702 Greenbriar Drive, Friendswood, Tx 77546
 - 418 Morningside Drive, Friendswood, Tx. 77546-3850
 - 2880 West Walker Street, League City, Tx 77553
 - East League City, Tx 77573
- Change location type of site named “Mobile Van #1” to seasonal

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

October 2018

Item #6

**Consider for Approval FY2019 Service Area Competition (SAC)
Application and Budget for the 2019-2020 Funding Period**

Application for Federal Assistance SF-424

OMB Approval No. 4040-0004
Expiration Date 8/31/2016

* 1. Type of Submission <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify) <input type="text"/> Competing Continuation
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* 3. Date Received: <input type="text"/> 9/12/2018	4. Applicant Identifier: <input type="text"/>
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* 5.a Federal Entity Identifier: <input type="text"/> Application #:158980 <input type="text"/> Grants.Gov #:GRANT12709331	5.b Federal Award Identifier: <input type="text"/> H80CS00344
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* 6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>
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8. Applicant Information:	
* a. Legal Name <input type="text"/> COASTAL HEALTH & WELLNESS	* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text"/> 74-1665318
* c. Organizational DUNS: <input type="text"/> 135951940	
d. Address:	
* Street1: <input type="text"/> 9850-C Emmett F. Lowry Expy.	* Street2: <input type="text"/>
* City: <input type="text"/> Texas City	* County: <input type="text"/> Galveston
* State: <input type="text"/> TX	* Province: <input type="text"/>
* Country: <input type="text"/> US: United States	* Zip / Postal Code: <input type="text"/> 77591-

e. Organization Unit:	
Department Name: <input type="text"/>	Division Name: <input type="text"/>

f. Name and contact information of person to be contacted on matters involving this application:			
Prefix: <input type="text"/> Ms.	* First Name: <input type="text"/> Kathy	Middle Name: <input type="text"/>	Last Name: <input type="text"/> Barroso
Suffix: <input type="text"/>	Title: <input type="text"/> Interim Executive Director	Organizational Affiliation: <input type="text"/>	* Telephone Number: <input type="text"/> (409) 938-2257
* Email: <input type="text"/> kbarroso@gchd.org	Fax Number: <input type="text"/>		

9. Type of Applicant 1: <input type="text"/> D: Special District Government	
Type of Applicant 2: <input type="text"/>	
Type of Applicant 3: <input type="text"/>	
* Other (specify): <input type="text"/>	

* 10. Name of Federal Agency: <input type="text"/> N/A
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11. Catalog of Federal Domestic Assistance Number: <input type="text"/> 93.224
CFDA Title: <input type="text"/> Community Health Centers

* 12. Funding Opportunity Number: <input type="text"/> HRSA-19-014
* Title: <input type="text"/> Service Area Competition

13. Competition Identification Number: <input type="text"/> 7414
Title: <input type="text"/> Service Area Competition

Areas Affected by Project (Cities, Counties, States, etc.): <input type="text"/> See Attachment

* 15. Descriptive Title of Applicant's Project: <input type="text"/> Health Center Cluster
Project Description: <input type="text"/> See Attachment

16. Congressional Districts Of:	
* a. Applicant <input type="text"/> TX-14	* b. Program/Project <input type="text"/> TX-14

Additional Program/Project Congressional Districts:

See Attachment

17. Proposed Project:

* a. Start Date: * b. End Date:

18. Estimated Funding (\$):

* a. Federal	\$3,127,400.00
* b. Applicant	\$0.00
* c. State	\$950,000.00
* d. Local	\$3,888,845.00
* e. Other	\$1,066,458.00
* f. Program Income	\$8,047,022.00
* g. TOTAL	\$17,079,725.00

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent Of Any Federal Debt(If "Yes", provide explanation in attachment.)**

Yes No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I Agree
 ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:	<input type="text"/>	* First Name:	<input type="text" value="Kathy"/>
Middle Name:	<input type="text"/>		
* Last Name:	<input type="text" value="Barroso"/>		
Suffix:	<input type="text"/>		
* Title:	<input type="text"/>		
* Telephone Number:	<input type="text" value="(409) 938-2257"/>	Fax Number:	<input type="text"/>
* Email:	<input type="text" value="kbarroso@gchd.org"/>		
* Signature of Authorized Representative:	<input type="text" value="Kathy Barroso"/>	* Date Signed:	<input type="text" value="9/12/2018"/>

Project/Performance Site Location(s)

Project/Performance Site Primary Location

Organization Name: Coastal Health & Wellness - Texas City

* Street1: 9850-C Emmett F. Lowry Expy

Street2:

* City: Texas City

County:

* State: Texas Province:

* Country: United States * ZIP / Postal Code: 77591-

DUNS Number:

Project/ Performance Site Congressional District:

Project/Performance Site Location

Organization Name: Coastal Health & Wellness - Galveston

* Street1: 4700 Broadway Street

Street2: Suite 100

* City: Galveston County:

* State: Texas Province:

* Country: United States * ZIP / Postal Code: 77551-

DUNS:

Project/ Performance Site Congressional District:

SF-424A: BUDGET INFORMATION - Non-Construction Programs

Expiration Date 8/31/2016

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activity	Catalog of Federal Domestic Assistance Number	Estimated Unobligated Funds		New or Revised Budget		
		Federal	Non-Federal	Federal	Non-Federal	Total
Community Health Centers	93.224	\$0.00	\$0.00	\$3,127,400.00	\$13,952,325.00	\$17,079,725.00
Total		\$0.00	\$0.00	\$3,127,400.00	\$13,952,325.00	\$17,079,725.00

SECTION B - BUDGET CATEGORIES			
Object Class Categories	Federal	Non-Federal	Total
a. Personnel	\$2459390.00	\$4360729.00	\$6820119.00
b. Fringe Benefits	\$469835.00	\$829526.00	\$1299361.00
c. Travel	\$0.00	\$25224.00	\$25224.00
d. Equipment	\$0.00	\$0.00	\$0.00
e. Supplies	\$21045.00	\$1407025.00	\$1428070.00
f. Contractual	\$91200.00	\$919593.00	\$1010793.00
g. Construction	\$0.00	\$0.00	\$0.00
h. Other	\$85930.00	\$6410228.00	\$6496158.00
i. Total Direct Charges (sum of a-h)	\$3127400.00	\$13952325.00	\$17079725.00
j. Indirect Charges	\$0.00	\$0.00	\$0.00
k. TOTALS (sum of i and j)	\$3127400.00	\$13952325.00	\$17079725.00

SECTION C - NON-FEDERAL RESOURCES				
Grant Program Function or Activity	Applicant	State	Other Sources	TOTALS
Community Health Centers	\$0.00	\$950,000.00	\$13,002,325.00	\$13,952,325.00
Total	\$0.00	\$950,000.00	\$13,002,325.00	\$13,952,325.00

SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Federal	\$3,127,400.00	\$781,850.00	\$781,850.00	\$781,850.00	\$781,850.00
Non-Federal	\$13,952,325.00	\$3,488,082.00	\$3,488,081.00	\$3,488,081.00	\$3,488,081.00
Total	\$17,079,725.00	\$4,269,932.00	\$4,269,931.00	\$4,269,931.00	\$4,269,931.00

SECTION E - FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT				
Grant Program	FUTURE FUNDING PERIODS (YEARS)			
	First	Second	Third	Fourth
Community Health Centers	\$3,127,400.00	\$3,127,400.00	\$0.00	\$0.00
TOTAL	\$3,127,400.00	\$3,127,400.00	\$0.00	\$0.00

SECTION F - OTHER BUDGET INFORMATION	
Direct Charges	No information added.
Indirect Charges	No information added.
Remarks	No information added.

SF-424B: ASSURANCES, NON-CONSTRUCTION PROGRAMS

OMB Approval No. 4040-0007

Expiration Date 06/30/2014

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681- 1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee- 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. 45 CFR 75, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

* SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL

Kathy Barroso

* APPLICANT ORGANIZATION

COASTAL HEALTH & WELLNESS

* TITLE

* DATE SUBMITTED

DISCLOSURE OF LOBBYING ACTIVITIES

OMB Approval No. 0348-0046
Expiration Date 12/31/2013

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

1. * Type of Federal Action:

- a. contract
- b. grant
- c. cooperative agreement
- d. loan
- e. loan guarantee
- f. loan insurance

2. * Status of Federal Action:

- a. bid/offer/application
- b. initial award
- c. post-award

3. * Report Type:

- a. initial filing
- b. material change

For Material Change

Year

Quarter

Date of Last Report

4. Name and Address of Reporting Entity:

Prime SubAwardee Tier If Known:

*Name

*Street 1

Street 2

* City State

* Zip Congressional District, if known:

5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:

6. * Federal Department/Agency: <input type="text" value="U.S Department of Health and Human Services, HRSA"/>	7. * Federal Program Name/Description: <input type="text" value="Health Center Program"/> CFDA Number, if applicable: <input type="text" value="93.224"/>
8. Federal Action Number, if known: <input type="text" value="HRSA-19-014"/>	9. Award Amount, if known: <input type="text"/>

10. a. Name and Address of Lobbying Registrant:

Prefix * First Name Middle Name

* Last Name Suffix

* Street 1 * Street 2

* City State * Zip

b. Individual Performing Services (including address if different from No. 10a)

Prefix * First Name Middle Name

* Last Name Suffix

* Street 1 Street 2

* City State * Zip

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

* Signature:

* Name Prefix: * First Name Middle Name

* Last Name Suffix

Title: Telephone No.: Date:

Federal Use Only:

Authorized for Local Reproduction
Standard Form - LLL

Program Specific Form(s) - Review

00158980: COASTAL HEALTH & WELLNESS

Due Date: 10/17/2018 (Due In: 1 Days)

Announcement Number: HRSA-19-014

Announcement Name: Service Area Competition

Application Type: Competing Continuation

Grant Number: H80CS00344

Target Population: Community Health Centers

Target Audience: Not Available

Resources

View

[SAC FY 2019 User Guide](#) | [Funding Opportunity Announcement](#) | [SAC TA](#)

Form 1A - General Information Worksheet

As of 10/16/2018 11:05:28 AM

OMB Number: 0915-0285 OMB Expiration Date: 1/31/2020

1. Applicant Information

Applicant Name	COASTAL HEALTH & WELLNESS
Fiscal Year End Date	March 31
Application Type	Competing Continuation
Grant Number	H80CS00344
Business Entity	<input type="checkbox"/> Tribal <input type="checkbox"/> Urban Indian <input type="checkbox"/> Private, non-profit (non-Tribal or Urban Indian) <input checked="" type="checkbox"/> Public (non-Tribal or Urban Indian)
Organization Type (Select all that apply)	<input type="checkbox"/> Faith based <input type="checkbox"/> Hospital <input type="checkbox"/> State government <input type="checkbox"/> City/County/Local Government or Municipality <input type="checkbox"/> University <input type="checkbox"/> Community based organization <input checked="" type="checkbox"/> Other If 'Other' please specify: Special District

2. Proposed Service Area

2a. Service Area Designation

Select MUA/MUP

(Each ID must be an integer that is at least 5 but not greater than 12 digits. Use commas to separate multiple IDs, without spaces)

[Find an MUA/MUP](#)

- Medically Underserved Area (MUA) ID #
- Medically Underserved Population (MUP) ID # 03495
- Medically Underserved Area Application Pending ID #
- Medically Underserved Population Application Pending ID #

2b. Service Area Type

Choose Service Area Type

- Urban
- Rural
- Sparsely Populated - Specify population density by providing the number of people per square mile: 0.00

2c. Patients and Visits

Unduplicated Patients and Visits by Population Type

How many unduplicated patients are projected to be served by December 31, 2020?

Population Type	UDS / Baseline Value		Projected by December 31, 2020 (January 1 - December 31, 2020)	
	Patients	Visits	Patients	Visits
Total	13816	54615	16345	46889
General Underserved Community ⁱ (Include all patients/visits not reported in the rows below)	13411	53377	16345	46889
Migratory and Seasonal Agricultural Workers and Families	0	0	0	0
Public Housing Residents	0	0	0	0
People Experiencing Homelessness	405	1238	0	0

Patients and Visits by Service Type				
Service Type	UDS / Baseline Value		Projected by December 31, 2020 (January 1 - December 31, 2020)	
	Patients	Visits	Patients	Visits
Total Medical Services	11936	32014	14391	33235
Total Dental Services	2877	10433	3645	13054
Behavioral Health Services				
Total Mental Health Services	294	597	275	600
Total Substance Use Disorder Services	0	0	0	0
Total Enabling Services	9941	11571	9941	11571

Form 1C - Documents On File

As of 10/16/2018 11:05:28 AM
OMB Number: 0915-0285 OMB Expiration Date: 1/31/2020

Clinical Staffing	Date of Latest Review/Revision (Maximum 100 characters)
Procedures for Review of Credentials (element c)	5/31/18
Procedures for Review of Privileges (element d)	5/31/18
Coverage for Medical Emergencies During and After Hours	Date of Latest Review/Revision (Maximum 100 characters)
Procedures for Responding to Emergencies During Hours of Operation (element b)	8/30/18
Procedures or Arrangements for After-Hours Coverage (element c)	9/27/18
Continuity of Care and Hospital Admitting	Date of Latest Review/Revision (Maximum 100 characters)
Procedures for Hospitalized Patients (element b)	3/29/18
Sliding Fee Discount Program	Date of Latest Review/Revision (Maximum 100 characters)
Sliding Fee Discount Policies (element b)	3/29/18
Procedures for Assessing Income and Family Size (element f)	5/17/17
Quality Improvement/Assurance	Date of Latest Review/Revision (Maximum 100 characters)
QI/QA Program Policies (element a)	5/31/18
QI/QA Procedures or Processes (element c)	5/31/18
Systems for Protecting Confidentiality of Patient Information (element f)	5/31/18
Contracts and Subawards	Date of Latest Review/Revision (Maximum 100 characters)
Procurement Procedures (element a)	7/25/18
Conflict of Interest	Date of Latest Review/Revision (Maximum 100 characters)
Standards of Conduct (element a)	3/28/18
Financial Management and Accounting Systems	Date of Latest Review/Revision (Maximum 100 characters)
Financial Management and Internal Control Systems (element a)	8/29/18
Procedures for Drawdown, Disbursement, and Expenditure (element c)	8/29/18
Billing and Collections	Date of Latest Review/Revision (Maximum 100 characters)
Billing and Collections Systems and Procedures (element d)	3/01/18
Policies for Waiving or Reducing Fees (element h)	3/01/18

Form 4 - Community Characteristics

As of 10/16/2018 11:05:28 AM
OMB Number: 0915-0285 OMB Expiration Date: 1/31/2020

Race and Ethnicity	Service Area Number	Service Area Percentage	Target Population Number	Target Population Percentage

Asian	3762	2.59%	1512	2.59%
Native Hawaiian	34	0.02%	3	0.01%
Other Pacific Islanders	33	0.02%	4	0.01%
Black/African American	32141	22.11%	12927	22.13%
American Indian/Alaska Native	475	0.33%	191	0.33%
White	100354	69.04%	40342	69.06%
More than One Race	8554	5.88%	3438	5.89%
Unreported/Declined to Report (if applicable)	0	0%	0	0%
Total	145353	100%	58417	100%

Hispanic or Latino Ethnicity	Service Area Number	Service Area Percentage	Target Population Number	Target Population Percentage
Hispanic or Latino	42896	29.51%	2898	4.96%
Non-Hispanic or Latino	102457	70.49%	55519	95.04%
Unreported/Declined to Report (if applicable)	0	0%	0	0%
Total	145353	100%	58417	100%

Income as a Percent of Poverty Level	Service Area Number	Service Area Percentage	Target Population Number	Target Population Percentage
Below 100%	27583	18.98%	27583	47.22%
100-199%	30834	21.21%	30834	52.78%
200% and Above	86936	59.81%	0	0%
Total	145353	100%	58417	100%

Principal Third Party Payment Source	Service Area Number	Service Area Percentage	Target Population Number	Target Population Percentage
Medicaid	30270	20.83%	22000	37.66%
Medicare	19203	13.21%	4837	8.28%
Other Public Insurance	0	0%	0	0%
Private Insurance	65800	45.27%	1500	2.57%
None/Uninsured	30080	20.69%	30080	51.49%
Total	145353	100%	58417	100%

Special Populations and Select Population Characteristics	Service Area Number	Service Area Percentage	Target Population Number	Target Population Percentage
Migratory/Seasonal Agricultural Workers and Families	824	0.57%	824	1.41%
People Experiencing Homelessness	369	0.25%	369	0.63%
Residents of Public Housing	7317	5.03%	7317	12.53%
School Age Children	24693	16.99%	9931	17%
Veterans	9346	6.43%	3739	6.4%
Lesbian, Gay, Bisexual and Transgender	5523	3.8%	2200	3.77%
HIV/AIDS-Infected Persons	762	0.52%	409	0.7%
Individuals Best Served in a Language Other Than English	11918	8.2%	4790	8.2%
Other Population under 18 years of age	34469	23.71%	13845	23.7%

▼ Key Management Staff/Administration		
Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Project Director/Chief Executive Officer (CEO)	1.00	NO
Finance Director/Chief Financial Officer (CFO)	1.00	NO
Chief Operating Officer (COO)	0.00	NO
Chief Information Officer (CIO)	0.50	NO
Clinical Director/Chief Medical Officer (CMO)	0.40	NO
Administrative Support Staff	14.85	NO

▼ Facility and Non-Clinical Support		
Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Fiscal and Billing Staff	5.93	NO
IT Staff	6.20	NO
Facility Staff	0.50	NO
Patient Support Staff	4.00	NO

▼ Physicians		
Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Family Physicians	4.40	YES
General Practitioners	0.00	NO
Internists	0.00	NO
Obstetricians/Gynecologists	0.10	YES
Pediatricians	0.00	NO
Other Specialty Physicians	0.00	NO

▼ Nurse Practitioners, Physician Assistants, and Certified Nurse Midwives		
Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Nurse Practitioners	2.00	NO
Physician Assistants	5.80	NO
Certified Nurse Midwives	0.00	NO

▼ Medical		
Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Nurses	10.00	NO
Other Medical Personnel (e.g. Medical Assistants, Nurse Aides)	17.00	NO
Laboratory Personnel	5.00	NO
X-Ray Personnel	3.00	NO

▼ Dental		
Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Dentists	4.40	NO
Dental Hygienists	1.00	NO
Dental Therapists	0.00	NO
Other Dental Personnel - Dental Assistants	9.00	NO

▼ Behavioral Health (Mental Health and Substance Use Disorder)		
Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Psychiatrists	0.00	NO
Licensed Clinical Psychologists	0.00	NO
Licensed Clinical Social Workers	0.50	NO
Other Licensed Mental Health Providers - LBSW	1.00	NO
Other Mental Health Staff	0.00	NO
Substance Use Disorder Providers	0.00	NO
▼ Professional Services		
Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Other Professional Health Services Staff	0.00	NO
▼ Vision Services		
Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Ophthalmologists	0.00	NO
Optometrists	0.00	NO
Other Vision Care Staff	0.00	NO
▼ Pharmacy Personnel		
Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Pharmacy Personnel	0.00	NO
▼ Enabling Services		
Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Case Managers	1.00	NO
Patient/Community Education Specialists	0.00	NO
Outreach Workers	2.00	NO
Transportation Staff	0.00	NO
Eligibility Assistance Workers	0.00	NO
Interpretation Staff	0.00	NO
Community Health Workers	0.00	NO
Other Enabling Services - Patient Services Staff	23.00	NO
▼ Other Programs and Services		
Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Quality Improvement Staff	1.30	NO
Other Programs and Services Staff - Dir of Comm, Dir of HR, CCO, HR, PHEP Mg	2.17	NO
▼ Total FTEs		
Totals	Direct Hire FTEs	Contract/Agreement FTEs
Totals	127.05	N/A

Form 3 - Income Analysis

As of 10/16/2018 11:05:28 AM
 OMB Number: 0915-0285 OMB Expiration Date: 1/31/2020

Payer Category	Patients By Primary Medical Insurance (a)	Billable Visits (b)	Income Per Visit (c)	Projected Income (d)	Prior FY Income (e)

Payer Category	Patients By Primary Medical Insurance (a)	Billable Visits (b)	Income Per Visit (c)	Projected Income (d)	Prior FY Income (e)
Part 1: Patient Service Revenue - Program Income					
1. Medicaid	1894.00	5442.00	\$160.11	\$871,296.00	\$2,360,459.00
2. Medicare	1267.00	3640.00	\$139.70	\$508,558.00	\$1,637,388.00
3. Other Public	627.00	1728.00	\$67.76	\$117,088.00	\$78,764.00
4. Private	1642.00	4718.00	\$125.37	\$591,472.00	\$1,779,177.00
5. Self Pay	10915.00	31361.00	\$190.00	\$5,958,608.00	\$7,294,525.00
6. Total (Lines 1 - 5)	16345	46889	N/A	\$8,047,022.00	\$13,150,313.00
Part 2: Other Income - Other Federal, State, Local and Other Income					
7. Other Federal	N/A	N/A	N/A	\$0.00	\$0.00
8. State Government	N/A	N/A	N/A	\$950,000.00	\$1,455,620.00
9. Local Government	N/A	N/A	N/A	\$3,888,845.00	\$3,959,695.00
10. Private Grants/Contracts	N/A	N/A	N/A	\$0.00	\$754,671.00
11. Contributions	N/A	N/A	N/A	\$0.00	\$0.00
12. Other	N/A	N/A	N/A	\$1,248,618.00	\$70,414.00
13. Applicant (Retained Earnings)	N/A	N/A	N/A	\$0.00	\$0.00
14. Total Other (Lines 7- 13)	N/A	N/A	N/A	\$6,087,463.00	\$6,240,400.00
Total Non-Federal (Non-Health Center Program) Income (Program Income Plus Other)					
15. Total Non-Federal Income (Lines 6+ 14)	N/A	N/A	N/A	\$14,134,485.00	\$19,390,713.00

Comments/Explanatory Notes (if applicable)

The discrepancy in projected income is due to rounding.

As of 10/16/2018 11:05:28 AM
OMB Number: 0915-0285 OMB Expiration Date: 1/31/2020

Form 5A - Required Services

Service Type	Column I - Direct (Health Center Pays)	Column II - Formal Written Contract/Agreement (Health Center Pays)	Column III - Formal Written Referral Arrangement (Health Center DOES NOT Pay)
General Primary Medical Care	[X]	[_]	[_]
Diagnostic Laboratory	[X]	[X]	[_]
Diagnostic Radiology	[X]	[X]	[_]
Screenings	[X]	[_]	[X]
Coverage for Emergencies During and After Hours	[X]	[_]	[_]
Voluntary Family Planning	[X]	[_]	[_]
Immunizations	[X]	[_]	[_]
Well Child Services	[X]	[_]	[_]
Gynecological Care	[X]	[_]	[_]
Obstetrical Care			
Prenatal Care	[X]	[_]	[X]
Intrapartum Care (Labor & Delivery)	[_]	[_]	[X]
Postpartum Care	[_]	[_]	[X]
Preventive Dental	[X]	[_]	[_]
Pharmaceutical Services	[_]	[X]	[_]
HCH Required Substance Use Disorder Services	[_]	[_]	[_]
Case Management	[X]	[_]	[_]

Service Type	Column I - Direct (Health Center Pays)	Column II - Formal Written Contract/Agreement (Health Center Pays)	Column III - Formal Written Referral Arrangement (Health Center DOES NOT Pay)
Eligibility Assistance	[X]	[_]	[_]
Health Education	[X]	[_]	[_]
Outreach	[X]	[_]	[_]
Transportation	[_]	[X]	[_]
Translation	[X]	[X]	[_]

As of 10/16/2018 11:05:28 AM
 OMB Number: 0915-0285 OMB Expiration Date: 1/31/2020

Form 5A - Additional Services

Service Type	Column I - Direct (Health Center Pays)	Column II - Formal Written Contract/Agreement (Health Center Pays)	Column III - Formal Written Referral Arrangement (Health Center DOES NOT Pay)
Additional Dental Services	[X]	[_]	[_]
Behavioral Health Services			
Mental Health Services	[X]	[_]	[X]
Substance Use Disorder Services	[X]	[_]	[X]
Optometry	[_]	[_]	[_]
Recuperative Care Program Services	[_]	[_]	[_]
Environmental Health Services	[_]	[_]	[_]
Occupational Therapy	[_]	[_]	[_]
Physical Therapy	[_]	[_]	[_]
Speech-Language Pathology/Therapy	[_]	[_]	[_]
Nutrition	[_]	[_]	[_]
Complementary and Alternative Medicine	[_]	[_]	[_]
Additional Enabling/Supportive Services	[_]	[_]	[_]

As of 10/16/2018 11:05:28 AM
 OMB Number: 0915-0285 OMB Expiration Date: 1/31/2020

Form 5A - Specialty Services

Service Type	Column I - Direct (Health Center Pays)	Column II - Formal Written Contract/Agreement (Health Center Pays)	Column III - Formal Written Referral Arrangement (Health Center DOES NOT Pay)
Podiatry	[_]	[_]	[_]
Psychiatry	[_]	[_]	[_]
Endocrinology	[_]	[_]	[_]
Ophthalmology	[_]	[_]	[_]
Cardiology	[_]	[_]	[_]
Pulmonology	[_]	[_]	[_]
Dermatology	[_]	[_]	[_]
Infectious Disease	[_]	[_]	[_]
Gastroenterology	[_]	[_]	[_]

Service Type	Column I - Direct (Health Center Pays)	Column II - Formal Written Contract/Agreement (Health Center Pays)	Column III - Formal Written Referral Arrangement (Health Center DOES NOT Pay)
Advanced Diagnostic Radiology	[_]	[_]	[_]

Form 5B - Service Sites

As of 10/16/2018 11:05:28 AM
OMB Number: 0915-0285 OMB Expiration Date: 1/31/2020

Coastal Health & Wellness - Galveston (BPS-H80-001376)		Action Status: Picked from Scope	
Site Name	Coastal Health & Wellness - Galveston	Physical Site Address	4700 BROADWAY STREET STE 100, GALVESTON, TX 77551-4241
Site Type	Service Delivery Site	Site Phone Number	(409) 938-2401
Web URL	www.coastalhw.org		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	8/1/1996	Site Operational By	8/1/1996
FQHC Site Medicare Billing Number Status	This site has a Medicare billing number	FQHC Site Medicare Billing Number	451905
FQHC Site National Provider Identification (NPI) Number	1871766584	Total Hours of Operation	43
Months of Operation	May, June, July, August, January, February, March, April, November, September, October, December		
Number of Contract Service Delivery Locations		Number of Intermittent Sites	0
Site Operated by	Grantee		

Organization Information

No Organization Added

Service Area Zip Codes: 77550, 77553, 77546, 77539, 77552, 77592, 77590, 77518, 77573, 77617, 77568, 77623, 77551, 77510, 77554, 77574, 77565, 77549, 77555, 77591, 77650, 77511, 77563, 77517

Mobile Van #1 (BPS-H80-013539)		Action Status: Picked from Scope	
Site Name	Mobile Van #1	Physical Site Address	9850-C Emmett F. Lowry Expressway STE C103, Texas City, TX 77591
Site Type	Service Delivery Site	Site Phone Number	(409) 949-3406
Web URL			
Location Type	Mobile Van	Site Setting	All Other Clinic Types
Date Site was Added to Scope	1/13/2014	Site Operational By	4/9/2014
FQHC Site Medicare Billing Number Status	This site is neither permanent nor seasonal per CMS	FQHC Site Medicare Billing Number	
FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation	16
Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations		Number of Intermittent Sites	0
Site Operated by	Grantee		

Organization Information

No Organization Added

Service Area Zip Codes: 77546, 77555, 77563, 77553, 77554, 77573, 77574, 77565, 77568, 77510, 77539, 77591, 77550, 77552, 77551, 77511, 77518, 77617, 77623, 77592, 77517, 77650, 77590, 77549

TEMPORARY SITE-Hurricane Harvey Friendswood HS (BPS-H80-021065)		Action Status: Picked from Scope	
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Site Name	TEMPORARY SITE-Hurricane Harvey Friendswood HS	Physical Site Address	702 Greenbriar Dr., Friendswood, TX 77546
Site Type	Service Delivery Site	Site Phone Number	(409) 939-1929
Web URL			
Location Type	Seasonal	Site Setting	All Other Clinic Types
Date Site was Added to Scope	8/28/2017	Site Operational By	
FQHC Site Medicare Billing Number Status		FQHC Site Medicare Billing Number	
FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation	40
Months of Operation	September, November, October		
Number of Contract Service Delivery Locations		Number of Intermittent Sites	0
Site Operated by	Grantee		

Organization Information

No Organization Added

Service Area Zip Codes	77546		
TEMPORARY SITE-Hurricane Harvey West Walker St (BPS-H80-021062)		Action Status: Picked from Scope	
Site Name	TEMPORARY SITE-Hurricane Harvey West Walker St	Physical Site Address	2880 West Walker ST, League City, TX 77573
Site Type	Service Delivery Site	Site Phone Number	(409) 939-1929
Web URL			
Location Type	Seasonal	Site Setting	All Other Clinic Types
Date Site was Added to Scope	8/28/2017	Site Operational By	
FQHC Site Medicare Billing Number Status		FQHC Site Medicare Billing Number	
FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation	40
Months of Operation	September, November, October		
Number of Contract Service Delivery Locations		Number of Intermittent Sites	0
Site Operated by	Grantee		

Organization Information

No Organization Added

Service Area Zip Codes	77573		
Coastal Health & Wellness (BPS-H80-012179)		Action Status: Picked from Scope	
Site Name	Coastal Health & Wellness	Physical Site Address	9850 Emmett F Lowry Expy, Texas City, TX 77591-2122
Site Type	Administrative	Site Phone Number	(409) 938-2401
Web URL	www.coastalhw.org		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	12/5/2012	Site Operational By	12/5/2012
FQHC Site Medicare Billing Number Status	Health center does not/will not bill under the FQHC Medicare system at this site	FQHC Site Medicare Billing Number	

FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation	0
Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations		Number of Intermittent Sites	0
Site Operated by	Grantee		

Organization Information

No Organization Added

Service Area Zip Codes			
TEMPORARY SITE-Hurricane Harvey-East League City (BPS-H80-021061)			Action Status: Picked from Scope
Site Name	TEMPORARY SITE-Hurricane Harvey-East League City	Physical Site Address	100 East League City, League City, TX 77573
Site Type	Service Delivery Site	Site Phone Number	(404) 939-1929
Web URL			
Location Type	Seasonal	Site Setting	All Other Clinic Types
Date Site was Added to Scope	8/28/2017	Site Operational By	
FQHC Site Medicare Billing Number Status		FQHC Site Medicare Billing Number	
FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation	40
Months of Operation	September, November, October		
Number of Contract Service Delivery Locations		Number of Intermittent Sites	0
Site Operated by	Grantee		

Organization Information

No Organization Added

Service Area Zip Codes	77573		
Coastal Health & Wellness - Texas City (BPS-H80-011462)			Action Status: Picked from Scope
Site Name	Coastal Health & Wellness - Texas City	Physical Site Address	9850-C Emmett F. Lowry Expressway STE C103, Texas City, TX 77591
Site Type	Service Delivery Site	Site Phone Number	(409) 938-2401
Web URL	www.coastalhw.org		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	5/22/2012	Site Operational By	5/25/2012
FQHC Site Medicare Billing Number Status	This site has a Medicare billing number	FQHC Site Medicare Billing Number	451801
FQHC Site National Provider Identification (NPI) Number	1578588406	Total Hours of Operation	50
Months of Operation	May, June, July, August, January, February, March, April, November, September, October, December		
Number of Contract Service Delivery Locations		Number of Intermittent Sites	0
Site Operated by	Grantee		

Organization Information

No Organization Added

Service Area Zip Codes	77511, 77554, 77573, 77650, 77568, 77550, 77518, 77574, 77592, 77563, 77591, 77549, 77565, 77590, 77551, 77623, 77553, 77555, 77617, 77552, 77510, 77546, 77517, 77539
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TEMPORARY SITE-Hurricane Harvey Morningside Dr (BPS-H80-021063) Action Status: Picked from Scope

Site Name	TEMPORARY SITE-Hurricane Harvey Morningside Dr	Physical Site Address	416 Morningside Dr, Friendswood, TX 77546-3850
Site Type	Service Delivery Site	Site Phone Number	(409) 939-1929
Web URL			
Location Type	Seasonal	Site Setting	All Other Clinic Types
Date Site was Added to Scope	8/28/2017	Site Operational By	
FQHC Site Medicare Billing Number Status		FQHC Site Medicare Billing Number	
FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation	40
Months of Operation	September, November, October		
Number of Contract Service Delivery Locations		Number of Intermittent Sites	0
Site Operated by	Grantee		

Organization Information

No Organization Added

Service Area Zip Codes	77546
------------------------	-------

Form 5C - Other Activities/Locations

As of 10/16/2018 11:05:28 AM
OMB Number: 0915-0285 OMB Expiration Date: 1/31/2020

Activity/Location Information

No other activities/locations added.

Form 6A - Current Board Member Characteristics

As of 10/16/2018 11:05:28 AM
OMB Number: 0915-0285 OMB Expiration Date: 1/31/2020

List of All Board Member(s)

Name	Current Board Office Position Held	Area of Expertise	10% of income from health industry	Health Center Patient	Live or Work in Service Area	Special Population Representative
Aaron Akin		Business	No	Yes	Live, Work	No
David DeLac	Vice Chairman	Finance and Government	No	No	Live, Work	No
Dorothy Goodman	Member	Retired social services	No	Yes	Live	No
Milton Howard DDS	Board Chairman	Dentist	Yes	No	Live, Work	No
Jay Holland	Member	Finance and Government	No	No	Live, Work	No
Virginia Valentino	Secretary-Treasurer	Retired Teacher	No	Yes	Live, Work	No
Samantha Robinson	Member	Business and Social Svcs	Yes	No	Live, Work	No
Victoria Dougherty	Member	Fundraising	No	Yes	Live, Work	No
Miroslava Bustamante	Member	Finance and HR	No	Yes	Live, Work	No

Mario Hernandez	Member	Labor relations and fundraising	No	Yes	Live	No
z						

Patient Board Member(s) Classification

Gender	Number of Patient Board Members
Male	2
Female	4
Unreported/Refused to Report	0
Ethnicity	Number of Patient Board Members
Hispanic or Latino	2
Non-Hispanic or Latino	4
Unreported/Declined to Report	0
Race	Number of Patient Board Members
Native Hawaiian	0
Other Pacific Islanders	0
Asian	0
Black/African American	1
American Indian/Alaska Native	0
White	3
More Than One Race	2
Unreported/Declined to Report	0

If you are a public organization/center, do the board members listed above represent a co-applicant board?
 Yes No N/A

Form 6B - Request for Waiver of Board Member Requirements

As of 10/16/2018 11:05:28 AM
 OMB Number: 0915-0285 OMB Expiration Date: 1/31/2020

Alert:
 This form is not applicable to you, since you are currently receiving or applying to receive **Community Health Centers (CHC)** funding and/or you have selected **'Tribal'** or **'Urban Indian'** as the Business Entity in [Form 1A](#).

Form 8 - Health Center Agreements

As of 10/16/2018 11:05:28 AM
 OMB Number: 0915-0285 OMB Expiration Date: 1/31/2020

PART I: Health Center Agreements

1. Does your organization have a parent, affiliate, or subsidiary organization?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you have, or propose to make as part of this application, any subawards to subrecipients and/or will you contract with another organization to carry out a substantial portion of the proposed scope of project? Contracts for a substantial portion of the award include contracting for the majority of core primary care services.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>Note(s):</p> <ul style="list-style-type: none"> Subawards or contracts made to related organizations such as a parent, affiliate, or subsidiary must also be addressed in this form. This form excludes contracts for the acquisition of supplies, material, equipment, or general support services (e.g., janitorial services, contracts with individual providers). 	
If Yes , indicate the number of each agreement by type in 2a and/or 2b below and complete Part II. If No , Part II is Not Applicable .	
2a. Number of contracts for a substantial portion of the proposed scope of project for the majority of core primary care services.	_____

2b. Number of subrecipients that will carry out a substantial portion of the proposed scope of project via a subaward.	_____
2c. Total number of contracts and/or subawards for a substantial portion of the proposed scope of project.	0

Part II: Attachments
 All affiliations/contracts/subawards referenced in Part I must be uploaded in full. Uploaded documents will NOT count against the page limit

Organization Name	Galveston County Health District
Type of Agreement	Affiliation Agreement

▼ Attachments			
Document Name	Size	Date Attached	Description
3520 CHW A 6 Shared Services Agreement.pdf	399 kB	10/09/2018	

Form 10 - Emergency Preparedness Report

As of 10/16/2018 11:05:28 AM
 OMB Number: 0915-0285 OMB Expiration Date: 1/31/2020

Section I : Emergency Preparedness and Management (EPM) Plan

1. Has your organization conducted a thorough Hazards Vulnerability Assessment? If Yes, date completed: 08/30/2018	<input checked="" type="checkbox"/> Yes [] No
2. Does your organization have an approved EPM plan? If Yes, date that the most recent EPM plan was approved by your Board: 08/30/2018 If No, skip to Readiness section below.	<input checked="" type="checkbox"/> Yes [] No
3. Does the EPM plan specifically address the four disaster phases? This question is mandatory if you answered Yes to Question 2.	
3a. Mitigation	<input checked="" type="checkbox"/> Yes [] No
3b. Preparedness	<input checked="" type="checkbox"/> Yes [] No
3c. Response	<input checked="" type="checkbox"/> Yes [] No
3d. Recovery	<input checked="" type="checkbox"/> Yes [] No
4. Is your EPM plan integrated into your local/regional emergency plan? This question is mandatory if you answered Yes to Question 2.	<input checked="" type="checkbox"/> Yes [] No
5. If No, has your organization attempted to participate with local/regional emergency planners? This question is mandatory if you answered Yes to Question 2 and No to Question 4.	<input checked="" type="checkbox"/> Yes [] No
6. Does the EPM plan address your capacity to render mass immunization/prophylaxis? This question is mandatory if you answered Yes to Question 2.	[] Yes <input checked="" type="checkbox"/> No

Section II : Readiness

1. Does your organization include alternatives for providing primary care to the current patient population if you are unable to do so during emergency?	[] Yes <input checked="" type="checkbox"/> No
2. Does your organization conduct annual planned drills?	<input checked="" type="checkbox"/> Yes [] No
3. Does your organization's staff receive periodic training on disaster preparedness?	<input checked="" type="checkbox"/> Yes [] No
4. Will your organization be required to deploy staff to Non-Health Center sites/locations according to the emergency preparedness plan for local community?	[] Yes <input checked="" type="checkbox"/> No
5. Does your organization have arrangements with Federal, State and/or local agencies for the reporting of data?	<input checked="" type="checkbox"/> Yes [] No
6. Does your organization have a back-up communication system?	
6a. Internal	<input checked="" type="checkbox"/> Yes [] No

6b. External	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7. Does your organization coordinate with other systems of care to provide an integrated emergency response?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. Has your organization been designated to serve as a point of distribution for providing antibiotics, vaccines and medical supplies?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9. Has your organization implemented measures to prevent financial/revenue and facilities loss due to an emergency? (e.g. Insurance coverage for short-term closure)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10. Does your organization have an off-site back up of your information technology system?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11. Does your organization have a designated EPM coordinator?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Form 12 - Organization Contacts

As of 10/16/2018 11:05:28 AM

OMB Number: 0915-0285 OMB Expiration Date: 1/31/2020

Contact Information				
Chief Executive Officer	Name	Highest Degree	Email	Phone Number
Chief Executive Officer	Ms. Kathy Barroso	BS	kbarroso@gchd.org	(409) 938-2257
Contact Person	Name	Highest Degree	Email	Phone Number
Business Office Manager	Ms. Mary Orange	BS	morange@gchd.org	(409) 938-2240
Chief Medical Officer	Name	Highest Degree	Email	Phone Number
Chief Medical Officer	Dr. Abdul Aziz Alhassan	M.D.	aalhassan@gchd.org	(409) 938-3406
Dental Director	Name	Highest Degree	Email	Phone Number
Dental Director	Dr. Bang Nguyen	DDS	bnguyen@gchd.org	(409) 949-3445
Behavioral Health Director	Name	Highest Degree	Email	Phone Number

Clinical Performance Measures

As of 10/16/2018 11:05:28 AM

OMB Number: 0915-0285 OMB Expiration Date: 1/31/2020

Focus Area: Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)											
Performance Measure Description: Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period. (Required Measure)											
Target Goal Description	By the end of the Project Period, decrease the % of adult patients with Type 1 or 2 diabetes whose most recent hemoglobin A1c is > 9%.										
Numerator Description	Patients whose most recent HbA1c level performed during the measurement period is > 9.0% or who had no test conducted during the measurement period										
Denominator Description	Patients 18-75 years of age with Type 1 or Type 2 diabetes with a medical visit during the measurement period, excluding patients with a diagnosis of secondary diabetes due to another condition and patients who were in hospice care during the measurement period										
Baseline Data	<table border="0"> <tr> <td>Baseline Year</td> <td>2017</td> </tr> <tr> <td>Measure Type</td> <td>Percentage</td> </tr> <tr> <td>Numerator</td> <td>577.00</td> </tr> <tr> <td>Denominator</td> <td>1632.00</td> </tr> <tr> <td>Calculated Baseline</td> <td>35.36%</td> </tr> </table>	Baseline Year	2017	Measure Type	Percentage	Numerator	577.00	Denominator	1632.00	Calculated Baseline	35.36%
Baseline Year	2017										
Measure Type	Percentage										
Numerator	577.00										
Denominator	1632.00										
Calculated Baseline	35.36%										
Progress	This measure has wavered over the past three years: 2015 - 32.3%; 2016 – 42.0%; and 2017 35.4%. The Center has recovered from the decline by more aggressively bringing patients in for follow-ups. This has resulted in a 10% increase in visits for diabetic patients and a 15.7% improvement in the performance metric. The Center is performing better than the state average of 36.41%. CHW has been having some reporting issues related to this goal and is working with NextGen to ensure the Center can generate more accurate data.										
Projected Data (by End of December 31st, 2020)	29.00%										

<p>Data Source & Methodology</p>	<p><input checked="" type="checkbox"/> EHR <input type="checkbox"/> Chart Audit <input type="checkbox"/> Other:</p> <p>UDS 2017 – Baseline data</p>
<p>Key Factor and Major Planned Action #1</p>	<p>Key Factor Type: <input checked="" type="checkbox"/> Contributing <input type="checkbox"/> Restricting</p> <p>Key Factor Description Center patients will be assessed during their initial visit, quarterly, and as needed to monitor their level of control and provide additional assistance managing their condition, as needed.</p> <p>Major Planned Action Description (1) The Center will assess patients at their initial visit and at least quarterly. (2) Case Managers will work one-on-one with patients who are considered in poor control (A1c greater than 9). (3) Behavioral health staff will be consulted to work with patients who have co-morbid psychosocial issues. (4) Diabetic patients who are hospitalized will be contacted by the Case Managers to be scheduled for an appointment with the primary care provider within one week of discharge.</p>
<p>Key Factor and Major Planned Action #2</p>	<p>Key Factor Type: <input checked="" type="checkbox"/> Contributing <input type="checkbox"/> Restricting</p> <p>Key Factor Description The Center has adopted guidelines for assessment and management of diabetes; and the Center's EHR has implemented a population management module in the EHR to assist with population-based management of diabetes</p> <p>Major Planned Action Description (1) Reminder letters are generated to patients with diabetes who are overdue for A1c testing. (2) A1c testing is included in standing order sets and alerts for staff during visits. (3) Alerts are generated to care management staff for phone follow-up within 2 weeks for those with A1c >9. (4) Quality Assurance committee monitors outcomes and implements improvement strategies. (5) Midlevel provider works with patient on Medication Management therapy. (6) Patients with an elevated A1c receive a call from a staff nurse two week after their visit. (7) The Center's providers are also referring patients to the Galveston County Health District's Diabetes Education program.</p>
<p>Key Factor and Major Planned Action #3</p>	<p>Key Factor Type: <input type="checkbox"/> Contributing <input checked="" type="checkbox"/> Restricting</p> <p>Key Factor Description There are typically high rates of co-morbid behavioral health issues among patients whose A1c remains > 9.0 after traditional DSM</p> <p>Major Planned Action Description (1) The Center will conduct universal depression screening and referral to the behavioral health consultant for patients who have a positive PHQ-9. (2) Behavioral health consultant will work directly with patients, placing calls to them every two weeks.</p>
<p>Comments</p>	

Focus Area: Screening for Depression and Follow-up Plan

Performance Measure Description: Percentage of patients 12 years of age and older screened for depression on the date of the visit using an age appropriate standardized depression screening tool AND, if screening is positive, a follow-up plan is documented on the date of the positive screen (Required Measure)

<p>Target Goal Description</p>	<p>By the end of the Project Period, increase the percentage of patients aged 12 and older screened for clinical depression using an age appropriate standardized tool AND follow-up plan documented.</p>
<p>Numerator Description</p>	<p>Patients screened for depression on the date of the medical visit using an age appropriate standardized screening tool AND, if positive, a follow-up plan is documented on the date of the positive screen</p>
<p>Denominator Description</p>	<p>Patients 12 years of age and older with at least one eligible medical visit during the measurement period, excluding patients with an active diagnosis of depression or bipolar disorder; patients who refuse to participate; or medical reason(s), such as an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the patient's health status, or situations where the patient's functional capacity or motivation to improve may impact the accuracy of results of standardized depression assessment tools</p>
	<p>Baseline Year 2017 Measure Type Percentage</p>

Baseline Data	<table> <tr> <td>Numerator</td> <td>8104.00</td> </tr> <tr> <td>Denominator</td> <td>9353.00</td> </tr> <tr> <td>Calculated Baseline</td> <td>86.65%</td> </tr> </table>	Numerator	8104.00	Denominator	9353.00	Calculated Baseline	86.65%
Numerator	8104.00						
Denominator	9353.00						
Calculated Baseline	86.65%						
Progress	<p>The Center's most recent screening rate was 85.6% in 2017. The Center has received multiple HRSA awards for behavioral health integration. Those additional staff and resources have increased the screening rate from a three-year low of 16.9% in 2015 to the current 85.6%. CHW is performing in the top quartile of all health centers nationally on this metric.</p>						
Projected Data (by End of December 31st, 2020)	<p>89.00%</p>						
Data Source & Methodology	<p><input checked="" type="checkbox"/> EHR <input type="checkbox"/> Chart Audit <input type="checkbox"/> Other:</p> <p>UDS 2017 – Baseline; Annual reporting from UDS reports within EHR</p>						
Key Factor and Major Planned Action #1	<p>Key Factor Type: <input checked="" type="checkbox"/> Contributing <input type="checkbox"/> Restricting</p> <p>Key Factor Description The USPSTF recommends screening adults for depression "when staff-assisted depression care supports are in place to assure accurate diagnosis, effective treatment, and follow-up"; thus, the Center has integrated depression screening.</p> <p>Major Planned Action Description (1) PHQ-2/9 screening is included in health history upon enrollment and annually thereafter. (2) Patients with positive scores are given a higher level of assessment. (3) Quality Assurance committee monitors clinical outcomes and implements improvement strategies. (4) CHW is also looking to add evening appointments one night a week, at alternating sites, for those who may not be able to come for visits between 8 a.m. and 5 p.m.</p>						
Key Factor and Major Planned Action #2	<p>Key Factor Type: <input type="checkbox"/> Contributing <input checked="" type="checkbox"/> Restricting</p> <p>Key Factor Description The demand for behavioral health staff in the wake of Hurricane Harvey and the May 2018 Santa Fe High School shooting has been substantial and a challenge for the Center to meet.</p> <p>Major Planned Action Description (1) Additional funding from HRSA has allowed the Center to respond to these issues in a positive way through additional staff. (2) Hurricane Harvey has passed its one-year anniversary so the impact is lessening for low-income patients who struggled to manage their own family's response to the disaster.</p>						
Comments							

Focus Area: Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents

Performance Measure Description: Percentage of patients 3 -17 years of age who had a medical visit and evidence of height, weight, and BMI percentile documentation, and who had documentation of (1) counseling for nutrition, and (2) counseling for physical activity during the measurement period (Required Measure)

Target Goal Description	<p>By the end of the Project Period, increase the percentage of patients age 2 to 17 years who had a visit during the measurement year and who had Body Mass Index (BMI) Percentile documentation, counseling for nutrition, and counseling for physical activity during the measurement period.</p>										
Numerator Description	<p>Patients who had their BMI percentile (not just BMI or height and weight) documented during the measurement period, and who had documentation of (1) counseling for nutrition and (2) counseling for physical activity during the measurement period</p>										
Denominator Description	<p>Patients 3-17 years of age with at least one medical visit during the measurement period, excluding patients with a diagnosis of pregnancy or in hospice care during the measurement period</p>										
Baseline Data	<table> <tr> <td>Baseline Year</td> <td>2017</td> </tr> <tr> <td>Measure Type</td> <td>Percentage</td> </tr> <tr> <td>Numerator</td> <td>28.00</td> </tr> <tr> <td>Denominator</td> <td>961.00</td> </tr> <tr> <td>Calculated Baseline</td> <td>2.91%</td> </tr> </table>	Baseline Year	2017	Measure Type	Percentage	Numerator	28.00	Denominator	961.00	Calculated Baseline	2.91%
Baseline Year	2017										
Measure Type	Percentage										
Numerator	28.00										
Denominator	961.00										
Calculated Baseline	2.91%										

<p>Progress</p>	<p>This measure suffered a major decline from 33% in 2016 to 3% in 2017 due to a “perfect storm” scenario combining difficulty with the Center’s reporting system, aftermath of Hurricane Harvey that forced the Center to focus on immediate health care issues and reduced the availability of screening time, and major turnover in provider and leadership staff. The Center also found that these services were being provided but were not being documented in the EHR. Workflow changes have been made, and the provider staff have been stabilized and fully trained on all the clinical performance measures. QA staff are also fully trained on the Center’s EHR system and able to identify and address issues proactively.</p>
<p>Projected Data (by End of December 31st, 2020)</p>	<p>35.00%</p>
<p>Data Source & Methodology</p>	<p><input checked="" type="checkbox"/> EHR <input type="checkbox"/> Chart Audit <input type="checkbox"/> Other: 2017 UDS Baseline; UDS EHR reporting modules thereafter</p>
<p>Key Factor and Major Planned Action #1</p>	<p>Key Factor Type: <input checked="" type="checkbox"/> Contributing <input type="checkbox"/> Restricting</p> <p>Key Factor Description The Center has adopted guidelines for screening and behavioral interventions for obesity in children 2-17.</p> <p>Major Planned Action Description (1) Height and weight measurements are included with vital signs at every visit. (2) The EMR calculates BMI and alerts staff for obesity interventions. (3) The health history includes universal counseling on physical activity and nutrition. (4) Referral to WIC program for one-on-one counseling with parents about healthy eating and healthy snacks.</p>
<p>Key Factor and Major Planned Action #2</p>	<p>Key Factor Type: <input type="checkbox"/> Contributing <input checked="" type="checkbox"/> Restricting</p> <p>Key Factor Description Historically Texas ranks 11th in nation in obesity ranks.</p> <p>Major Planned Action Description (1) The Center conducts universal screening and counseling of entire family to change culture / perception of appropriate weight because children who are overweight are often seen as “healthy” despite provider counseling to monitor weight. (2) Educational material provided for pediatric patients and families. (3) In November 2018, GCHD is rolling out a new initiative, Healthy Eating, Active Living, that will help address the obesity problem in our community. CHW providers will be aware of the initiative and can refer patients to the tools on the website.</p>
<p>Comments</p>	<p>The 2017 state average was 67.65%.</p>

Focus Area: Body Mass Index (BMI) Screening and Follow-up Plan

Performance Measure Description: Percentage of patients age 18 years and older with a BMI documented during the most recent medical visit during the measurement period, or within the twelve months prior to that visit, AND when the BMI is outside of normal parameters, a follow-up plan is documented during the medical visit or during the previous twelve months of the most recent medical visit with the BMI outside of normal parameters (Required Measure)

<p>Target Goal Description</p>	<p>By the end of the Project Period, increase the percentage of patients age 18 years or older who had their calculated Body Mass Index (BMI) documented at the last visit or within the last six months and, if they were overweight or underweight, had a follow-up plan documented.</p>								
<p>Numerator Description</p>	<p>Patients with a documented BMI during the most recent medical visit or during the previous twelve months, AND when the BMI is outside of normal parameters, a follow-up plan is documented during the medical visit or during the previous twelve months of the most recent medical visit.</p> <p>Normal Parameters: Age 18 years and older with a BMI greater than or equal to 18.5 and less than 25 kg/m2</p>								
<p>Denominator Description</p>	<p>Patients age 18 years of age and older with a medical visit during the measurement period, excluding patients who are: pregnant, receiving palliative care, who refuse measurement of height and/or weight or follow-up, or patients with a documented medical reason</p>								
<p>Baseline Data</p>	<table border="0"> <tr> <td>Baseline Year</td> <td>2017</td> </tr> <tr> <td>Measure Type</td> <td>Percentage</td> </tr> <tr> <td>Numerator</td> <td>5876.00</td> </tr> <tr> <td>Denominator</td> <td>10682.00</td> </tr> </table>	Baseline Year	2017	Measure Type	Percentage	Numerator	5876.00	Denominator	10682.00
Baseline Year	2017								
Measure Type	Percentage								
Numerator	5876.00								
Denominator	10682.00								

	Calculated Baseline 55.01%
Progress	The percentage of patients age 18 years or older who had their calculated Body Mass Index (BMI) documented at the last visit or within the last six months and, if they were overweight or underweight, had a follow-up plan documented.
Projected Data (by End of December 31st, 2020)	67.00%
Data Source & Methodology	<input checked="" type="checkbox"/> EHR <input type="checkbox"/> Chart Audit <input type="checkbox"/> Other: 2017 UDS Baseline; UDS EHR reporting modules thereafter
Key Factor and Major Planned Action #1	<p>Key Factor Type: <input checked="" type="checkbox"/> Contributing <input type="checkbox"/> Restricting</p> <p>Key Factor Description The Center has adopted guidelines for screening and behavioral interventions for obesity in adults.</p> <p>Major Planned Action Description (1) Weight measurements are updated with vital signs at every visit. (2) The EMR calculates BMI and alerts staff for obesity intervention. (3) The health history includes tailored behavioral interventions for those who are obese. (4) Patients outside of the range receive counseling and are given an information sheet as a guide.</p>
Key Factor and Major Planned Action #2	<p>Key Factor Type: <input type="checkbox"/> Contributing <input checked="" type="checkbox"/> Restricting</p> <p>Key Factor Description Cultural factors play a significant role in obesity and weight loss. For those patients who are Hispanic, typical diets are often high in carbohydrates that make reducing BMI a challenge.</p> <p>Major Planned Action Description The Center will provide culturally and linguistically appropriate nutrition recommendations and counseling on perception of weight.</p>
Comments	The 2017 state average was 66.83%.

Focus Area: Controlling High Blood Pressure

Performance Measure Description: Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (less than 140/90 mm Hg) during the measurement period (Required Measure)

Target Goal Description	By the end of the Project Period, increase the % of adult patients with diagnosed hypertension whose most recent blood pressure was less than 140/90.
Numerator Description	Patients whose blood pressure at the most recent visit is adequately controlled (systolic blood pressure < 140 mm Hg and diastolic blood pressure < 90 mm Hg) during the measurement period
Denominator Description	Patients 18-85 years of age who had a diagnosis of essential hypertension within the first six months of the measurement period or any time prior to the measurement period, excluding patients with evidence of end stage renal disease (ESRD), dialysis, or renal transplant before or during the measurement period; patients who were pregnant during the measurement period; or patients who were in hospice care during the measurement period
Baseline Data	<p>Baseline Year 2017</p> <p>Measure Type Percentage</p> <p>Numerator 2174.00</p> <p>Denominator 3698.00</p> <p>Calculated Baseline 58.79%</p>
Progress	The Center has had a decline in this measure over the past three years from 64.8% to 58.8%. From 2014 to 2017, the Center's patient population with hypertension has increased by 1000. This 12% increase in hypertensive patients has created challenges because it appears these patients are less compliant. This is evidenced by a relatively stagnant number of visits for hypertensive patients despite increased efforts on the part of the health center. The Center has implemented an EHR that provides population-based health management, but these patients have been slow to respond.
Projected Data (by End of December 31st, 2020)	64.00%

<p>Data Source & Methodology</p>	<p><input checked="" type="checkbox"/> EHR <input type="checkbox"/> Chart Audit <input type="checkbox"/> Other:</p> <p>2017 UDS Baseline; UDS EHR reporting modules thereafter</p>
<p>Key Factor and Major Planned Action #1</p>	<p>Key Factor Type: <input checked="" type="checkbox"/> Contributing <input type="checkbox"/> Restricting</p> <p>Key Factor Description The Center has adopted guidelines for assessment and management of hypertension; and the Center is implementing a fully integrated disease registry to assist with population-based management of hypertension.</p> <p>Major Planned Action Description (1) Reminder letters are generated to patients with CHD risk-equivalents who are overdue for BP; (2) BP is included in standing order sets and alerts for staff during visits; (3) Alerts are generated to care management staff for phone follow-up within 2 weeks for those with BP > 160; (4) Patients will set self-management goals for BP; (5) Data will be analyzed and reports reviewed monthly by the Medical Director; (6) The Center will monitor the accuracy of taking blood pressures by the Medical Assistants.</p>
<p>Key Factor and Major Planned Action #2</p>	<p>Key Factor Type: <input type="checkbox"/> Contributing <input checked="" type="checkbox"/> Restricting</p> <p>Key Factor Description Non-adherence to medications is a common cause for poor control.</p> <p>Major Planned Action Description (1) Medication reconciliation is conducted during each visit by the provider. (2) A Written Care Plan is provided upon discharge. (3) The Center provides discounted pharmaceuticals through its 340B program.</p>
<p>Comments</p>	<p>The Healthy People 2020 goal is 61.2%. The 2017 state average was 59.94%.</p>

Focus Area: Low Birth Weight

Performance Measure Description: Percentage of babies of health center prenatal care patients born whose birth weight was below normal (less than 2,500 grams) (Required Measure)

<p>Target Goal Description</p>	<p>By the end of the Project Period, the percentage of low birthweight infants born to prenatal care patients will not exceed 10%.</p>										
<p>Numerator Description</p>	<p>Babies born with a birth weight under 2,500 grams</p>										
<p>Denominator Description</p>	<p>Babies born during the measurement period to prenatal care patients, excluding stillbirths and miscarriages</p>										
<p>Baseline Data</p>	<table border="0"> <tr> <td>Baseline Year</td> <td>2017</td> </tr> <tr> <td>Measure Type</td> <td>Percentage</td> </tr> <tr> <td>Numerator</td> <td>0.00</td> </tr> <tr> <td>Denominator</td> <td>4.00</td> </tr> <tr> <td>Calculated Baseline</td> <td>0.00%</td> </tr> </table>	Baseline Year	2017	Measure Type	Percentage	Numerator	0.00	Denominator	4.00	Calculated Baseline	0.00%
Baseline Year	2017										
Measure Type	Percentage										
Numerator	0.00										
Denominator	4.00										
Calculated Baseline	0.00%										
<p>Progress</p>	<p>The Center has a small number of pregnant women and deliveries, so these percentages can fluctuate significantly. For two of the past three years, no low birth weight babies were reported. In 2016, the percentage was 18%, but that was because of a small denominator.</p>										
<p>Projected Data (by End of December 31st, 2020)</p>	<p>10.00%</p>										
<p>Data Source & Methodology</p>	<p><input checked="" type="checkbox"/> EHR <input type="checkbox"/> Chart Audit <input type="checkbox"/> Other:</p> <p>2017 UDS Baseline; UDS EHR reporting modules thereafter</p>										
<p>Key Factor and Major Planned Action #1</p>	<p>Key Factor Type: <input checked="" type="checkbox"/> Contributing <input type="checkbox"/> Restricting</p> <p>Key Factor Description</p>										

Key Factor and Major Planned Action #1	<p>The Center has UTMB obstetricians in-house and is expanding the use of its Health Information Exchange (HIE).</p> <p>Major Planned Action Description (1) Maximize the capabilities of the EHR and HIE systems and improve internal workflows as appropriate. (2) The Center is better able to provide coordinated care on prenatal patients with co-morbidities that are at higher risk for low-birth weights.</p>
Key Factor and Major Planned Action #2	<p>Key Factor Type: <input type="checkbox"/>Contributing <input checked="" type="checkbox"/>Restricting</p> <p>Key Factor Description Referrals of pregnant patients are not consistently marked in the EMR, making tracking of these referrals more challenging. Many are made using the EMR's referral system, while others are made simply by provider detail in the progress note.</p> <p>Major Planned Action Description Streamlining the workflow for referrals to the OB partners will increase our ability to effectively track these referrals, to follow up with women who have been referred but who have not yet initiated prenatal care, and to obtain information on the birth status and weight of newborns.</p>
Comments	<p>The Healthy People 2020 goal is 7.8%. The 2017 state average was 7.94%.</p>

Focus Area: Early Entry into Prenatal Care											
Performance Measure Description: Percentage of prenatal care patients who entered prenatal care during their first trimester (Required Measure)											
Target Goal Description	By the end of the Project Period, the percentage of pregnant women beginning prenatal care in the first trimester will increase.										
Numerator Description	Women entering prenatal care at the health center, including a referral provider, or with another health center during their first trimester										
Denominator Description	Women seen for prenatal care during the measurement period										
Baseline Data	<table border="0"> <tr> <td>Baseline Year</td> <td>2017</td> </tr> <tr> <td>Measure Type</td> <td>Percentage</td> </tr> <tr> <td>Numerator</td> <td>36.00</td> </tr> <tr> <td>Denominator</td> <td>42.00</td> </tr> <tr> <td>Calculated Baseline</td> <td>85.71%</td> </tr> </table>	Baseline Year	2017	Measure Type	Percentage	Numerator	36.00	Denominator	42.00	Calculated Baseline	85.71%
Baseline Year	2017										
Measure Type	Percentage										
Numerator	36.00										
Denominator	42.00										
Calculated Baseline	85.71%										
Progress	This measure has improved from 71% in 2015 to 85.7% in 2017. The Center has developed a relationship with University of Texas Medical Branch (UTMB) at Galveston to provide prenatal care.										
Projected Data (by End of December 31st, 2020)	90.00%										
Data Source & Methodology	<p><input checked="" type="checkbox"/> EHR <input type="checkbox"/> Chart Audit <input type="checkbox"/> Other:</p> <p>2017 UDS Baseline; UDS EHR reporting modules thereafter</p>										
Key Factor and Major Planned Action #1	<p>Key Factor Type: <input checked="" type="checkbox"/>Contributing <input type="checkbox"/>Restricting</p> <p>Key Factor Description The Center is partnering with UTMB Galveston for prenatal care.</p> <p>Major Planned Action Description Standardized protocols that maximize the capabilities of the UTMB providers are implemented across sites. With the UTMB partnership comes access to care (via referral) within their system if the patient is high risk.</p>										
Key Factor and Major Planned Action #2	<p>Key Factor Type: <input type="checkbox"/>Contributing <input checked="" type="checkbox"/>Restricting</p> <p>Key Factor Description Texas historically has a low rate of entry into prenatal care.</p> <p>Major Planned Action Description</p>										

The Center will continue its strong culturally and linguistically appropriate case management services for women with a positive pregnancy test to ensure that they are seen by a doctor within the first trimester.

Comments	The Healthy People 2020 goal is 77.9%. The 2017 state average was 67.69%.
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Focus Area: Childhood Immunization Status

Performance Measure Description: Percentage of children 2 years of age who were fully immunized by their second birthday (Required Measure)

Target Goal Description	By the end of the Project Period, increase the percentage of children who have received age appropriate vaccines on or before their 3rd birthday.
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Numerator Description	Children who were fully immunized before their second birthday. A child is fully immunized if s/he has been vaccinated, or there is documented evidence of contraindication for the vaccine or a history of illness for ALL of the following: four diphtheria, tetanus, and acellular pertussis (DTaP); three polio (IPV); one measles, mumps, and rubella (MMR); three H influenza type B (HiB); three Hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); one Hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines)
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Denominator Description	Children who turn 2 years of age during the measurement period and who had a medical visit during the measurement period, excluding patients who were in hospice care during the measurement period
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Baseline Data	Baseline Year	2017
	Measure Type	Percentage
	Numerator	2.00
	Denominator	51.00
	Calculated Baseline	3.92%

Progress	Since HRSA included two flu vaccines into this measure, the Center performance has declined. Among the CHW target population, there is a large immigrant population whose children enter into care in the US after they are born. Any delay in the immunizations, makes it impossible for the child to be compliant with this metric and there is no exception in the UDS reporting manual for children who began immunizations out of the country. CHW's data show that the decline is also related to changes to the exclusions criteria, which no longer permits exclusion of patients not seen prior to turning 2. The Center is working to educate all parents in the importance of all immunizations including flu with culturally and linguistically appropriate staff.
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Projected Data (by End of December 31st, 2020)	20.00%
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Data Source & Methodology	<input checked="" type="checkbox"/> EHR <input type="checkbox"/> Chart Audit <input type="checkbox"/> Other: UDS 2017
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Key Factor and Major Planned Action #1	Key Factor Type: <input checked="" type="checkbox"/> Contributing <input type="checkbox"/> Restricting
	Key Factor Description The Center has adopted guidelines for immunizations; and its new EMR module has fully integrated registry to assist with population-based management.
	Major Planned Action Description (1) Immunizations are included in the health history upon enrollment and annually. (2) Immunizations are included in the standing order sets and alerts for staff during visits. (3) Quality Assurance committee monitors clinical outcomes and implements improvement strategies.

Key Factor and Major Planned Action #2	Key Factor Type: <input type="checkbox"/> Contributing <input checked="" type="checkbox"/> Restricting
	Key Factor Description Parents are reluctant to give the flu vaccine and some children begin their vaccination schedule late.
	Major Planned Action Description (1) Continuous training/reinforcement of both providers and staff for opportunistic services when patients present for other issues; (2) Provider feedback on missed opportunities to provide preventive services. (3) Education with parents on the risks and benefits of the flu vaccine and any delays in beginning immunizations.

Comments	The Healthy People 2020 goal is 80.0% The 2017 state average was 37.34%.
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Focus Area: Cervical Cancer Screening

Performance Measure Description: Percentage of women 21-64 years of age, who were screened for cervical cancer using either of the following criteria: 1) Women age 21-64 who had cervical cytology performed every three years, or 2) Women age 30-64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every five years (Required Measure)

Target Goal Description	By the end of the Project Period, increase the percentage of women 21-64 years of age who received one or more Pap tests to screen for cervical cancer.										
Numerator Description	Women with one or more screenings for cervical cancer, defined by any one of the following: 1) Cervical cytology performed during the measurement period, or the two years prior to the measurement period, for women who are at least 21 years old at the time of the test, or 2) Cervical cytology/human papillomavirus (HPV) co-testing performed during the measurement period, or the four years prior to the measurement period, for women who are at least 30 years old at the time of the test.										
Denominator Description	Women 23-64 years of age with a medical visit during the measurement period, excluding women who had a hysterectomy with no residual cervix and patients who were in hospice care during the measurement period										
Baseline Data	<table border="0"> <tr> <td>Baseline Year</td> <td>2017</td> </tr> <tr> <td>Measure Type</td> <td>Percentage</td> </tr> <tr> <td>Numerator</td> <td>1638.00</td> </tr> <tr> <td>Denominator</td> <td>5580.00</td> </tr> <tr> <td>Calculated Baseline</td> <td>29.35%</td> </tr> </table>	Baseline Year	2017	Measure Type	Percentage	Numerator	1638.00	Denominator	5580.00	Calculated Baseline	29.35%
Baseline Year	2017										
Measure Type	Percentage										
Numerator	1638.00										
Denominator	5580.00										
Calculated Baseline	29.35%										
Progress	This measure has declined over the reporting period which coincided with the move to require cervical cancer screening every two years. Collecting this information from women who have been served by other providers in an exercise in process improvement. 2015 36.58% 2016 36.79% 2017 29.35%										
Projected Data (by End of December 31st, 2020)	36.00%										
Data Source & Methodology	<input checked="" type="checkbox"/> EHR <input type="checkbox"/> Chart Audit <input type="checkbox"/> Other: 2017 UDS Baseline; UDS EHR reporting modules thereafter										
Key Factor and Major Planned Action #1	<p>Key Factor Type: <input checked="" type="checkbox"/> Contributing <input type="checkbox"/> Restricting</p> <p>Key Factor Description The Center has adopted guidelines for screening for cervical cancer; and its EMR a has fully integrated registry to assist with population-based management.</p> <p>Major Planned Action Description (1) Pap smears are included in the health history upon enrollment and annually. (2) Pap smears are included in standing order sets and alerts for staff during visits. (3) Quality Assurance committee monitors outcomes and implements improvement strategies.</p>										
Key Factor and Major Planned Action #2	<p>Key Factor Type: <input type="checkbox"/> Contributing <input checked="" type="checkbox"/> Restricting</p> <p>Key Factor Description Tracking women who have been seen elsewhere for cervical cancer screenings is a challenge.</p> <p>Major Planned Action Description (1) Continuous training/reinforcement of both providers and staff for opportunistic services when patients present for other issues and documentation of completed cervical cancer screenings with dates. (2) Provider feedback on missed opportunities to provide well-woman visits and missing information regarding date of last cervical cancer screening.</p>										
Comments	The Healthy People 2020 goal is 93.0%. The 2017 state average was 56.68%.										

Focus Area: Tobacco Use: Screening and Cessation Intervention

Performance Measure Description: Percentage of patients 18 years of age and older who were screened for tobacco use one or more times within 24 months AND who received tobacco cessation intervention, if identified as a tobacco user (Required Measure)

Target Goal Description	By the end of the Project Period, increase the percentage of patients age 18 years and older who were screened for tobacco use at least once during the measurement year or prior year and who received cessation counseling intervention and/or pharmacotherapy if identified as a tobacco user.										
Numerator Description	Patients who were screened for tobacco use at least once within 24 months AND who received tobacco cessation intervention, if identified as a tobacco user										
Denominator Description	Patients 18 years of age and older seen for at least two medical visits, or at least one preventive medical visit, during the measurement period, excluding documentation of medical reason(s) for not screening for tobacco use OR for not providing tobacco cessation intervention for patients identified as tobacco users										
Baseline Data	<table border="0"> <tr> <td>Baseline Year</td> <td>2017</td> </tr> <tr> <td>Measure Type</td> <td>Percentage</td> </tr> <tr> <td>Numerator</td> <td>5999.00</td> </tr> <tr> <td>Denominator</td> <td>7566.00</td> </tr> <tr> <td>Calculated Baseline</td> <td>79.29%</td> </tr> </table>	Baseline Year	2017	Measure Type	Percentage	Numerator	5999.00	Denominator	7566.00	Calculated Baseline	79.29%
Baseline Year	2017										
Measure Type	Percentage										
Numerator	5999.00										
Denominator	7566.00										
Calculated Baseline	79.29%										
Progress	While the Center remains slightly lower than the state average of 86%, the overall improvement of 23% in three years is significant. Coastal Health & Wellness is continually recommending the toll free 800-quit now. Nurses and providers are addressing tobacco use at each visit, and the 340B pharmacy offers cessation medication. 2015 64.48% 2016 69.32% 2017 79.29%										
Projected Data (by End of December 31st, 2020)	82.00%										
Data Source & Methodology	<input checked="" type="checkbox"/> EHR <input type="checkbox"/> Chart Audit <input type="checkbox"/> Other: 2017 UDS Baseline; UDS EHR reporting modules thereafter										
Key Factor and Major Planned Action #1	<p>Key Factor Type: <input checked="" type="checkbox"/> Contributing <input type="checkbox"/> Restricting</p> <p>Key Factor Description The Center has adopted guidelines for tobacco use screening and cessation counseling.</p> <p>Major Planned Action Description Inclusion of smoking status in the health history annually has been very successful in maintaining performance. Training of all new providers and support staff on the tobacco protocol is critical to maintaining the current progress and achieving the next goal.</p>										
Key Factor and Major Planned Action #2	<p>Key Factor Type: <input type="checkbox"/> Contributing <input checked="" type="checkbox"/> Restricting</p> <p>Key Factor Description Medications to assist with smoking cessation still present a financial barrier to patients.</p> <p>Major Planned Action Description (1) Patients are given the 1-800 – quit now number if they report smoking; (2) Patients are offered discounted medications through the 340B program, which mitigates the financial barrier, but does not remove it.</p>										
Comments	The 2017 state average was 86.11%										

Focus Area: Use of Appropriate Medications for Asthma

Performance Measure Description: Percentage of patients 5-64 years of age with a diagnosis of persistent asthma and who were appropriately ordered medication during the measurement period (Required Measure)

Target Goal Description	By the end of the Project Period, increase the percentage of patients age 5 to 40 years with a diagnosis of persistent asthma (either mild, moderate, or severe) who were prescribed either the preferred long-term control medication or an acceptable pharmacological therapy during the measurement year.
Numerator Description	Patients who were ordered at least one prescription for a preferred therapy during the measurement period
Denominator Description	Patients 5-64 years of age with persistent asthma and who had at least one medical visit during the measurement period, excluding patients with a diagnosis of emphysema, COPD, obstructive chronic bronchitis, cystic fibrosis, or acute respiratory failure that overlaps the measurement period

Baseline Data	Baseline Year	2017
	Measure Type	Percentage
	Numerator	113.00
	Denominator	149.00
	Calculated Baseline	75.84%
Progress	The Center has improved from 46.2% in 2012 to 76% in 2017. While this demonstrates significant improvement in this metric, the Center wants to consistently be on par with at least the state average. The 340B program provides uninsured patients access to medications regardless of ability to pay, but for those patients who faced financial difficulties after Hurricane Harvey, even discounted medications were a challenge for illnesses that are not perceived of as "urgent" or critical. 2015 68.57% 2016 88.66% 2017 75.84%	
Projected Data (by End of December 31st, 2020)	85.00%	
Data Source & Methodology	<input checked="" type="checkbox"/> EHR <input type="checkbox"/> Chart Audit <input type="checkbox"/> Other: 2017 UDS Baseline; UDS EHR reporting modules thereafter	
Key Factor and Major Planned Action #1	<p>Key Factor Type: <input checked="" type="checkbox"/> Contributing <input type="checkbox"/> Restricting</p> <p>Key Factor Description The Center has adopted guidelines for assessment and management of asthma control; and the Center's EMR has a fully integrated disease registry to assist with population-based management of asthma.</p> <p>Major Planned Action Description (1) Asthma assessment is included in standing order sets and alerts for staff during visits; (2) Quality Assurance committee monitors outcomes and implements improvement strategies; (3) Follow-up appointments are scheduled if a patient is currently experiencing an episode; (4) Medications are reconciled at every visit.</p>	
Key Factor and Major Planned Action #2	<p>Key Factor Type: <input type="checkbox"/> Contributing <input checked="" type="checkbox"/> Restricting</p> <p>Key Factor Description Acute symptoms during sick visits inflate the number of patients who appear to have persistent disease.</p> <p>Major Planned Action Description (1) Patients are scheduled a follow-up at the conclusion of the visit; (2) The Asthma Control Test is administered to asthmatic patients each visit; (3) Severity is documented by the provider.</p>	
Comments	The 2017 state average was 87.28%	

Focus Area: Coronary Artery Disease (CAD): Lipid Therapy

Performance Measure Description: Percentage of patients 18 years of age and older with a diagnosis of coronary artery disease (CAD) who were prescribed a lipid-lowering therapy (Required Measure)

	lowering therapy during the measurement year.	
Numerator Description	Patients who received a prescription for, were provided, or were taking lipid lowering medications during the measurement period	
Denominator Description	Patients 18 years of age and older who had an active diagnosis of CAD on the date of the visit or who were diagnosed as having a myocardial infarction (MI), or who had cardiac surgery in the past, with a medical visit during the measurement period and at least two medical visits ever, excluding patients whose last LDL lab test during the measurement period was less than 130 mg/dL and individuals with an allergy to, or a history of, adverse outcomes from, or intolerance to, LDL lowering medications	
Baseline Data	Baseline Year	2017
	Measure Type	Percentage
	Numerator	180.00
	Denominator	208.00
	Calculated Baseline	86.54%

Progress	The percentage of patients age 18 years and older with a diagnosis of CAD prescribed a lipid-lowering therapy increased from 77.3% in 2015 to 86.5% in 2017, which is an increase of 9.3%. The implementation of the Health Information Exchange is scheduled for April of 2019 and will increase the Center's ability to track discharges and new diagnosis.
Projected Data (by End of December 31st, 2020)	88.00%
Data Source & Methodology	<input checked="" type="checkbox"/> EHR <input type="checkbox"/> Chart Audit <input type="checkbox"/> Other: 2017 UDS Baseline; UDS EHR reporting modules thereafter
Key Factor and Major Planned Action #1	<p>Key Factor Type: <input checked="" type="checkbox"/> Contributing <input type="checkbox"/> Restricting</p> <p>Key Factor Description The Center has adopted guidelines for assessment and management of cholesterol utilizing the Center's population-based management system in the EHR.</p> <p>Major Planned Action Description (1) Providers will ensure that all patients with high levels of cholesterol, including CAD, are taking high dose statin and blood pressure is adequately controlled; (2) Quality Assurance committee monitors clinical outcomes and implements improvement strategies.</p>
Key Factor and Major Planned Action #2	<p>Key Factor Type: <input type="checkbox"/> Contributing <input checked="" type="checkbox"/> Restricting</p> <p>Key Factor Description Patients in the target population tend to use a variety of providers which can result in some diagnosis being lost in transition.</p> <p>Major Planned Action Description (1) When patients are discharged from the hospital, case managers will ensure that patient diagnosis are updated to include CAD; (2) Medications are reconciled upon notification of discharge; (3) Patients will be provided medications via the 340B program.</p>
Comments	The 2017 state average was 82.69%

Focus Area: Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet

Performance Measure Description: Percentage of patients 18 years of age and older who were diagnosed with acute myocardial infarction (AMI), coronary artery bypass graft (CABG), or percutaneous coronary interventions (PCI) in the 12 months prior to the measurement period, or who had an active diagnosis of ischemic vascular disease (IVD) during the measurement period, and had documentation of use of aspirin or another antiplatelet during the measurement period. (Required Measure)

Target Goal Description	By the end of the Project Period, increase the percentage of patients aged 18 years and older who had a diagnosis of ischemic vascular disease (IVD) during the measurement year or prior year who had documentation of use of aspirin or another antithrombotic.
Numerator Description	Patients who had documentation of use of aspirin or another antiplatelet during the measurement period
Denominator Description	Patients 18 years of age and older with a medical visit during the measurement period who had an active diagnosis of IVD during the measurement period or who had an AMI, CABG, or PCI during the 12 months prior to the measurement period, excluding patients who had documentation of use of anticoagulant medications during the measurement period or patients who were in hospice care during the measurement period
Baseline Data	<p>Baseline Year 2017</p> <p>Measure Type Percentage</p> <p>Numerator 335.00</p> <p>Denominator 421.00</p> <p>Calculated Baseline 79.57%</p>
Progress	The Center's rate has remained relatively consistent over the past three years and at or above its 80% goal. The Center is also consistently higher than the state average of 76%. 2015 81.67% 2016 79.47% 2017 79.57%
Projected Data (by End of December 31st, 2020)	82.00%

Data Source & Methodology	<input checked="" type="checkbox"/> EHR <input type="checkbox"/> Chart Audit <input type="checkbox"/> Other: 2017 UDS Baseline; UDS EHR reporting modules thereafter
Key Factor and Major Planned Action #1	<p>Key Factor Type: <input checked="" type="checkbox"/> Contributing <input type="checkbox"/> Restricting</p> <p>Key Factor Description The Center's EMR is fully integrated with medication module and electronic prescriptions.</p> <p>Major Planned Action Description (1) Providers will ensure that each IVD patient will have a prescription for daily aspirin. (2) Providers will continue to educate patients on the importance of aspirin therapy.</p>
Key Factor and Major Planned Action #2	<p>Key Factor Type: <input type="checkbox"/> Contributing <input checked="" type="checkbox"/> Restricting</p> <p>Key Factor Description The Health Information Exchange will facilitate the transfer of information from hospital-based care to the primary care setting.</p> <p>Major Planned Action Description (1) When patients are discharged from the hospital, case managers will ensure that patient follow up with Coastal Health & Wellness provider; (2) Medications are reconciled upon notification of discharge.</p>
Comments	The 2017 state average was 76.03%

Focus Area: Colorectal Cancer Screening

Performance Measure Description: Percentage of patients 50-75 years of age who had appropriate screening for colorectal cancer (Required Measure)

Target Goal Description	By the end of the Project Period, increase the percentage of patients age 50 to 75 years who had appropriate screening for colorectal cancer (includes colonoscopy <= 10 years, flexible sigmoidoscopy <= 5 years, or annual fecal occult blood test).										
Numerator Description	Patients with one or more screenings for colorectal cancer. Appropriate screenings are defined by any one of the following criteria: <ul style="list-style-type: none"> • Fecal occult blood test (FOBT) during the measurement period; • Fecal immunochemical test (FIT)-DNA during the measurement period or the two years prior to the measurement period; • Flexible sigmoidoscopy during the measurement period or the four years prior to the measurement period; • CT colonography during the measurement period or the four years prior to the measurement period; or • Colonoscopy during the measurement period or the nine years prior to the measurement period 										
Denominator Description	Patients 50-75 years of age with a medical visit during the measurement period, excluding patients with a diagnosis or past history of total colectomy or colorectal cancer, or patients who were in hospice care during the measurement period										
Baseline Data	<table border="0"> <tr> <td>Baseline Year</td> <td>2017</td> </tr> <tr> <td>Measure Type</td> <td>Percentage</td> </tr> <tr> <td>Numerator</td> <td>615.00</td> </tr> <tr> <td>Denominator</td> <td>4035.00</td> </tr> <tr> <td>Calculated Baseline</td> <td>15.24%</td> </tr> </table>	Baseline Year	2017	Measure Type	Percentage	Numerator	615.00	Denominator	4035.00	Calculated Baseline	15.24%
Baseline Year	2017										
Measure Type	Percentage										
Numerator	615.00										
Denominator	4035.00										
Calculated Baseline	15.24%										
Progress	The percentage of patients age 50 to 75 years who had appropriate screening for colorectal cancer (includes colonoscopy <= 10 years, flexible sigmoidoscopy <= 5 years, or annual fecal occult blood test) increased to 15.2% in 2017 from 12.0% in 2014. The Center is providing FIT tests to patients and plans to pursue a higher achievement rate for this metric in the coming project period.										
Projected Data (by End of December 31st, 2020)	18.00%										
Data Source & Methodology	<input checked="" type="checkbox"/> EHR <input type="checkbox"/> Chart Audit <input type="checkbox"/> Other: 2017 UDS Baseline; UDS EHR reporting modules thereafter										
	Key Factor Type:										

<p>Key Factor and Major Planned Action #1</p>	<p><input checked="" type="checkbox"/>Contributing <input type="checkbox"/>Restricting</p> <p>Key Factor Description The Center has adopted guidelines and processes for screening for colorectal cancer to ensure that screening is addressed with every eligible patient.</p> <p>Major Planned Action Description (1) Colon cancer screens are included in the health history upon enrollment and annually; (2) Colon screens are included in standing order sets and alerts for staff during visits; (3) Quality Assurance committee monitors outcomes and implements improvement strategies; (4) Address compliance with Center protocols at the individual provider level.</p>
<p>Key Factor and Major Planned Action #2</p>	<p>Key Factor Type: <input type="checkbox"/>Contributing <input checked="" type="checkbox"/>Restricting</p> <p>Key Factor Description For uninsured, there are very few, if any, options for colonoscopies.</p> <p>Major Planned Action Description CHW utilizes the newer FOBT and FIT tests to increase sensitivity and specificity to focus efforts on those who truly need colonoscopy. However, for those with positive screens who are uninsured, there are very few, if any, options for colonoscopies. The lack of resources to address follow-up care is a psychological and ethical barrier to providers and patients alike. There are some regional coalitions led by MD Anderson Cancer Center that are beginning to address this measure and the lack of available resources. There is also some hope that this problem will be addressed through the statewide DSRIP (Delivery System Reform Incentive Payment 1115 Medicaid waiver) program. This is a new measure for the waiver program this year and planning meetings will occur in the fall of 2018 to set regional goals and determine activities to achieve those goals.</p>
<p>Comments</p>	<p>The Healthy People 2020 goal is 70.5%. The 2017 state average was 32.20%.</p>

<p>Focus Area: HIV Linkage to Care</p>											
<p>Performance Measure Description: Percentage of patients newly diagnosed with HIV who were seen for follow-up treatment within 90 days of diagnosis (Required Measure)</p>											
<p>Target Goal Description</p>	<p>By the end of the Project Period, improve the percentage of newly diagnosed HIV patients who had a medical visit for HIV care within 90 days of first-ever HIV diagnosis.</p>										
<p>Numerator Description</p>	<p>Newly diagnosed HIV patients that received treatment within 90 days of diagnosis, including patients who:</p> <ul style="list-style-type: none"> • Were newly diagnosed by health center providers, • Had a medical visit with a health center provider who initiates treatment for HIV, or • Had a visit with a referral resource who initiates treatment for HIV 										
<p>Denominator Description</p>	<p>Patients first diagnosed with HIV by the health center between October 1 of the prior year through September 30 of the current measurement year, and had at least one medical visit during the measurement period or prior year</p>										
<p>Baseline Data</p>	<table border="0"> <tr> <td>Baseline Year</td> <td>2017</td> </tr> <tr> <td>Measure Type</td> <td>Percentage</td> </tr> <tr> <td>Numerator</td> <td>2.00</td> </tr> <tr> <td>Denominator</td> <td>2.00</td> </tr> <tr> <td>Calculated Baseline</td> <td>100.00%</td> </tr> </table>	Baseline Year	2017	Measure Type	Percentage	Numerator	2.00	Denominator	2.00	Calculated Baseline	100.00%
Baseline Year	2017										
Measure Type	Percentage										
Numerator	2.00										
Denominator	2.00										
Calculated Baseline	100.00%										
<p>Progress</p>	<p>The Center's compliance rate for this metric has been 100% for the past three years. CHW's strong culturally and linguistically appropriate case management system ensures that patients are linked with the available resources to enter into care.</p>										
<p>Projected Data (by End of December 31st, 2020)</p>	<p>85.00%</p>										
<p>Data Source & Methodology</p>	<p><input checked="" type="checkbox"/> EHR <input type="checkbox"/> Chart Audit <input type="checkbox"/> Other:</p> <p>2017 UDS Baseline; UDS EHR reporting modules thereafter</p>										
<p>Key Factor Type:</p>	<p><input checked="" type="checkbox"/>Contributing <input type="checkbox"/>Restricting</p>										

<p>Key Factor and Major Planned Action #1</p>	<p>Key Factor Description The Center has low rates of new HIV diagnosis.</p> <p>Major Planned Action Description (1) Patients with a new HIV diagnosis will be immediately referred to the STD/HIV program within the health district so that follow-up care can be arranged with the Ryan White program at UTMB; (2) If at all possible, the provider will do a “warm handoff” with the patient to the behavioral health staff; (3) The Center’s extensive case management resources will be leveraged to ensure that a visit is scheduled and completed.</p>
<p>Key Factor and Major Planned Action #2</p>	<p>Key Factor Type: <input type="checkbox"/>Contributing <input checked="" type="checkbox"/>Restricting</p> <p>Key Factor Description Measure and program are dependent upon appropriate ICD-10 coding. Providers are expected to ‘reconcile’ current problems before creating care plan and sometimes a “new” HIV diagnosis might be lost.</p> <p>Major Planned Action Description (1) Medical assistants provide immediate feedback to providers before superbill submitted so that the appropriate case management services will be implemented; (2) Behavioral health and case management staff will be contacted while the patient is at the clinic to ensure timely linkage.</p>
<p>Comments</p>	<p>The 2017 state average was 84.98%</p>

Focus Area: Dental Sealants for Children Between 6-9 Years

Performance Measure Description: Percentage of children, 6 through 9 years of age, at moderate to high risk for caries who received a sealant on a permanent first molar during the measurement period (Required Measure)

<p>Target Goal Description</p>	<p>By the end of the Project period, the percentage of children, age 6–9 years, at moderate to high risk for caries who received a sealant on a first permanent molar during the reporting period will be 35%. The organization will use data from the 2017 UDS report for baseline data.</p>										
<p>Numerator Description</p>	<p>Children who received a sealant on a permanent first molar tooth during the measurement period</p>										
<p>Denominator Description</p>	<p>Children 6-9 years of age who had an oral assessment, or comprehensive or periodic oral evaluation dental visit, and are at moderate to high risk for caries, excluding children for whom all first permanent molars are non-sealable</p>										
<p>Baseline Data</p>	<table border="0"> <tr> <td>Baseline Year</td> <td>2017</td> </tr> <tr> <td>Measure Type</td> <td>Percentage</td> </tr> <tr> <td>Numerator</td> <td>9.00</td> </tr> <tr> <td>Denominator</td> <td>28.00</td> </tr> <tr> <td>Calculated Baseline</td> <td>32.14%</td> </tr> </table>	Baseline Year	2017	Measure Type	Percentage	Numerator	9.00	Denominator	28.00	Calculated Baseline	32.14%
Baseline Year	2017										
Measure Type	Percentage										
Numerator	9.00										
Denominator	28.00										
Calculated Baseline	32.14%										
<p>Progress</p>	<p>The oral health program was expanded in 2014 and a part-time dentist became a full-time provider, with the exception of 2016, the Center has realized major gains in this measure. 2015 31.58% 2016 5.88% 2017 32.14%</p>										
<p>Projected Data (by End of December 31st, 2020)</p>	<p>35.00%</p>										
<p>Data Source & Methodology</p>	<p><input checked="" type="checkbox"/> EHR <input type="checkbox"/> Chart Audit <input type="checkbox"/> Other:</p> <p>2017 UDS Baseline; UDS EHR reporting modules thereafter</p>										
<p>Key Factor and Major Planned Action #1</p>	<p>Key Factor Type: <input checked="" type="checkbox"/>Contributing <input type="checkbox"/>Restricting</p> <p>Key Factor Description Clients between ages 6 to 9 will have access to dental sealants directly at the Center. This enables us to easily track patients at elevated risk for caries.</p> <p>Major Planned Action Description The Center will meet with its dental providers, hygienists, and dental assistants to educate them on the two “elevated risk” procedure codes (D0602 and D0603), which denote elevated risk for caries so that patients at risk will receive sealants as</p>										

appropriate. Dental services are integrated into both of the CHW sites to reduce transportation barriers.

Key Factor Type:

Contributing Restricting

Key Factor Description

The dental program had to cease operations for part of 2018, which has impacted the ability of CHW to provide integrated care.

Major Planned Action Description

The Center is working diligently to educate the community about the improved CHW dental services. Community outreach and education will be key to achieving the level of integration desired. The Center will evaluate co-scheduling dental visits with pediatric well child visits so that children receive a knee-to-knee exam during their well child visit. The dental program will increase its use of enticements such as free toothbrushes and possible "pediatric days".

Key Factor and Major Planned Action #2

Comments

The Healthy People 2020 goal is 28.1%. The 2017 state average was 44.39%

Focus Area: Oral Health (Completion of treatment plan)

Performance Measure Description: (Additional Measure)

Performance Measure Category	Completion of treatment plan
Target Goal Description	
Numerator Description	
Denominator Description	
Baseline Data	<p>Baseline Year</p> <p>Measure Type Percentage</p> <p>Numerator</p> <p>Denominator</p> <p>Calculated Baseline</p>
Progress	
Projected Data (by End of December 31st, 2020)	
Data Source & Methodology	<input type="checkbox"/> EHR <input type="checkbox"/> Chart Audit <input type="checkbox"/> Other:
Comments	This is not a measure we are tracking at this time.

Financial Performance Measures

As of 10/16/2018 11:05:28 AM
 OMB Number: 0915-0285 OMB Expiration Date: 1/31/2020

Focus Area: BPHC Health Center Program Grant Cost Per Total Patient (Grant Costs)

Performance Measure Description: Ratio of total BPHC section 330 grant funds per patient served in the measurement calendar year. (Required Measure)

Target Goal Description	Target Goal Description To closely control the ratio of total HRSA Section 330 grant funds per patient served in the measurement calendar year.
Numerator Description	BPHC section 330 grants drawn-down for the period from January 1 to December 31 of the measurement calendar year.
Denominator Description	Total number of patients.
Baseline Data	<p>Baseline Year 2017</p> <p>Measure Type Ratio</p> <p>Numerator 2999237.00</p> <p>Denominator 13816.00</p> <p>Calculated Baseline 217.08 : 1 Ratio</p>
Progress	The 2017 baseline was \$217.08, CHW anticipates serving more unduplicated patients with HRSA section 330 grant

Progress	funding during the upcoming SAC funding cycle which will further decrease the grant funds per patient. Per the submitted budget, the goal would be \$191.34, but CHW is anticipating additional funds through non-competitive supplementals which will increase the grant dollar per patient. 2015: \$201.86, 2016: \$263.80, 2017: \$217.08
Projected Data (by End of December 31st, 2020)	237.00 : 1 Ratio
Data Source & Methodology	UDS 2017
Key Factor and Major Planned Action #1	<p>Key Factor Type: <input checked="" type="checkbox"/>Contributing <input type="checkbox"/>Restricting</p> <p>Key Factor Description Drawdowns of federal funds are governed by effective budgetary controls.</p> <p>Major Planned Action Description Federal funds will be drawn down in monthly increments on consistent monthly days to ensure that budgeted expenses are closely monitored.</p>
Key Factor and Major Planned Action #2	<p>Key Factor Type: <input type="checkbox"/>Contributing <input checked="" type="checkbox"/>Restricting</p> <p>Key Factor Description The Center may apply for additional HRSA funds, which could potentially increase this metric.</p> <p>Major Planned Action Description The Board of Directors and management staff will carefully evaluate all applications to ensure that the projects would realize a strong use of grant funding per patient. Also HRSA awards non-competitive awards such as Quality Improvement Awards that also impact this measure. Therefore, the Center has allowed for a 3% increase per year from the 2017 baseline.</p>
Comments	Comments The state average grant cost per patient for 2017 was \$117.82

Focus Area: Total Cost Per Total Patient (Costs)

Performance Measure Description: Ratio of total cost per patient served in the measurement calendar year. (Required Measure)

Target Goal Description	By the end of the Project Period, reduce the total cost per patient.
Numerator Description	Total accrued cost before donations and after allocation of overhead.
Denominator Description	Total number of patients.
Baseline Data	<p>Baseline Year 2017</p> <p>Measure Type Ratio</p> <p>Numerator 9627242.00</p> <p>Denominator 13816.00</p> <p>Calculated Baseline 696.82 : 1 Ratio</p>
Progress	CHW has performed well in controlling costs. Over the last three, the Center averaged slightly over a 1% increase per year for a total of 3.2% for the project period.
Projected Data (by End of December 31st, 2020)	761.43 : 1 Ratio
Data Source & Methodology	UDS Lines: T8AL17CC/(T3AL39CA+T3AL39CB)
Key Factor and Major Planned Action #1	<p>Key Factor Type: <input type="checkbox"/>Contributing <input checked="" type="checkbox"/>Restricting</p> <p>Key Factor Description The cost of providing additional services to the current patient population, including mental health and substance use disorder, will continue to force the Center's total cost per patient higher than the national average.</p> <p>Major Planned Action Description The Center has a strong plan to maintain productivity levels so that the total cost per patient remains within the projected framework.</p>

	Also, the Center will be offering substance use disorder treatment which may potentially expand the number of unduplicated patients beyond what is projected.
Key Factor and Major Planned Action #2	<p>Key Factor Type: <input checked="" type="checkbox"/>Contributing <input type="checkbox"/>Restricting</p> <p>Key Factor Description Because the Center is part of a larger organization, it is able to leverage economies of scale to reduce costs.</p> <p>Major Planned Action Description The Center has a strong shared services (co-applicant agreement) which leverages a significant number of administrative personnel and functions from the health district.</p>
Comments	Comments The state average cost per patient for 2017 was \$815.03

Focus Area: Medical Cost Per Medical Visit (Costs)

Performance Measure Description: Ratio of total medical cost per medical visit in the measurement calendar year. (Required Measure)

Target Goal Description	Maintain the medical cost per medical visit at current levels plus inflation.
Numerator Description	Total accrued medical staff and other medical cost after allocation of overhead, excluding medical lab and x-ray cost.
Denominator Description	Medical visits, excluding nurse visits.
Baseline Data	<p>Baseline Year 2017</p> <p>Measure Type Ratio</p> <p>Numerator 4555897.00</p> <p>Denominator 32014.00</p> <p>Calculated Baseline 142.31 : 1 Ratio</p>
Progress	The Center has a strong system of managing costs which has resulted in a lower cost per medical visit than the state and national average. The strong financial management will continue into the coming project period. Since 2014, this measure has increased from 137.48 to 142.31 in 2017. That is 3.5% over three years.
Projected Data (by End of December 31st, 2020)	155.00 : 1 Ratio
Data Source & Methodology	Data Source & Methodology UDS Lines: T8AL1CC+T8AL3CC/T5L15CB-T5L11CB

Key Factor and Major Planned Action #1	<p>Key Factor Type: <input checked="" type="checkbox"/>Contributing <input type="checkbox"/>Restricting</p> <p>Key Factor Description The Center has a strong internal cost tracking system that can help the management team identify areas where costs are substantially increasing.</p> <p>Major Planned Action Description The Center has strong budgeting and budgeting management procedures that control costs and identifying overruns early so that they can be addressed.</p>
Key Factor and Major Planned Action #2	<p>Key Factor Type: <input type="checkbox"/>Contributing <input checked="" type="checkbox"/>Restricting</p> <p>Key Factor Description The Center has strong budgeting and budgeting management procedures that control costs and identifying overruns early so that they can be addressed.</p> <p>Major Planned Action Description Recruitment challenges or salary negotiations with individuals to fill interim positions could impact the salary budget resulting in higher medical costs.</p>
Comments	

Summary Page

Service Area	
1. What is the identification number in the Service Area Announcement Table of the service area that you are proposing to serve?	Service Area ID #: 378
	Service Area City: Texas City
	State: Texas (TX)

Patient Projection	
2. What is the total number of unduplicated patients projected to be served by December 31, 2020? Note: If changes are required, revisit Form 1A	16345
3. What is the Patient Target from the Service Area Announcement Table for the proposed service area?	16345
4. Percent of the service area Patient Target proposed to be served by December 31, 2020. Note: The value must be at least 75 percent for the application to be considered eligible for funding.	100.00%
5. <input checked="" type="checkbox"/> By checking this box, I acknowledge that in addition to the total unduplicated patient projection made on Form 1A (see Item 2 above), I will also meet the additional patient projections for any other funding awarded within my project period that can be monitored by December 31, 2020 (i.e., patient commitments from awarded applications, if any).	

Federal Request for Health Center Program Funding	
6. I am requesting the following types of Health Center funding:	
Funding Type	Fund Requested
Community Health Centers – CHC-330(e)	\$3,127,400.00
Health Care for the Homeless – HCH-330(h)	\$0.00
Migrant Health Centers – MHC-330(g)	\$0.00
Public Housing Primary Care – PHPC-330(i)	\$0.00
Total	\$3,127,400.00

Note: Ensure this value does not exceed the total annual federal request for funding under the Health Center Program that is available for the service area from the Service Area Announcement Table (Total Funding column). If a funding reduction is required based on the patient projection (value between 75 and 94.9 percent for item 4 above), this figure should be lower than the value in the Service Area Announcement Table. See the Summary of Funding section of the NOFO for details.

Scope of Project: Sites and Services
7. I am proposing the following new site(s): (New applicants and competing supplement applicants only)

This section is not applicable to you, since you are submitting a Competing Continuation application.

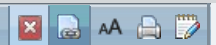
8. Sites Certification (New applicants and competing supplement applicants only)
This section is not applicable to you, since you are submitting a Competing Continuation application.

9. Scope of Project Certification - Services (Competing continuation applicants only) - select only one below
<input type="checkbox"/> By checking this option, I certify that I have reviewed my Form 5A: Services Provided and it accurately reflects all services and service delivery methods included in my current approved scope of project.
<input checked="" type="checkbox"/> By checking this option, I certify that I have reviewed my Form 5A: Services Provided and it requires changes that I have submitted through the change in scope process.

10. Scope of Project Certification - Sites (Competing continuation applicants only) - select only one below
<input type="checkbox"/> By checking this option, I certify that I have reviewed my Form 5B: Service Sites and it accurately reflects all sites included in my current approved scope of project.
<input checked="" type="checkbox"/> By checking this option, I certify that I have reviewed my Form 5B: Service Sites and it requires changes that I have submitted through the change in scope process.

11. 120 Day Implementation Plan Certification
<input checked="" type="checkbox"/> By checking this box, I certify that if my organization is noncompliant with any Health Center Program requirements, in accordance with Section 330(e)(1)(B), I will submit for HRSA's approval within 120 days of receipt of the Notice of Award (NoA) an implementation plan to come into compliance. I acknowledge that areas of noncompliance will be documented through the carryover of any unresolved, existing condition from the current project period and/or the placement of new condition(s) on the award based on the review of this application. I also acknowledge that all conditions on my award must be addressed within the timeframes and due dates specified on my Health Center Program NoA(s) and that the implementation plan I submit must align with such timelines.

Close Window



COASTAL HEALTH & WELLNESS

Proposed Budget for the fiscal year ending March 31, 2020

Highlights

Summary

- * Budget decreased (\$7,067,992) compared to 2019 budget. Includes Bad Debt expense for Self Pay patients. This change is in anticipation of the integration of the NextGen software and Accufund.

Revenues:

- * Overall budget revenue has an increase of \$867,800.
- * Increase in all Patient Revenue based on higher visit rates per HRSA Unduplicated Patient target.
- * DSRIP revenue anticipated to be earned in 2019-2020 is included and is offset by the IGT payment in expenses.
- * Revenue of \$182,160 representing proposed Fund Balance expenditure is also included.
- * Grant revenue includes Title V grant funds.
- * Decrease in revenue for Case Management position that was funded by UTMB.

Expenses:

Personnel

- * Net increase in Personnel expenses of \$531,423. Approximately \$503,477 in wages with balance being benefit expense. Includes a 2% Cost of Living Adjustment (COLA) for all personnel, in line with GCHD approved budget.
- * Net increase of 2.66 FTE's (additional details included within document).
2.36 FTE increase due to changes in % for shared services (Chief Compliance Officer, Manager, PHEP Servicesm, Contract Man;
Net change .3 FTE - combined two provider positions and made 80%, increased Dental Asst. PT to FT, took Dental Provider po
- * Includes one-time \$500 payout to full-time employees and \$250 to part-time employees from Fund Balance totaling \$51,275. (\$46,500 wages plus fringe) (Mirrors GCHD Budget)
- * Health Insurance increased approximately 3% from 2019. This includes additional cost for CareHere employee coverage.
- * State Unemployment tax increased from 0.1% to 1.3% of taxable wages.

Contractual

- * Increases in Outside Lab contracts of \$47,700, based on estimated actual for 2020, Outside X-ray contracts for \$6,930, and Miscellaneous Contract Services for \$111,240 associated with a Primary Care Services Contract with UTMB.

Other

- * Included proposed IGT payment that would be associated with DSRIP Funds for 2020.
- * Increase in Pharmaceutical supplies to be in line with expected 2020 expenditures, including ACCT contract expenses.
- * Increase in IT Software, Licenses & Intangibles due to increases in Nextgen licensing and other shared services software.
- * Decrease of \$7,067,992 in expenses with reduction in recording of Bad Debt.

Expense Budget Breakdown	FY2019		FY2020		Increase/(Decrease)	
Personnel	\$ 7,832,223	32%	\$ 8,170,756	47%	\$ 338,533	4%
Supplies	\$ 1,272,476	5%	\$ 1,458,826	8%	\$ 186,350	15%
Contract Services	\$ 730,914	3%	\$ 1,037,493	6%	\$ 306,579	42%
Equipment / Capital	\$ -	0%	\$ -	0%	\$ -	-
Other	\$ 1,480,661	6%	\$ 1,584,890	9%	\$ 104,229	7%
Bad Debt	\$ 13,013,603	53%	\$ 5,009,920	29%	\$ (8,003,683)	-62%
Totals	\$ 24,329,877	100%	\$ 17,261,885	100%	\$ (7,067,992)	-29%

COASTAL HEALTH & WELLNESS

Proposed Budget for the fiscal year ending March 31, 2020

Operating Budget

	Actual FY 18	Projected FY 19	Proposed FY 20
REVENUE:			
Patient Service Income	2,797,824	15,524,388	8,047,022
Local Funding	3,694,754	3,888,844	3,888,845
Other Local Funding	32,010	32,416	16,208
Federal BPHC 330 Grant	3,127,400	3,127,400	3,127,400
Other Revenues (DSRIP, Medical Record Fees, Interest, Fund Balance):	843,415	1,756,830	2,182,410
TOTAL REVENUE	\$ 10,495,403	\$ 24,329,877	\$ 17,261,885
EXPENSES:			
Personnel:			
Administration	2,037,239	1,731,367	1,869,736
Medical Staff	2,827,952	2,834,323	2,872,650
Dental Staff	864,866	841,249	982,744
Mental Health Staff	153,949	115,518	117,132
Enabling Staff (Case Management, Outreach & Education)	404,395	889,386	911,557
Salaries, Overtime	60,000	60,000	60,000
Salaries, Provider Incentives	52,800	52,800	52,800
Fringe Benefits:			
FICA Expense	489,692	499,135	525,296
Texas Unemployment Tax	20,067	1,107	14,584
Life Insurance	14,339	14,659	16,558
Long Term Disability Insurance	13,213	13,496	15,411
Group Medical Insurance	518,639	586,055	552,383
Worker's Comp Insurance	32,006	32,623	34,333
Pension / Retirement	154,269	160,506	145,572
Total Personnel and Fringe Benefits	7,643,426	7,832,223	8,170,756
Travel:			
Non-Local Travel	17,602	20,624	20,624
Local Travel - Staff travel b/t clinic sites, meetings, etc.	4,575	4,501	4,600
Total Travel	22,177	25,125	25,224
Supplies:			
Clinical Medical	114,500	110,000	116,266
Lab / X-ray	55,500	60,000	68,400
Pharmaceuticals	816,000	946,200	1,078,668
Dental	74,500	64,000	72,960
Outside Dental (Restorative)	30,000	24,000	24,000
Office, Administrative, & Printing Supplies	83,282	63,776	94,532
Janitorial	4,500	4,500	4,000
Total Supplies	1,178,282	1,272,476	1,458,826
Contractual:			
Patient Care Contracts:			
Outside Lab Contract (LabCorp services for 2 sites)	264,000	318,000	365,700
Outside X-Ray Contract (Xray reading services for 2 sites)	36,000	46,200	53,130
Patient Transportation Contract (transport provided to TC location)	9,750	7,800	7,800
Contract Ob/Gyn & Primary Care Services	-	79,200	129,930
Contract CIHCP	77,328	-	6,700
Translation & Interpretation Services	12,000	13,200	8,400
Subtotal Patient Care Contracts	399,078	464,400	571,660

COASTAL HEALTH & WELLNESS

Proposed Budget for the fiscal year ending March 31, 2020

Operating Budget

	Actual FY 18	Projected FY 19	Proposed FY 20
Non-Patient Contracts:			
<i>Janitorial Contract (Contract for services at 2 sites)</i>	36,000	33,600	167,109
<i>Security (Security services at 2 sites)</i>	91,740	46,920	46,920
<i>Pest Control (pest control services @ 1 site)</i>	1,200	960	960
<i>Claim Processing</i>	3,000	3,000	15,180
<i>Statement Processing / Appointment Reminders</i>	49,500	60,000	60,000
<i>Contract Management System (MediTract)</i>	6,000	6,600	8,400
<i>IT Consulting (Creager, Accufund)</i>	5,000	8,750	53,900
<i>Interface EAP, Prehire Screenings, & Medicare Exclusions</i>	2,700	5,884	5,364
<i>Billing Contract Service</i>	120,540	100,800	108,000
Subtotal Non-Patient Contracts	315,680	266,514	465,833
Total Contractual	714,758	730,914	1,037,493
Equipment:			
<i>None</i>	-	-	-
Total Equipment	-	-	-
Other:			
<i>Training</i>	5,000	5,000	5,000
<i>Uniforms</i>	5,040	4,800	5,000
<i>Postage</i>	8,800	8,000	8,000
<i>Telecommunications</i>	18,300	48,660	48,790
<i>Utilities (Water & Electricity)</i>	25,372	25,372	25,375
<i>Rentals</i>	71,220	36,528	39,480
<i>Leases - Facility</i>	462,262	524,424	524,424
Maint & Repair:			
<i>Equipment</i>	90,750	79,310	83,720
<i>Mobile Clinic</i>	1,500	1,500	1,500
<i>Computer</i>	1,500	-	15,275
<i>Building</i>	5,000	5,000	5,000
Insurance:			
<i>General Liability</i>	10,000	9,000	12,350
<i>Building Contents</i>	16,000	16,560	19,595
<i>Mobile Clinic</i>	2,016	1,992	2,500
<i>IGT Reimbursement</i>	-	450,000	450,000
<i>Newspaper Ads</i>	15,000	18,000	18,000
<i>Subscriptions, Books, etc.</i>	9,000	1,500	1,500
<i>Organizational Memberships</i>	34,000	34,592	34,592
<i>IT Software, Licensing & Usage Fees</i>	111,100	152,540	220,265
<i>Professional Fees/License/Inspections</i>	17,600	2,288	2,430
<i>Professional Services - Accounting Services</i>	14,500	16,100	22,500
<i>Med/Hazard Waste Disposal</i>	5,500	5,800	5,800
<i>Board Meeting Operations</i>	350	350	350
<i>Service Charge - Credit Cards</i>	350	8,220	8,220
<i>Bad Debt</i>	-	13,013,603	5,009,920
Total Other	930,160	14,469,139	6,569,586
TOTAL EXPENSES	\$ 10,488,803	\$ 24,329,877	\$ 17,261,885

COASTAL HEALTH & WELLNESS

Proposed Budget for the fiscal year ending March 31, 2020

Operating Budget

	Actual FY 18	Projected FY 19	Proposed FY 20
CHW BUDGETED POSITIONS:			
<i>Admin Support</i>	45.5	48.1	50.5
<i>Medical Director</i>	1.0	1.0	1.0
<i>Family Physicians</i>	2.0	2.0	2.0
<i>Physician Assistant / Nurse Practitioner</i>	8.5	7.5	7.8
<i>Pediatrician</i>	1.0	1.0	1.0
<i>Nurses</i>	9.0	10.0	10.0
<i>Clinical Support</i>	19.5	20.5	20.5
<i>Lab</i>	6.5	8.0	8.0
<i>Dentists</i>	3.8	3.8	4.4
<i>Dental Hygienists</i>	1.0	1.0	1.0
<i>Dental Assistants</i>	8.6	9.6	9.0
<i>Behavioral Health Specialists</i>	2.0	1.5	1.5
<i>Case Management</i>	6.0	7.0	7.0
<i>Outreach & Education</i>	3.0	2.0	2.0
TOTAL FTE's	117.4	123.0	125.7

Department of Health and Human Services Health Services and Resources Administration Form 3: Income Analysis Support Year 20	For HRSA Use Only	
	Applicant Name:	COASTAL HEALTH & WELLNESS
	Grant Number:	H80CS00344
	Application Tracking Number:	

Part 1: Patient Service Revenue - Program Income

Line #	Payer Category	Patients	Billable Visits	Income Per Visit	Projected Income	Prior FY Income Mo/Yr: March 2018
		(a)	(b)	(c)	(d)	(e)
1	Medicaid	1,894	5,442	160.11	871,296.34	2,360,459.00
2	Medicare	1,267	3,640	139.70	508,557.99	1,637,388.00
3	Other Public	627	1,728	68.31	117,087.51	78,764.00
4	Private	1,642	4,718	125.37	591,472.06	1,779,177.00
5	Self Pay	10,915	31,361	190.00	5,958,607.78	7,294,525.00
6	Total (lines 1-5)	16,345	46,889	171.62	8,047,021.69	13,150,313.00

Part 2: Other Income - Other Federal, State, Local and Other Income

7	Other Federal				-	-
8	State Government				950,000.00	1,455,620.00
9	Local Government				3,888,845.00	3,959,695.00
10	Private Grants/Contracts				981,208.00	754,671.00
11	Contributions				-	-
12	Other				85,250.00	70,414.00
13	Applicant (Retained Earnings)				-	-
14	Total Other (lines 7-13)				5,905,303.00	6,240,400.00

Total Non-Federal (Non-section 330) Income (Program Income Plus Other)

15	Total Non-Federal (lines 6 + 14)				13,952,324.69	19,390,713.00
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Comments/Explanatory Notes (if applicable)

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0285. Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-33, Rockville, Maryland, 20857.

COASTAL HEALTH & WELLNESS

Proposed Budget for the fiscal year ending March 31, 2020

Funding Details

	<i>Federal</i>	<i>Non-Federal</i>	Proposed FY20 Operating Budget	<i>Fund Balance</i>	Proposed FY20 Total Budget
REVENUES					
4001 HHS Grant Revenue	3,127,400	-	3,127,400	-	3,127,400
4005 Grant Revenue	-	57,355	57,355	-	57,355
4011 Patient Fees	-	5,958,608	5,958,608	-	5,958,608
4012 Private Insurance	-	591,472	591,472	-	591,472
4016 Pharmacy Revenue	-	965,000	965,000	-	965,000
4020 Medicare	-	508,558	508,558	-	508,558
4031 Medicaid	-	871,296	871,296	-	871,296
4313 Local Grants & Foundations	-	16,208	16,208	-	16,208
4331 Medical Record Revenue	-	16,250	16,250	-	16,250
4335 Medicaid Incentive Payments	-	-	-	-	-
4405 County Revenue	-	3,888,845	3,888,845	-	3,888,845
4407 DSRIP Revenue	-	950,000	950,000	-	950,000
4510 Miscellaneous Revenue	-	-	-	-	-
4511 Gain on Fixed Asset Disposals	-	-	-	-	-
4520 Interest Income	-	69,000	69,000	-	69,000
4610 CHW Contract Revenue	-	59,733	59,733	-	59,733
4943 Local Funds / Other Revenue	-	-	-	-	-
NEW Convenience Fee	-	-	-	-	-
Fund Balance	-	-	-	182,160	182,160
TOTAL REVENUE	\$ 3,127,400	\$ 13,952,325	\$ 17,079,725	\$ 182,160	\$ 17,261,885
EXPENSES					
6111 Salaries	2,459,390	3,814,234	6,273,624	46,500	6,320,124
6112 Salaries, Merit Compensation	-	-	-	-	-
6117 Salaries, Provider Incentives	-	52,800	52,800	-	52,800
6113 Salaries, O/T	-	60,000	60,000	-	60,000
6114 Salaries, Part-Time	-	433,694	433,694	-	433,694
6116 Comp Pay Premium	-	-	-	-	-
6211 FICA Expense	188,143	333,596	521,739	3,557	525,296
6213 Texas Unemployment Tax	4,914	9,670	14,584	-	14,584
6221 Employee Life Insurance Exp.	6,272	10,286	16,558	-	16,558
6223 Employee LT Disability Ins. Exp.	5,903	9,508	15,411	-	15,411
6224 Employer Paid Health Ins.	200,167	352,216	552,383	-	552,383
6225 Worker's Compensation Ins.	12,297	21,804	34,101	233	34,333
6227 HRA Expense	-	-	-	-	-
6231 Pension / Retirement	52,139	92,448	144,587	986	145,572
7017 Outside Lab Contract	-	365,700	365,700	-	365,700
7018 Outside X-Ray Contract	-	53,130	53,130	-	53,130
7020 Misc Contract Services	-	261,174	261,174	26,700	287,874
7023 Temporary Staffing	-	-	-	-	-
7024 CHW Billing Contract Svc	50,400	57,600	108,000	-	108,000
7026 IGT Reimbursement	-	450,000	450,000	-	450,000
7032 Janitorial Contract	-	167,109	167,109	-	167,109
7033 Pest Control	-	960	960	-	960
7034 Security	40,800	6,120	46,920	-	46,920
8011 Office Supplies	-	61,376	61,376	-	61,376
8012 Operating Supplies	21,045	236,581	257,626	30,756	288,382
8013 Outside Dental Supplies	-	24,000	24,000	-	24,000
8014 Pharmaceutical Supplies	-	1,078,668	1,078,668	-	1,078,668
8016 Janitorial Supplies	-	4,000	4,000	-	4,000
8017 Printing Supplies	-	2,400	2,400	-	2,400
8018 Uniform	-	5,000	5,000	-	5,000
8115 Postage	-	8,000	8,000	-	8,000
8121 Telecommunications	2,400	46,390	48,790	-	48,790

COASTAL HEALTH & WELLNESS

Proposed Budget for the fiscal year ending March 31, 2020

Funding Details

	<i>Federal</i>	<i>Non-Federal</i>	Proposed FY20 Operating Budget	<i>Fund Balance</i>	Proposed FY20 Total Budget
8132 Water	-	375	375	-	375
8133 Electricity	-	25,000	25,000	-	25,000
8141 Travel, Local	-	4,600	4,600	-	4,600
8142 Travel, Out Of Town	-	-	-	-	-
8151 Training, Local	-	5,000	5,000	-	5,000
8152 Training, Out Of Town	-	20,624	20,624	-	20,624
8161 Rentals	15,360	24,120	39,480	-	39,480
8171 Leases	-	524,424	524,424	-	524,424
8181 Maint/Repair, Equip.	68,170	15,550	83,720	-	83,720
8182 Maint/Repair, Auto	-	500	500	-	500
8183 Fuel	-	500	500	-	500
8184 Maint/Repair, Bldg.	-	5,000	5,000	-	5,000
8185 Maint/Repair, IT Equip.	-	-	-	15,275	15,275
8186 Maint/Repair, Prev Auto	-	500	500	-	500
8191 Insurance, Auto/Truck	-	2,500	2,500	-	2,500
8192 Insurance, General Liability	-	12,350	12,350	-	12,350
8193 Insurance, Bldg. Contents	-	19,595	19,595	-	19,595
8211 IT Equipment	-	-	-	-	-
8214 Operating Equipment	-	-	-	-	-
8215 Bldg. Improvements	-	-	-	-	-
8301 Newspaper Ads/Advertising	-	18,000	18,000	-	18,000
8302 Subscriptions, Books, Etc.	-	1,500	1,500	-	1,500
8303 Association Dues	-	34,592	34,592	-	34,592
8305 IT Software, Licenses, Intangibles	-	162,112	162,112	58,153	220,265
8311 Prof Fees/Licenses/Inspections	-	2,430	2,430	-	2,430
8312 Professional Services	-	22,500	22,500	-	22,500
8321 Med / Hazard Waste Disposal	-	5,800	5,800	-	5,800
8324 Transportation	-	7,800	7,800	-	7,800
8328 Board Meeting Operations	-	350	350	-	350
8331 Service Charge - Credit Cards	-	8,220	8,220	-	8,220
8337 Cashier Over/Short	-	-	-	-	-
8339 Bad Debt Expense	-	5,009,920	5,009,920	-	5,009,920
8340 Miscellaneous Expense	-	-	-	-	-
TOTAL EXPENSES	\$ 3,127,400	\$ 13,952,326	\$ 17,079,726	\$ 182,160	\$ 17,261,885
<i>Revenue Over / (Under) Expenses</i>	-	(0)	(0)	-	(0)

CATEGORICAL	<i>Federal</i>	<i>Non-Federal</i>	FY19 Operating Budget	<i>Fund Balance</i>	FY19 Total Budget
Wages	2,459,390	4,360,728	6,820,118	46,500	6,866,618
Benefits	469,835	829,528	1,299,363	4,776	1,304,138
Travel	-	25,224	25,224	-	25,224
Equipment	-	-	-	-	-
Supplies	21,045	1,407,025	1,428,070	30,756	1,458,826
Contractual	91,200	919,593	1,010,793	26,700	1,037,493
Other	85,930	6,410,228	6,496,158	73,428	6,569,586
Total Expenses	\$ 3,127,400	\$ 13,952,326	\$ 17,079,726	\$ 182,160	\$ 17,261,885

COASTAL HEALTH & WELLNESS

Proposed Budget for the fiscal year ending March 31, 2020

Fund Balance Reserve Expenditures

Personnel (6xxx)	Total Cost	CHW %	CHW Cost
Full Time Employee One-Time \$500/\$250 Payout (\$46,500 wages + \$4,724.20 fringe)	51,276	100%	51,276
			\$ 51,276
Misc Contract Services (7020)	Total Cost	CHW %	CHW Cost
*Starpoint - Provisioning (system resource configurations and deployments)	38,400	50%	19,200
			\$ 19,200
Operating Supplies (8012)	Total Cost	CHW %	CHW Cost
Penetration testing for compliance (cyber security)	15,000	50%	7,500
Fluke Network testing tools	1,200	50%	600
			\$ 8,100
Maint/Repair, IT Equip (8185)	Total Cost	CHW %	CHW Cost
Network Upgrades (SFP+ modules, OM4 fiber cables, HP Aruba SFP module)	24,750.00	50%	12,375
MCA Datacenter Power Distribution (rack mount PDU) & Backup (rack mount APC)	5,800.00	50%	2,900
			\$ 15,275
IT Equipment (8211)	Total Cost	CHW %	CHW Cost
Computer refreshes 8011	60,312	50%	30,156
			\$ 30,156
IT Software, Licenses, Intangibles (8305)	Total Cost	CHW %	CHW Cost
Microsoft Licensing (does not include any true-up or additions)	68,206	50%	34,103
Microsoft Cloud Licensing	32,100	50%	16,050
Microsoft Cloud Licensing Uplift to full Enterprise Mobility Suite (EMS)	16,000	50%	8,000
			\$ 58,153
			\$ 182,160

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

October 2018

Item #7

**Consider for Approval the Appointment of Aaron Akins as a Consumer
Representative to the Coastal Health & Wellness Governing Board
for a 3-year Term Expiring October 2021**

October 2, 2018

Aaron Elton Akins has been a resident of Galveston County for more than thirty-five years. Aaron graduated Texas City High school in 2001 and received his Associate of Arts from College of the Mainland in 2003. He attended Sam Houston State University from 2004-2005, then on to University of Houston Clear Lake to pursue a degree in Communications and Public Relations. He currently has 15 hours left to complete his degree. Aaron is a member of the Fellowship Christian Center in Texas City. Aaron has always had a passion for helping others and has been a patient with Coastal Health & Wellness for more than four years. Please consider nominee, Aaron Elton Akins, to fill the consumer representative position on the Coastal Health & Wellness Governing Board.

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