



COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

AGENDA

Thursday, April 30, 2020 – 12:00 PM

ON MARCH 16, 2020, GOVERNOR GREG ABBOTT TEMPORARILY SUSPENDED PART OF THE TEXAS OPEN MEETINGS ACT TO HELP MITIGATE THE SPREAD OF COVID-19. SPECIFICALLY, THIS AMENDMENT ALLOWS FOR LOCAL GOVERNMENTS TO CONVENE VIRTUALLY SO LONG AS MEMBERS OF THE PUBLIC ARE PROVIDED A MEANS BY WHICH THEY CAN HEAR AND PROVIDE COMMENT TO THE GOVERNING BODY.

The Coastal Health & Wellness Governing Board will convene for its regularly scheduled March meeting by utilizing Zoom, which will allow for Board members and the public alike to partake in and/or view the meeting either online or over the phone.

CONNECTING VIA INTERNET:

1. Access the URL: <https://zoom.us/j/477078265>
2. An automated prompt should appear on your screen; when it does, click “Open Zoom Meetings”
3. If you would prefer to use your computer for audio connection, please do the following:
 - a. When prompted, select “Join Audio”
 - b. Another popup box will appear, select the tab, “Computer Audio”
 - c. Now click the box stating, “Join With Computer Audio.” Your connection to the meeting will be automatically established upon doing so.
4. If you would prefer to utilize a phone for your audio connection, please do the following:
 - a. Mute your computer’s volume;
 - b. When prompted, select “Join Audio”
 - c. Another popup box will appear, select the tab, “Phone Call”
 - d. You will be presented with a Dial-In, Audio Code, and Participant ID. Call the Dial-In number from your phone and follow the subsequent voice prompts. Your connection to the meeting will be automatically established upon doing so.

CONNECTING VIA PHONE (AUDIO ONLY):

1. Dial 346-248-7799
2. You’ll be prompted to enter the Meeting ID, which is 477 078 265 #
3. Finally, you’ll be instructed to enter your Participant ID. When this occurs, merely select the pound (hashtag) key without entering any numbers. Your connection to the meeting will be automatically established upon doing so.

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.

REGULARLY SCHEDULED MEETING

Meeting Called to Order

- *Item #1 Agenda
- *Item #2 **ACTION** Excused Absence(s)
- *Item #3 **ACTION** Consider for Approval Minutes from March 26, 2020 Governing Board Meeting

- *Item #4**ACTION**.....Policies Approved by United Board of Health as Authorized Under the Shared Services Agreement
 - a) Hours Worked and Compensatory Overview
 - b) Employee Ethics, Standards of Conduct, and Conflict of Interest
- *Item #5**ACTION**.....Consider for Approval Quarterly Investment Report
- Item #6Executive Report
- Item #7**ACTION**.....Consider for Approval March 2020 Financial Report
- Item #8**ACTION**.....Consider for Approval Quarterly Visit and Collection Report Including a Breakdown by Payor Source for Recent New Patients
- Item #9**ACTION**.....Consider for Approval Budget Submitted to HRSA for the FY2020 Coronavirus Supplemental Funding for Health Centers in the Amount of \$79,990
- Item #10**ACTION**.....Consider for Approval Preliminary Plan of Proposed Expenditures For Health Center Coronavirus Aid, Relief and Economic Security (CARES) Act Funding in the Amount of \$971,360
- Item #11**ACTION**.....Consider for Approval Coastal Health & Wellness Medical Referral Tracking and Care Management Policy
- Item #12**ACTION**.....Consider for Approval Re-Privileging Rights for Premal Patel, MD

Adjournment

Next Regular Scheduled Meeting: May 28, 2020

Appearances before the Coastal Health & Wellness Governing Board

The Coastal Health & Wellness Governing Board meetings are conducted under the provisions of the Texas Open Meetings Act, and members of the public that wish to address the Board about an item presented on the agenda shall be offered three minutes to do so. The Board cordially requests that individuals desiring to make a such a statement notify the Board of their intention by writing their name on the sign-in sheet located at the Boardroom’s main entrance.

A citizen desiring to make comment to the Board regarding an item not listed on the agenda shall submit a written request to the Executive Director by noon on the Thursday immediately preceding the Thursday of the Board meeting. A statement of the nature of the matter to be considered shall accompany the request. The Executive Director shall include the requested appearance on the agenda, and the person shall be heard if he or she appears.

Executive Sessions

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



COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

**Governing Board
April 2020
Item#2
Excused Absence(s)**

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

April 2020

Item#3

**Consider for Approval Minutes from March 26, 2020 Governing
Board Meeting**

**Coastal Health & Wellness
Governing Board
March 26, 2020**

Board Members

Present:

Samantha Robinson
Milton Howard, DDS,
Jay Holland
Elizabeth Williams
Virginia Valentino
Dorothy Goodman
Flecia Charles
Victoria Dougharty
Miroslava Bustamante
Barbara Thompson, MD

Staff:

Kathy Barroso, Executive Director
Cynthia Ripsin, MD
Hanna Lindskog, DDS
Eileen Dawley
Andrea Cortinas
Richard Mosquera
Mary Orange
Amanda Wolff
Tikeshia Thompson Rollins

Unexcused: Aaron Akins

Items 1-5 Consent Agenda

A motion was made by Virginia Valentino to approve the consent agenda items one through five. Miroslava Bustamante seconded the motion and the Board unanimously approved the consent agenda.

Item #6 Executive Reports

Kathy Barroso, Executive Director, updated the Board on testing related to COVID19. Ms. Barroso informed the Board that Coastal Health & Wellness was awarded \$79,000 in Coronavirus supplemental funds and is anticipating receiving additional funding from the Health Resources Services Administration (HRSA). The Galveston County Health District (GCHD) was also notified of funding to support public health services. These funds will allow GCHD funding to support an additional Epidemiologist, a Webmaster, and test kits for mass testing related to COVID19, primarily focusing on first responders, and those in the high-risk category. Ms. Barroso also informed the Board that the Mid-County Annex is currently closed to the public and staff is either working remotely or performing limited on-site services due to the stay at home order. Ms. Barroso also informed the Board that the Galveston Housing Authority closed the Galveston location due to the stay at home order, so all services in the Galveston Clinic have been directed to the Texas City location.

Dr. Ripsin, Medical Director, gave an update on the Coastal Health & Wellness Medical department as it relates to COVID-19. Dr. Ripsin explained that our focus during this time is 3-fold and included the following:

1. All patients can access primary care needs including chronic care and acute care. Preventive care is on hold.
2. We are carefully screening for and properly managing suspected COVID 19 testing while managing our current resources properly.
3. Communicate with our patients via phone calls to monitor their healthcare needs.

Provider Phone visits: Providers are calling patients at the scheduled time and managing just as if it is a face to face visit, but no labs are ordered at this time unless necessary.

Beginning March 16th, we transitioned all vulnerable patients to phone visits.

As of Monday, March 23rd, all patients scheduled for routine visits are being managed by telephone visits.

All patients calling for acute visits, regardless of the complaint, are being called by a provider to discuss their complaint and manage it by phone if possible.

After initial phone visits, providers are placing orders to have patients called one or more times by our nursing and medical assistant staff when there are any respiratory complaints that don't need a visit. This helps reduce patient anxiety regarding COVID 19.

Providers are having patients called by our behavior health therapists when there is any suggestion at all of anxiety or other concerns of a mental health nature.

Patients in the clinic:

If we need to see a patient in the clinic, strict distancing is being observed. They are seen only by appointment. Due to the loosening of requirements we are now able to Face time with a patient if needed. This will be helpful for rashes and abscesses.

During a crisis, the rate of unwanted pregnancies goes up. Depo Provera injections are being done for contraception, but all patients are being screened before they enter the building and are managed as all patients are.

We have our prenatal patients managed through UTMB Family Medicine. We are continuing to manage our SUD patients by still using our tele-psychiatrist and patching the patient through via phone so all of us are connected together. We are not accepting new SUD patients at this time.

Lab services are available for necessary lab draws. Patients cannot currently walk in, but they are called by a lab staff member and told a time to come, and they are screened and then managed as all other patients.

COVID 19 TESTING: we have an area in the large garage space that has a door on each end that we're using for COVID 19 testing. This area is open each afternoon if necessary, Monday through Friday.

Dr. Lindskog, Dental Director, gave an update on the Coastal Health & Wellness Dental department as it relates to COVID-19. Dr. Lindskog informed the Board that dental is currently only seeing emergency visits as of March 18th in the Texas City Clinic. Emergencies were seen in Galveston through March 24th. As of March 25th, the dental staff has been reduced to one dentist and two dental assistants each day to handle phone calls from patients as well as acute visits. All other staff are currently being utilized in other areas of the Galveston County Health District to support the COVID-19 response. Dr. Lindskog also informed the Board that dental is currently not accepting new patients or signing any dental contracts.

Item #7 Consider for Approval February 2020 Financial Report

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

Item #8 Consider for Approval Updates to Shared Service Agreement Between Galveston County Health District and Coastal Health & Wellness

Richard Mosquera, Chief Compliance Officer, asked the Board to consider for approval updates to the shared services agreement between Galveston County Health District and Coastal Health & Wellness. A motion to accept the agreement as presented was made by Virginia Valentino and seconded by Victoria Dougharty. The Board unanimously approved the motion.

Item #9 Consider for Approval Re-Privileging Rights for Jason Borillo, PA-C

Dr. Ripsin, Medical Director, asked the Board to consider for approval privileging rights for Jason Borillo, PA-C. A motion to accept privileging rights for Jason Borillo, PA-C, was made by Virginia Valentino and seconded by Victoria Dougharty. The board unanimously approved the motion.

Item #10 Consider for Approval Re-Privileging Rights for Jacklyn Morgan, PA-C

Dr. Ripsin, Medical Director, asked the Board to consider for approval privileging rights for Jacklyn Morgan, PA-C. A motion to accept privileging rights for Jacklyn Morgan, PA-C, was made by Dr. Howard and seconded by Virginia Valentino. The board unanimously approved the motion.

Item #11 Consider for Approval Privileging Rights for Tandace McDill, MD

Dr. Ripsin, Medical Director, asked the Board to consider for approval privileging rights for Tandace McDill, MD. A motion to accept privileging rights for Tandace McDill, MD, was made by Virginia Valentino and seconded by Victoria Dougharty. The board unanimously approved the motion.

Item #12 Consider for Approval Privileging Rights for the following UTMB Residents

Dr. Ripsin, Medical Director, asked the Board to consider for approval privileging rights for the following UTMB resident:

- Rediet Haileselassie, MD

A motion to accept privileging rights for the UTMB resident was made by Dr. Howard and seconded by Virginia Valentino. The board unanimously approved the motion.

Adjournment

A motion to adjourn was made by Miroslava Bustamante and seconded by Elizabeth Williams. The Board adjourned at 12:45 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

April 2020

Item#4

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

- a.** Hours Worked and Compensatory Overview
- b.** Employee Ethics, Standards of Conduct, and Conflict of Interest

Hours Worked and Compensatory/Overtime Policy

Audience

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

Policy

This policy is for routine (non-disaster) circumstances only. (*For emergencies or disaster circumstances refer to the GCHD Emergency Operations policy*). It is the District’s policy to work within the Fair Labor Standards Act and Texas Payday Laws. While this policy focuses on routine circumstance, GCHD expects that employees will work in excess of standard hours when requested and necessary to meet business needs or respond to public emergencies. Failure to do so may result in corrective disciplinary action.

Employee Categories and Definitions

FLSA Exempt Employee – an employee who **is not subject** to the overtime provisions of the FLSA due to an executive, administrative, or professional exemption.

FLSA Non-exempt Employee – an employee who **is subject** to the overtime provisions of the FLSA.

	Employee Leave (Vacation, Sick, etc.)	Medical, Dental & Vision Insurance	LTD, AD&D, & Dependent Life	TCDRS	457 Deferred Compensation Plan
Health District, Coastal Health & Wellness, and GAAA Administrative Staff					
Full-time with benefits (at least 40 hours per week)	Full benefits in accordance with <i>Employee Leave</i> policy	Yes	Yes	Yes	Yes
Part-time with benefits (at least 29 hours per week)	No	Yes	No	Yes	No
Part-time without benefits (less than 29 hours per week)	No	No	No	Yes	No
*Temporary/Seasonal	No	No	No	No	No
GAAA Field Staff					
Full-time with benefits (at least 48 hours per week)	Full benefits in accordance with <i>Employee Leave</i> policy	Yes	Yes	Yes	Yes
Part-time (at least 24 hours per month)	No	No	No	Yes	No

**Temporary/Seasonal Employee* – an employee who is hired for the duration of a specific project, to fill a position until a non-temporary candidate is hired, is a seasonal position, or is free to accept or decline a work offer on a daily basis.

Compensatory Time – hours worked over 40 hours ***actually** worked in a workweek that are accrued at time and one-half and can be used as time off (for FLSA non-exempt employees).

Overtime – time and one-half compensation for time worked that puts the employee over 40 hours ***actually** worked in the workweek (for FLSA non-exempt employees).

Flex-time – for exempt employees only. Flex-time is an adjustment of the employee’s routine schedule in consideration of pre-approved time worked beyond routine (ex. beyond 8-5) to achieve a minimum workweek of 40 hours. Flex-time must be pre-approved by the supervisor and typically occurs in the same work week. Flex-time does not accumulate beyond the two week pay period.

Alternate Work Schedule – set work hours which do not fall within the District’s normal business hours.

Hours of Operation

The normal business hours of the District are 8:00 A.M. to 5:00 P.M. Monday through Friday. Regular District office hours for most employees correspond to these hours with one hour for lunch for a total workweek of 40 hours. Coastal Health & Wellness hours include additional evening and weekend hours per Health Resources and Services Administration (HRSA) and Governing Board policy (Reference: *CHW Clinic Operational policy*). GAAA field hours of service are 24/7. A typical workweek is two shifts, 24 hours in length with one to three days off in between (Reference: *GAAA Standard Operating Guidelines*).

Alternate Work Schedule

All employees should be scheduled in such a way that business needs are met, and business continues. Executive managers may implement alternate work schedules for employees if such implementation is feasible, within operating budget, and does not impact service delivery. Should an employee desire to work an alternate work schedule that falls outside of the District’s standard hours of operation (8:00 am to 5:00 pm), the employee must submit a written request to their manager seeking approval.

The Fair Labor Standards Act

The Fair Labor Standards Act (FLSA) is a federal law that governs wages, hours and working conditions. The District’s workweek for FLSA purposes includes the time between 12:01 A.M. Thursday morning and 12:00 midnight Wednesday.

FLSA Exempt Employee

For District purposes, a **FLSA exempt employee** is one who **is not subject** to the overtime provisions of the FLSA due to an executive, administrative or professional exemption.

In consideration of excess hours worked due to extenuating circumstances, administrative leave may be granted on a case-by-case basis by the Chief Executive Officer or designee. Such leave may be with or without pay. Compensatory and overtime pay does not apply to exempt employees. The next level of supervision may approve flex-time for exempt employees as defined above. (*For emergencies or disaster circumstances refer to the GCHD Emergency Operations policy*).

FLSA Non-exempt Employee

For District purposes, a **FLSA non-exempt employee** is one who **is subject** to the overtime provisions of the FLSA. When such an employee works extra hours, the employee is eligible for:

- equivalent compensation (hour-for-hour compensatory time) for time worked which does not put the employee over 40 hours ***actually** worked in the workweek;
- time and one-half compensation (overtime) for time worked that puts the employee over 40 hours ***actually** worked in the workweek; or
- time and one-half off (compensatory time) for time worked that puts the employee over 40 hours ***actually** worked in the workweek.

***Actual hours worked** are those hours an employee is performing District duties/business. Such hours do not include time the employee is on leave or off duty due to a holiday.

A FLSA non-exempt employee **must** be compensated (either in pay or in time off) for all time worked. If approval is not received to work the extra time, the employee must be counseled regarding the requirement to receive proper approval and informed that corrective disciplinary action up to and including dismissal may be taken for future incidents.

Time worked over 40 hours will be compensated with compensatory time. However, programs designated by the Chief Executive Officer or designee may receive paid overtime if budget allows and it is within state and federal requirements. GAAA employees will receive paid overtime for working special events in lieu of comp time.

Holidays

Employees on Part-time Status

An employee who is part-time does not receive holiday pay. Should a part-time employee work on a District recognized holiday, he/she will receive straight pay for those hours worked.

Should the holiday fall on a day that the employee is not regularly scheduled to work, he/she will not receive holiday pay.

Employees on Full-time Status

A full-time with benefits employee receives holiday pay at straight rate equal to eight hours for holidays not worked.

Should the employee work on a District recognized holiday, and already worked 40 regular hours that pay week, he/she will receive time and one half (compensatory time) for the time worked on the holiday and eight hours holiday pay at straight rate.

Should the employee work on a District recognized holiday and did not work 40 regular hours that pay week, he/she will receive straight pay for the time worked on the holiday and eight hours holiday pay at straight rate.

Examples:

1. *The pay week is Thursday – Wednesday. The employee works the following schedule:*

Thursday 8 hours
Friday Holiday(works six hours)
Saturday Off
Sunday Off
Monday 8 hours
Tuesday 8 hours
Wednesday 8 hours

The employee will be paid the following:

32 regular hours
8 hours holiday pay at straight rate
6 hours (straight time) for time worked on the holiday will be added to the employee's comp-time balance

2. *The pay week is Thursday – Wednesday. The employee works the following schedule:*

Thursday 10 hours
Friday Holiday(works 6 hours)
Saturday 8 hours
Sunday Off
Monday 10 hours
Tuesday 10 hours
Wednesday 8 hours

The employee will be paid the following:

40 regular hours
9 overtime hours (6 hours at time and a half) added to the employee's comp-time balance
9 overtime hours (6 hours at time and a half for time worked on the holiday) added to the employee's comp-time balance
8 holiday hours added to the employee's comp-time balance

3. *The pay week is Thursday – Wednesday. The employee works the following schedule:*

Thursday 8 hours
Friday Holiday(works 6 hours)
Saturday Off
Sunday Off
Monday 8 Vacation
Tuesday 8 sick Leave
Wednesday 8 hours

The employee will be paid the following:

16 regular hours
6 hours (straight time) for time worked on the holiday

8 vacation hours

8 sick hours

8 hours of holiday pay will be added to the employee's comp-time balance

Remember: Time worked over 40 hours will be compensated with either compensatory time or overtime, if budget allows and it is within state and federal requirements.

GAAA field employees receive up to eight hours of holiday pay at the straight time rate for time worked on the holiday.

Employees on Alternate Work Schedules Due to Requirement in Program Area

A full-time with benefits employee on an alternate work schedule receives up to eight hours of holiday pay for holidays not worked. The remainder of regularly scheduled time will be taken from either vacation or compensatory time (whichever is available). Sick leave is not allowed.

Should the employee work on a District recognized holiday, and already have worked 40 regular hours that pay week, he/she will receive time and one half (compensatory time) for the time worked on the holiday and eight hours holiday pay.

Should the employee work on a District recognized holiday and has not worked 40 regular hours that pay week, he/she will receive straight pay for the time worked on the holiday and eight hours holiday pay.

Examples:

1. *The employee is regularly scheduled to work ten-hour days Monday through Thursday and the District recognized holiday falls on a Monday. The employee will receive 30 regular hours, eight holiday hours, and must use vacation, or compensatory time to make up the remaining two hours.*
2. *Should the employee be regularly scheduled to work ten-hour days Monday through Thursday, and the District recognized holiday falls on a Friday, the employee will have eight hours (for the holiday) added to his/her comp-time balance at straight rate.*

Administrative Leave

Early Dismissal

In the event that the Chief Executive Officer or designee allows for an early dismissal (usually before a holiday), administrative leave will be allowed with the immediate supervisor's approval. The amount of admin leave granted will be determined based on the time dismissed and will be based on an 8-hour day from the time early dismissal was allowed up to 5:00 pm. Employees will only be able to record administrative leave if they were scheduled to work during the time admin leave was granted and only if admin leave is needed to meet a 40 hour work week. If the employee worked 40 or more hours in that week, then they will not receive any admin leave. Also, if an employee was scheduled to be off during this time, admin leave does not apply and the time off should be recorded using other applicable leave (vacation, sick or wellness).

Examples:

1. *You were scheduled to work from 8:00 am to 5:00 pm (with a 1-hour lunch) and were dismissed at 3:00 pm. Then you would record: 6 hours worked and 2 hours admin leave. Weekly total is 40 hours or less.*

2. *You were scheduled to work from 8:00 am to 5:00 pm (with a 1-hour lunch) and were dismissed at 3:00 pm. However, you stayed and worked until 4:00 pm. Then you would record: 7 hours worked and 1-hour admin leave. Weekly total is 40 hours or less.*
3. *You were scheduled to work from 8:00 am to 5:00 pm (with a 1-hour lunch) and were dismissed at 3:00 pm. However, you have worked over 40 hours for the week. Then you record your hours worked and will not receive admin leave.*
4. *You are on an alternate work schedule and were scheduled to work from 8:00 am to 7:00 pm (with a 1-hour lunch) and were dismissed at 3:00 pm. Then you would record: 6 hours worked, 2 hours admin leave, 2 hours vacation or comp leave (if available). Sick leave will not be allowed. Weekly total is 40 hours or less.*

Employee Responsibilities

Both Exempt and Non-Exempt employees are responsible for filling out timesheets within the deadlines set for each pay period. Every other Wednesday timesheets should be submitted by the established deadline. Each department may have its own expectations on the payroll deadline. Occasionally, due to holidays, the deadline will be altered, but proper notification shall be sent to all staff by the Accounting Team. If an employee neglects to fill out a timesheet or misses the set deadline, they may face disciplinary action up to and including termination.

It is the employee's responsibility to:

- receive approval from his/her supervisor **prior** to performing work duties outside the regular work hours (unless an emergency situation makes prior approval impractical);
- record compensatory time and overtime in accordance with leave reporting instructions provided by the accounting department (Reference: *GCHD All Hazards Emergency Management Plan*);
- report timesheet issues and concerns to their supervisor and the IT Help desk;
- in the event of an emergency or after hour situation, the employee is to report time worked to the immediate supervisor the following business day; and
- follow time clock procedures, if applicable.

Supervisor Responsibilities

It is the Supervisor's responsibility to:

- review the bi-weekly leave report provided by payroll to ensure excessive compensatory time and/or vacation hours are not being accrued that may impact budget;
- inform employees of carryover limits per the Employee Leave policy and possible loss of accrued time (Reference: *GCHD Employee Leave policy*);
- counsel the employee regarding the requirement to receive proper approval for working hours in excess of 40 during a work week and inform the employee that corrective disciplinary action up to and including dismissal may be taken for future incidents if prior approval is not received to work extra time;
- only approve paying overtime according to budgetary limits and with the approval of the Chief Executive Officer or designee;
- ensure staff are appropriately compensated for time spent performing duties as a District employee outside regular working hours;

- ensure electronic timesheets are completed properly and submitted according to deadlines;
- allow employees to take compensatory time when requested, provided that its use does not disrupt necessary work activities; and
- grant the use of flex time when appropriate.

Excessive compensatory time balances may have a negative financial impact on the budget and program. Supervisors are responsible for monitoring the accrual and use of compensatory time to ensure that excessive amounts of compensatory time are not being accrued by employees. In general, balances of over 40 hours are considered excessive. As a result, supervisors are expected to work with employees to ensure time off is scheduled within a reasonable time period after compensatory time is accrued.

Recording and Use of Compensatory and Overtime

Compensatory time and overtime are recorded and used in 15-minute (one quarter of an hour) increments. Compensatory and/or overtime earned and/or used must be reported on the electronic timesheet during the pay period it is earned and/or used.

Payment for Compensatory and Overtime

Accrued but unused compensatory time will be paid when the FLSA non-exempt employee leaves employment with the District for any reason, transfers from one payroll fund to another, or transfers to an exempt position or part-time non-exempt position.

Violation

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

Law

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

Employee Ethics, Standards of Conduct, and Conflict of Interest Policy

-Last Approved
UBOH 03/25/2020
-Effective 10/01/2004

Audience

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

Policy

It is the District’s policy that the highest level of ethics be maintained by employees in accomplishing their duties while serving our customers and the residents of Galveston County.

General Conduct

The District employees must avoid any action that might result in or give the appearance of:

- using their public positions for private gain;
- giving unlawful preferential treatment to anyone;
- losing objectivity or impartiality;
- making a governmental decision outside of official channels;
- adversely affecting the public’s confidence in government; or
- doing personal activities while on the District’s business and paid duty.

The District’s employees must **not**:

- participate in gambling, betting, or lotteries on the District’s property;
- intentionally subject another to mistreatment or to arrest, detention, search, seizure, dispossession, assessment, or lien that they know is unlawful;
- make a terrorist threat or threat of retaliation against another employee, supervisor, or manager;
- intentionally deny or impede another in the exercise or enjoyment of any right, privilege, power, or immunity, knowing their conduct is unlawful;
- acquire or aid another to acquire a pecuniary interest in any property, transaction, or enterprise that may be affected by information to which they have access in their official capacities and which has not been made public;
- speculate or aid another to speculate on the basis of information to which they have access in their official capacities and which has not been made public;
- coerce another public servant in the performance of his/her official duty or to violate a known legal duty;
- privately address a communication to any public servant who exercises or will exercise official discretion in an adjudicatory proceeding (court or administrative) in order to influence the outcome on a basis other than as allowed by law;
- influence a witness or prospective witness in an official proceeding to lie, withhold evidence, or fail to appear at the proceeding;
- harm or threaten to harm another person by any unlawful act in retaliation for the person being a public servant, witness, or informant;
- use Health District property for political activity;

- review, inspect, or determine eligibility of a relative seeking governmental benefits. Employees are expected to defer relative to another worker or seek supervisory review and approval of the final determination of service eligibility;
- manage, supervise or participate in the hiring process of a relative through affinity (marriage) or consanguinity (blood); or
- engage in any form of romantic relationship as a supervisor and subordinate employee that could potentially have the appearance of creating or promoting favoritism or special treatment for the subordinate employee.

Personal Interests, Employment, and Business Activity

The District employees must **not**:

- have any interest or engage in any business activity or employment that conflicts or interferes with the performance of their duties for the District;
- have, either directly or indirectly, any financial or other personal interest in any contract or subcontract in connection with a District project if authorized in their official capacity to take part in negotiating, making, accepting, or approving such contract or subcontract or performing any duty for the District in connection with such contract or subcontract;
- accept other employment or engage in business or professional activities that could require or cause them to reveal confidential information acquired through their official position;
- accept other employment or compensation that could hinder their independence of judgment in the performance of their official duties;
- make personal investments that create or could reasonably be expected to create a substantial conflict between their personal interests and the public interest;
- use official information that is not available to the public for the purpose of furthering their own private interests;
- take part in any personal or business financial transaction that relies on information obtained through their official position; or
- mis-apply anything of value belonging to the District that has come into their custody or possession by virtue of his or her employment. The employee must use government property for governmental purposes, not for personal or private purposes.

Acceptance of Honorarium

Section 36.07 of the Texas Penal Code provides in part:

- (a) A public servant commits an offense if the public servant solicits, accepts, or agrees to accept an honorarium in consideration for services that the public servant would not have been requested to provide but for the public servant’s official position or duties.

Therefore, District employees must not solicit, accept, or agree to accept an honorarium in consideration for services that the employee would not have been requested to provide but for the employee’s official position or duties. This does not prohibit an employee from accepting transportation, meals, and lodging expenses in connection with a conference or similar event when allowed by law for official District business.

A District employee may accept an honorarium if the employee is asked to provide services which are not requested because of the employee's official status. In such cases, the employee must receive advance approval, take appropriate leave, and not use District resources in performing the services (e.g., a District employee is asked to speak at a conference solely because of his/her recognition as an expert in a particular field and not because of his/her official District position).

Prohibition of Gifts, Benefits, and Favors

District employees must **not**:

- solicit, accept, or agree to accept any benefit, gift, favor, or service that might reasonably influence them in the performance of their duties;
- solicit, accept, or agree to accept any benefit, gift, favor, or service that he or she knows or should know is being offered for the purpose of influencing his or her official conduct or for having performed official duties in favor of another;
- solicit, accept, or agree to accept any benefit, gift, or favor from a person or business who is regulated by the District;
- offer, confer, or agree to confer on another person or solicit, accept, or agree to accept from another person or business any benefit as consideration for the recipient's decision, opinion, recommendation, vote, or other exercise of discretion or for a violation of a duty imposed by law on an employee;
- solicit, accept, or agree to accept any benefit from a person or business against whom the District has litigation pending or contemplated;
- solicit, accept, or agree to accept any benefit from a person or business interested in any contract, purchase, payment, claim, or transaction involving the exercise of the employee's discretion; or
- solicit, accept, or agree to accept any benefit from a person or business interested in any District matter before the employee.

District employees who are or will be witnesses in an official proceeding must **not** solicit, accept, or agree to accept any benefit on the understanding that the employee will lie, withhold evidence, or fail to appear at the hearing.

Use of Health District Vehicles

When using a District-owned vehicle, District employees will:

- only use the vehicle for official District business;
- not drive the vehicle under the influence of alcohol or illegal drugs;
- not drive the vehicle when taking medication that impairs their ability to drive safely;
- not use the vehicle to transport illegal substances;
- not smoke in the vehicle; and
- comply with other specifics listed in the *Safety and Risk Management* policy and Safety Manual.

Standards of Conduct and Conflict of Interest

District employees must adhere to the following regulation which is from Section 572.051 of the Government Code, titled *Standards of Conduct and Conflict of Interest*:

A District employee should not:

- accept or solicit any gift, favor, or service that might reasonably tend to influence the officer or employee in the discharge of official duties or that the officer or employee knows or should know is being offered with the intent to influence the officer's or employee's official conduct;
- accept other employment or engage in a business or professional activity that the officer or employee might reasonably expect would require or induce the officer or employee to disclose confidential information acquired by reason of the official position;
- accept other employment or compensation that could reasonably be expected to impair the officer's or employee's independence of judgment in the performance of the officer's or employee's official duties;
- make personal investments that could reasonably be expected to create a substantial conflict between the officer's or employee's private interest and the public interest; or
- intentionally or knowingly solicit, accept, or agree to accept any benefit for having exercised the officer's or employee's official powers or performed the officer's or employee's official duties in favor of another.

Political Contributions

No funds or assets of the District may be contributed to any political party or organization or to any individual who either holds public office or is a candidate for public office. The direct or indirect use of any funds or other assets of the District for political contributions in any form, whether in cash or other property, services, the use of facilities, or the use of any computer software or hardware, is strictly prohibited. The District also cannot be involved with any committee or other organization that raises funds for political purposes. This rule applies both inside and outside the United States, except in those cases permitted by law and expressly authorized by the Galveston County United Board of Health and/or County Judge.

Following are examples of prohibited activities:

- Contributions by an employee that are reimbursed through expense accounts or in other ways.
- Purchase by the District of tickets for political fundraising events.
- Contributions in kind, such as lending employees to political parties or using District assets in political campaigns.
- Indirect contributions by the District through suppliers, funding sources, or agents.
- Printing of political information for distribution or other political activities.

Government Officials

The District is legally prohibited from offering, promising, or bestowing money, gifts, loans, rewards, services, jobs, use of facilities, lavish or extensive entertainment, or other favors to a governmental official, employee, or potential employee with a view toward influencing or inducing such official or employee to use his/her influence to effect an action or decision.

This includes any employee of a federal, state or local government agency.

No employee of the District will offer, give, or promise to offer or give, directly or indirectly, any money, gratuities or other thing of value to any governmental employee with current or possible

responsibility on an award of the District. A gratuity includes any gift, favor, entertainment or other item having monetary value. This phrase includes services, conference fees, vendor promotional training, transportation, lodging and meals, as well as discounts and loans not available to the general public.

Bribery: As a public servant, you commit the offense of bribery if you solicit, offer, or accept a “benefit” in exchange for your decision, opinion, recommendation, vote, or other exercise of official discretion. District employees must:

- not make a payment either directly or indirectly or as a kickback to influence someone else;
- not accept anything of value from someone who wants to do business with the District; and
- report the matter to his/her supervisor immediately if he/she is asked to make or accept a payment or gift in any form prohibited by this policy.

Political Activity

The Hatch Act and the Intergovernmental Personnel Act of 1970 preclude federal funds from being used for partisan political purposes of any kind by any person involved in the administration of federally assisted programs.

Employees of the District are precluded, during periods of compensated time, from lobbying, preparing political publications or materials, making partisan political speeches or engaging in related lobbying activities intended to influence legislation or to promote a political party or candidate.

Employee Responsibilities

It is the employee’s responsibility to:

- review the District policies and procedures;
- request clarification when necessary;
- adhere to the policies;
- notify his/her supervisor of any actions that are or have the appearance of being unethical;
- defer relative to another worker or seek supervisory review and approval of the final determination of service eligibility;
- submit a written request for dual employment through his/her supervisor to Human Resources for executive management review and consideration; and
- notify their next level manager immediately, as well as the Human Resource Manager, if they are engaged in a form of romantic relationship as a supervisor and subordinate employee, at which time executive management will review on a case-by-case basis to prevent any actual or potential conflict of interest.

Supervisor Responsibilities

It is the supervisor’s responsibility to:

- understand and follow this policy;
- inform existing employees about this policy;
- refer employee’s written request for dual employment to Human Resources for executive management consideration.

- counsel employees who need guidance or redirection; and
- take or recommend appropriate corrective disciplinary action when necessary.

Exceptions

An employee may request a review of proposed activity, in writing, to the Chief Compliance Officer in advance of the start of the activity for approval. Certain activities deemed as employee betterment activities will also be considered.

Violation

Violation of this policy may result in appropriate corrective disciplinary action, up to and including suspension or dismissal; and/or, in some instances, a referral to federal, state and/or local law enforcement agencies.

Laws

It is the intent of this policy to be in compliance with OMB Circular A-102, Section 572.051 of the Government Code, the Texas Penal Code, the Intergovernmental Personnel Act of 1970, the Hatch Act, and all relevant provisions set forth by the Texas Ethics Commission.

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

April 2020

Item#5

Consider for Approval Quarterly Investment Report

**Coastal Health & Wellness
Investment Report
For the period ending March 31, 2020**

Coastal Health & Wellness	Money Market Account		
	Jan	Feb	Mar
Beginning Balance	\$1,422,064	\$1,285,341	\$1,142,661
Deposits	432,000		4,262,000
Withdrawals	(570,000)	(143,974)	(270,000)
Interest Earned	1,277	1,294	3,600
Ending Balance	\$1,285,341	\$1,142,661	\$5,138,261
Current Annual Yield	1.40%	1.40%	1.40%
Previous Quarter Yield (10/2019 - 12/2019)	1.41%	1.41%	1.41%

Tex Pool Investments		
Jan	Feb	Mar
\$3,634,640	\$3,639,555	\$3,644,155
		(3,620,000)
4,916	4,600	2,253
\$3,639,555	\$3,644,155	\$26,408
1.59%	1.59%	1.00%
1.91%	1.68%	1.62%

Summary	Interest Earned	Avg Balance	Yield
October 1, 2019 to December 31, 2019	\$19,599	\$4,680,267	0.40%
January 1, 2020 to March 31, 2020	\$17,939	\$4,815,085	0.36%
April 1, 2020 to June 30, 2020	\$0	\$0	
July 1, 2020 to September 30, 2020	\$0	\$0	
YTD Totals	\$37,538	\$4,747,676	0.76%

Coastal Health & Wellness	Q1	Q2	Q3	Q4	YTD Comparison
Interest Yield Year to Year Comparison	Oct 1-Dec 31	Jan 1-Mar 31	Apr 1-June 30	Jul 1-Sept 30	Total as of 9/30
FY2017	0.13%	0.12%	0.12%	0.13%	0.50%
FY2018	0.14%	0.20%	0.30%	0.38%	1.02%
FY2019	0.43%	0.47%	0.47%	0.46%	1.83%
FY2020 (Current year)	0.40%	0.36%			0.76%

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

**Governing Board
April 2020
Item#6
Executive Report**

Coastal Health & Wellness Updates

COVID-19 Activities

As expected, most of the activities this month focused around COVID-19.

1. On April 9th, the first mass testing site in Galveston County was opened at GCHD offices in Texas City to those who met specific criteria.
2. A second mass testing site was setup in Galveston on April 16th at the fire station on 57th & Broadway and it was decided that testing would be offered to all with or without symptoms at both testing locations.
3. A third mass testing site was added in League City on April 23rd with no restrictions.

Coastal staff have played a key role and been an integral part of the success related to our mass testing efforts in the county. Under the direction of Dr. Ripsin, Coastal providers, dentists, nurses, MA's, dental assistants and lab staff have comprised the testing teams who have been doing the mass testing. They have done an outstanding job of providing testing under some very challenging circumstances. In addition, business staff have also done a great job by assisting with the assembly of forms and test kits, answering calls through the phone bank and working traffic control.

- To date, 3,774 tests have been conducted through the Health District's free mass testing efforts.
- Since March 9th, our phone bank has handled over 10,000 calls related to questions about COVID-19 such as symptoms, testing and appointment scheduling. Due to the high demand for testing and impact on our phone system, our IT department deployed a cloud-based phone system that included separate lines for Texas City, Galveston and League City.
- In addition, a multitude of volunteers have also assisted us in our efforts. UTMB medical students have been assisting in the notification of test results and our medical reserve Corp volunteers have assisted in traffic control and in our testing teams.

As you can imagine, the logistics involved in coordinating this type of large-scale operation is quite extensive. Many thanks to UTMB for making the test kits available to us and to our entire Health District team for going above and beyond to provide this testing to our community. We have received many positive comments about the setup and efficiency of the testing process.

Committees –

- Due to COVID-19, the Quality Assurance/Risk Management Committee, Infection Control/Environment of Care/Joint Commission Committee and Patient Centered Medical Home Committee meetings were suspended. Meetings will resume in May.

HRSA Deliverables / Updates –

- We continue to acquire equipment and supplies budgeted through the Capital Assistance for Hurricane Response and Recovery Efforts (CARE) grant. We have currently spent \$318,580.39 through 3/31/20 of the \$337,012 initially awarded. All grant funds must be spent by August 31, 2020.
- Through 3/31/20, we have expended \$9,884.44 of the \$23,172 awarded to us by HRSA for one-time quality improvement (QI) funds.
- On 4/23/20, a budget was submitted to HRSA in response to funding awarded through the FY2020 Coronavirus Supplemental Funding for Health Centers. The award was issued 3/19/20 in the amount of \$79,990.
- A budget is due to HRSA by May 8, 2020 In response to funding awarded through the Health Center Coronavirus Aid, Relief, and Economic Security (CARES) Act Funding. The award was issued 4/3/20 in the amount of \$971,360.
- As part of the COVID-19 emergency response efforts, HRSA has been asking health centers to fill out a weekly survey to help track health center capacity and the impact of COVID-19 on health center operations, patients, and staff. HRSA will use the information collected to better understand training and technical assistance, funding and other health center resource needs.
- The deadline for filing the 2021 FTCA deeming application has been postponed until July 13, 2020.
- All HRSA site visits scheduled through July 31, 2020 have been postponed. HRSA will be looking at site visits scheduled in August soon to decide whether to postpone those as well. The HRSA operational site visit (OSV) for Coastal had been scheduled from August 25 – August 27, 2020.

Miscellaneous Updates –

- An ICM (intra-cycle monitoring) site visit in the CHW clinics was conducted by a Joint Commission surveyor on March 12, as part of technical assistance provided by HRSA. The surveyor visited the dental and medical clinics at both sites, and the results were excellent. No findings were noted in the areas of infection control or sterilization, and only 2 minor findings were cited overall. One was related to a tag number on a break-away lock on an emergency cart that did not match the log number, and one was related to documentation of internal controls on a waived test. The issues were immediately corrected and a plan for monitoring was submitted & accepted by Joint Commission.
 - The surveyor's closing comments were very positive, and included the remark that Coastal Health & Wellness had not only corrected the myriad of issues identified in the 2018 site visit, but a strong infrastructure had been built which would prevent errors and incidents of such a magnitude from ever occurring again.
- An application related to a funding opportunity through the Federal Communications Commission for Telehealth equipment was submitted 4/13/20 in the amount of \$226,387. This equipment would facilitate provider-patient consultations for chronic health conditions as well as medication management.

- TACHC has been providing many resources to Health Centers in response to COVID-19. Daily and weekly conference calls/webinars have been very helpful in keeping health centers informed of funding and PPE opportunities to assist in our response efforts.
- The Galveston clinic remained closed this month since the Housing Authority had closed the building due to the stay at home order. We are currently in the process of determining what building changes need to be made (i.e. plexiglass barriers, floor markers, etc.) to insure patient and staff safety prior to reopening.

Communications –

- Our Communication team continues to focus on COVID-19 with daily case updates, testing information and overall education on this ever-changing situation.
- The communications department puts out a case update daily around 5 p.m. that includes an update on all our case numbers with graphics focused on total cases and those who have recovered. There are also various charts and graphs that break down that same information. This is all shared with communication stakeholders at the county and cities, media and on the health district's website and social media channels.
- Media coverage includes multiple Houston stations, Houston Chronicle, The Morning Bull radio show, Houston NPR, The Daily News, i45NOW, and many others.
- The GCHD website continues to evolve. There is a specific testing page that includes the schedule for the health district's free testing sites along with testing FAQs, a page dedicated to information on the county's confirmed cases, background on COVID-19, resources and communication materials. Messages from the CDC and Department of State Health Services are also shared.
- As expected, we have seen a significant increase in traffic to the website. By comparison, we have seen 5 times the number of users and pageviews over the course of the last two months.

CHW Career Opportunities:

- *CHW Vacancies:*
 - Nursing
 - LVN (1)
 - Medical Aide I (Bilingual) – (2)
 - Dental Assistant full-time temp position (1)

April 2020 CHW Contract Board Report

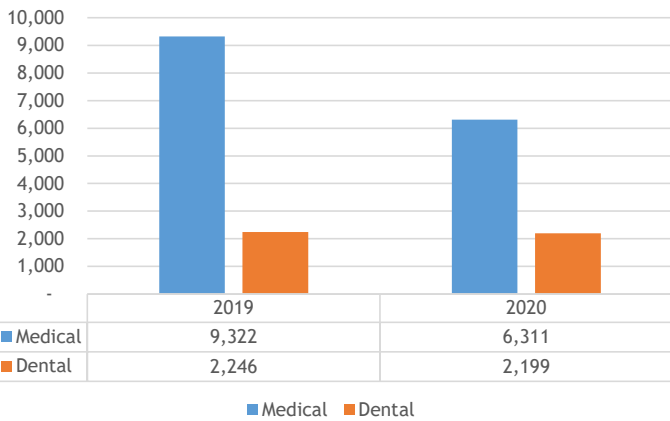
- A Professional Services Agreement was executed between UTMB and Coastal Health & Wellness for Internal Medicine medical services. There was a slight increase in the rate from \$1,150.00 to \$1,160.00 per four-hour clinical session.

- A Professional Services Agreement was executed between UTMB and Coastal Health & Wellness for family medicine medical services. This agreement's effective date is August 1, 2020. There was a slight increase in the rate from \$140.00 to \$160.00 an hour per four-hour clinic sessions.

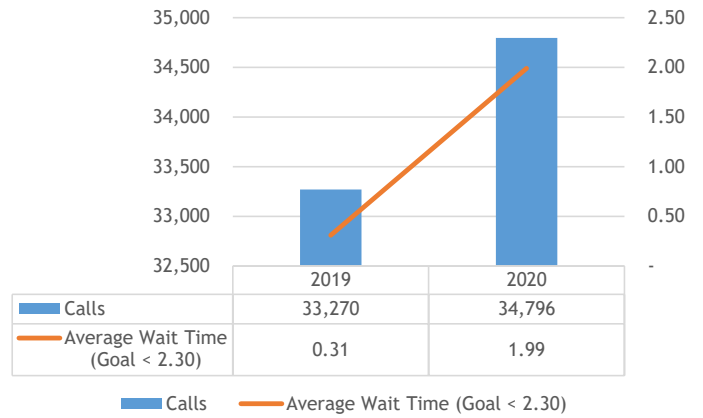
April 2020 Report
YTD Comparison Report (March 2020)

Patient Services - Patients Checked-In	2019	2020	% Change
Medical	9,322	6,311	-32%
Dental	2,246	2,199	-2%
Contact Center	2019	2020	% Change
Calls	33,270	34,796	4.6%
Average Wait Time (Goal < 2.30)	0.31	1.99	542%
Electronic Records	2019	2020	% Change
Record Requests	2,783	2,723	-2.2%
County Indigent Program	2019	2020	% Change
Applied	447	351	-21%
Referrals	723	374	-48%
Avg Total Patients on Program	265	262	-1%
Case Management	2019	2020	% Change
Referrals	2784	1638	-41%

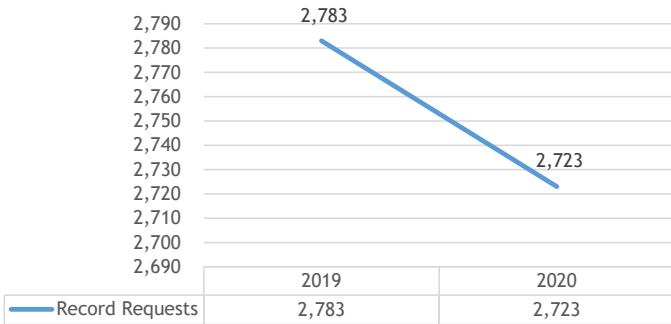
Patient Services-Total Patients Checked-In



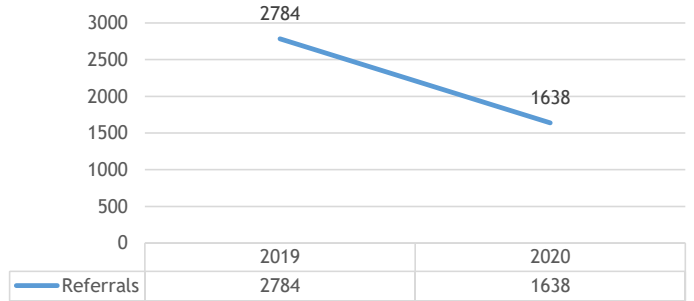
Contact Center - Calls and Wait Time



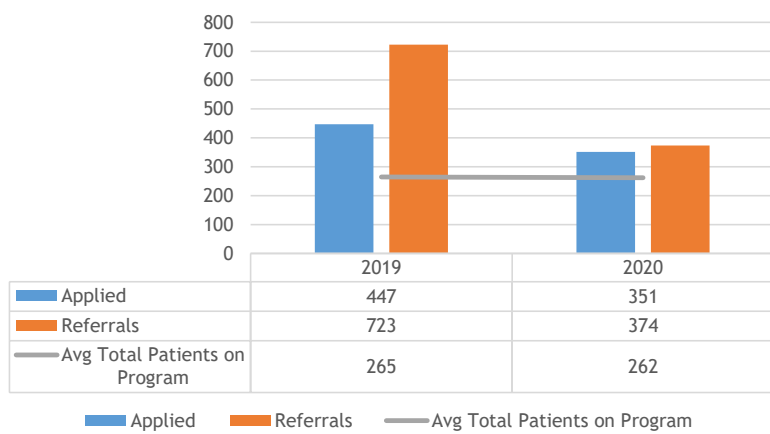
Electronic Record Requests



Case Management Referrals



County Indigent Program



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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

April 2020

Item#7

Consider for Approval March 2020 Financial Report

COASTAL HEALTH & WELLNESS

Governing Board



FINANCIAL SUMMARY

For the Period Ending March 31, 2020

April 30, 2020

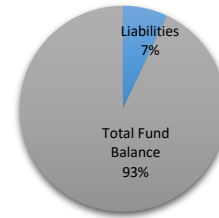
GCHD Board Room | 9850-A Emmett F. Lowry Expy. | Texas City, TX 77591

CHW - BALANCE SHEET

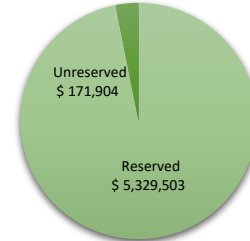
as of March 31, 2020

	Current Month Mar-20	Prior Month Feb-20	Increase (Decrease)
ASSETS			
Cash & Cash Equivalents	\$5,333,745	\$5,505,486	(\$171,741)
Accounts Receivable	1,457,574	1,467,540	(9,966)
Allowance For Bad Debt	(913,733)	(1,030,654)	116,921
Pre-Paid Expenses	69,988	85,761	(15,773)
Due To / From	(28,801)	(40,490)	11,689
Total Assets	\$5,918,773	\$5,987,644	(\$68,871)
LIABILITIES			
Accounts Payable	\$75,259	\$148,479	(\$73,221)
Accrued Salaries	269,999	228,987	41,012
Deferred Revenues	72,108	125,578	(53,471)
Total Liabilities	\$417,366	\$503,045	(\$85,679)
FUND BALANCE			
Fund Balance	\$5,628,397	\$5,628,397	\$0
Current Change	(126,990)	(143,798)	16,808
Total Fund Balance	\$5,501,407	\$5,484,599	\$16,808
TOTAL LIABILITIES & FUND BALANCE	\$5,918,773	\$5,987,644	(\$68,871)

Current Period Assets



Total Fund Balance

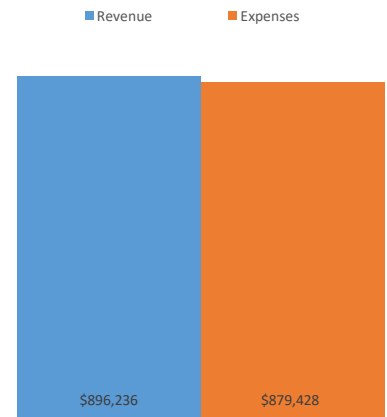


CHW - REVENUE & EXPENSES

as of March 31, 2020

	Actual Mar-20	Budgeted Mar-20	PTD Budget Variance	YTD Budget Variance
REVENUE				
County Revenue	\$311,222	\$324,070	(\$12,848)	(\$77,084)
DSRIP Revenue	0	79,167	(79,167)	(581,875)
HHS Grant Revenue	317,569	260,617	56,953	356,093
Patient Revenue	204,251	368,553	(164,302)	(1,487,591)
Other Revenue	63,193	23,635	39,558	3,865
Total Revenue	\$896,236	\$1,056,042	(\$159,806)	(\$1,786,592)
EXPENSES				
Personnel	\$603,974	\$680,896	\$76,922	\$885,068
Contractual	55,392	85,808	30,416	301,244
IGT Reimbursement	0	37,500	37,500	304,488
Supplies	84,102	121,986	37,884	332,189
Travel	749	2,519	1,770	(11,133)
Bad Debt Expense	(13,613)	35,045	48,657	(149,415)
Other	148,823	92,289	(56,534)	(200,658)
Total Expenses	\$879,428	\$1,056,042	\$176,614	\$1,461,784
CHANGE IN NET ASSETS	\$16,808	\$0	\$16,808	(\$379,278)

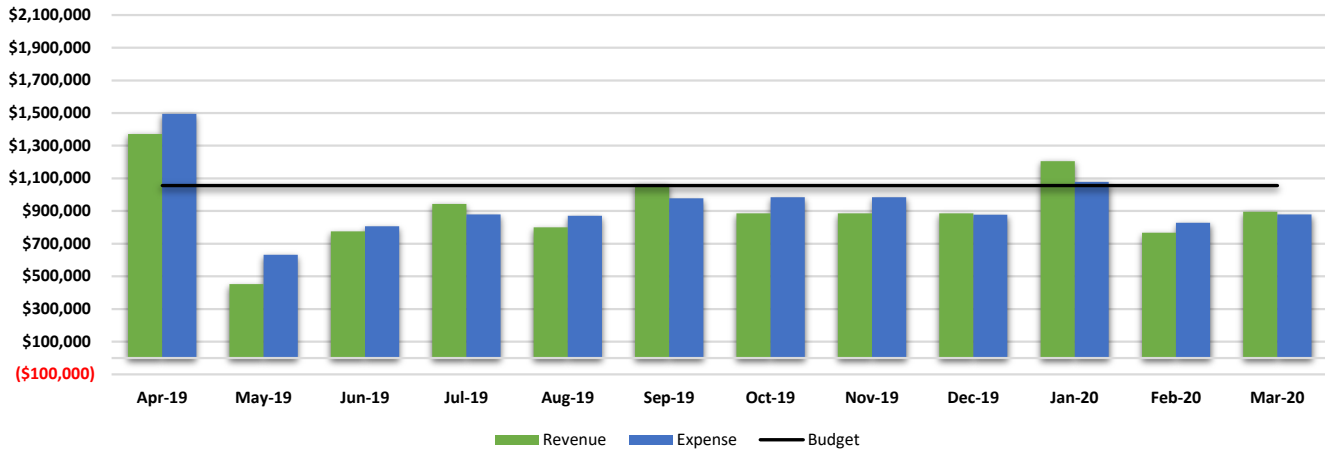
Current Month Revenue & Expenses Actual



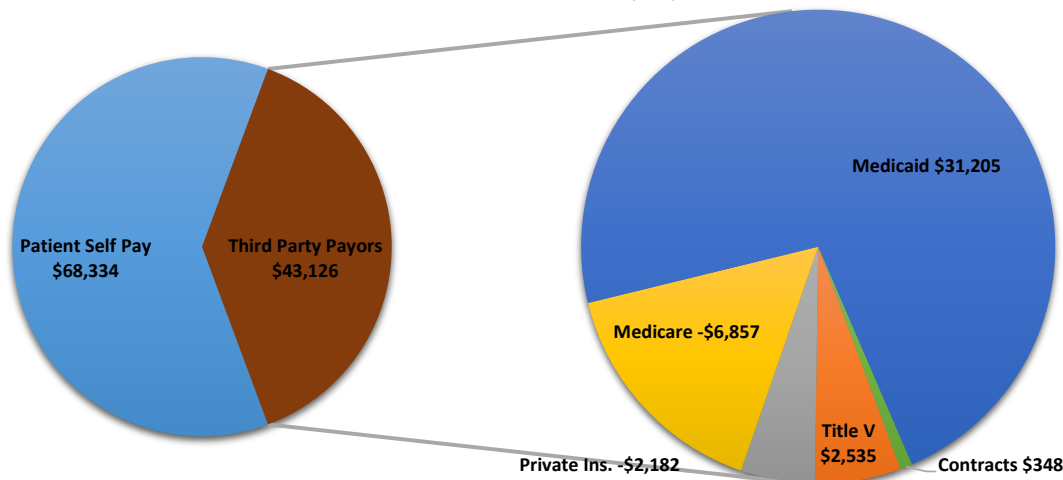
HIGHLIGHTS

- MTD increase in Fund Balance of \$16,808.
- MTD revenues are (\$159,806) lower than budget. Patient visits are not at budgeted levels, County Revenue decreased starting in October, and DSRIP revenue is budgeted monthly as opposed to the month it would be received. A Journal entry was done to adjust AR based on Nextgen AR. This is offset by additional HHS revenue for true-up of the HHS base grant \$57K, increased Pharmacy revenue \$26K, and Direct Relief Funds \$52K.
- YTD revenues are (\$1.78M) lower than budgeted due to Patient Revenue (\$1.48M), DSRIP Revenue (\$581K), and County Revenue (\$77K). This is offset by the increase in HHS Grant Revenue of \$356K. A true-up of HHS Grant Revenue for the base grant and additional funding from the CARE Grant \$254K and SUD-MH Grant \$118K account for the increase.
- MTD Expenses are (\$176K) under budget due to savings in Personnel (\$76K), Contractual (\$30K), IGT Reimbursement (\$37K), and Pharmacy Supplies (\$37K), which help offset Other higher expenses \$56K. Bad Debt expense was adjusted for AR based on Nextgen AR.
- YTD Expenses are (\$1.46M) lower than budgeted due to lower Personnel, Contractual, IGT and Pharmaceutical supplies expense. This offsets overages in Travel, Supplies, Bad Debt, and Other expenses. YTD Overages in Office, Operating, Outside Dental supplies, and Operating equipment are covered by CARE Grant funding. Overages in Maint/Repair IT Equip is covered by Direct Relief grant funds.
- Unfavorable budget variance of (\$379,278) is comprised of \$144,160 in Fund Balance purchases, \$87,500 Settlement Payment, \$77,084 reduction in County Revenue, and \$20,000 for FTCA Assistance. Lower patient revenues and higher Bad Debt expense account for the balance of \$50,534 in budget variance.
- YTD decrease in Fund Balance of (\$126,990). Total Fund Balance is \$5,501,407 as of 3/31/2020.

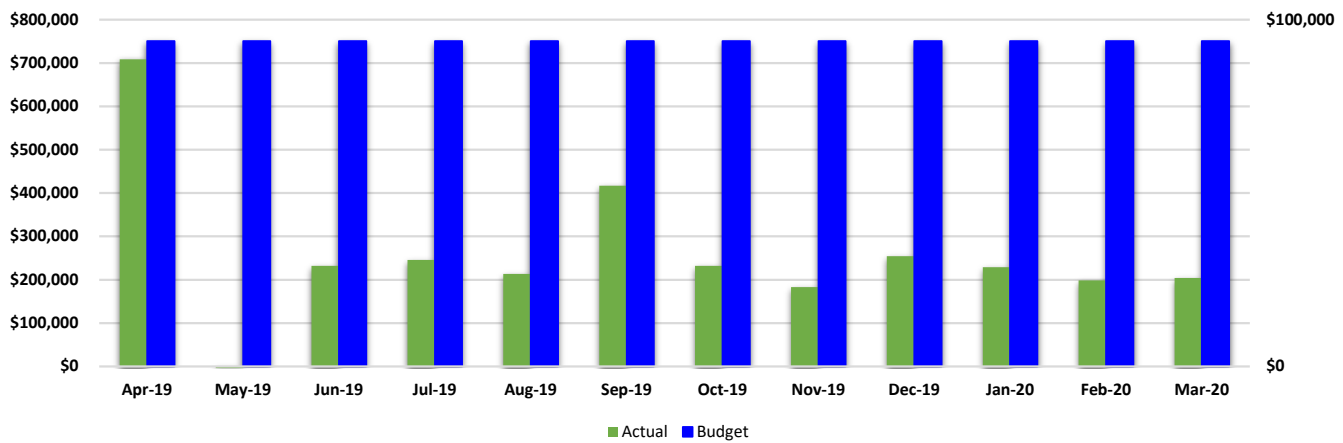
Actual Revenue & Expenses in Comparison to Budget

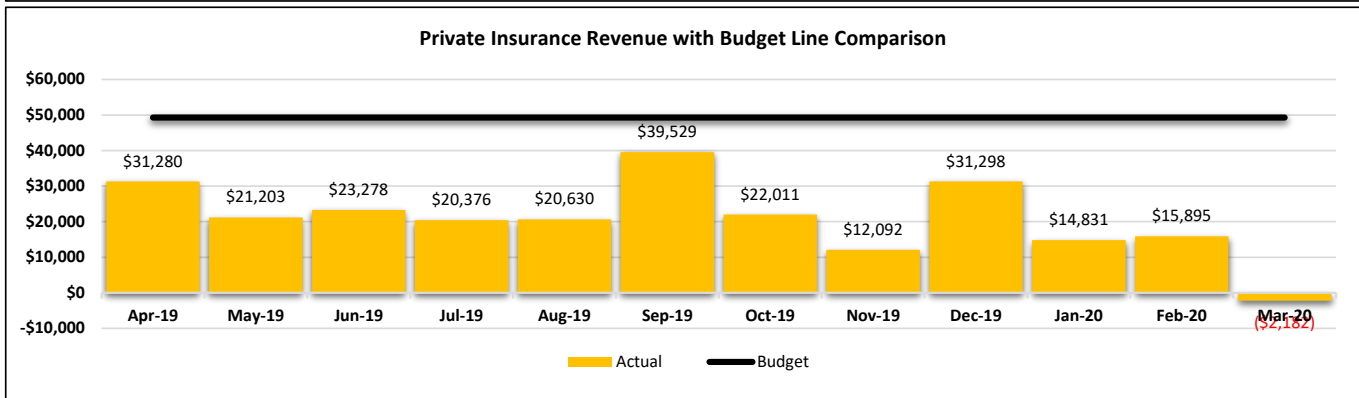
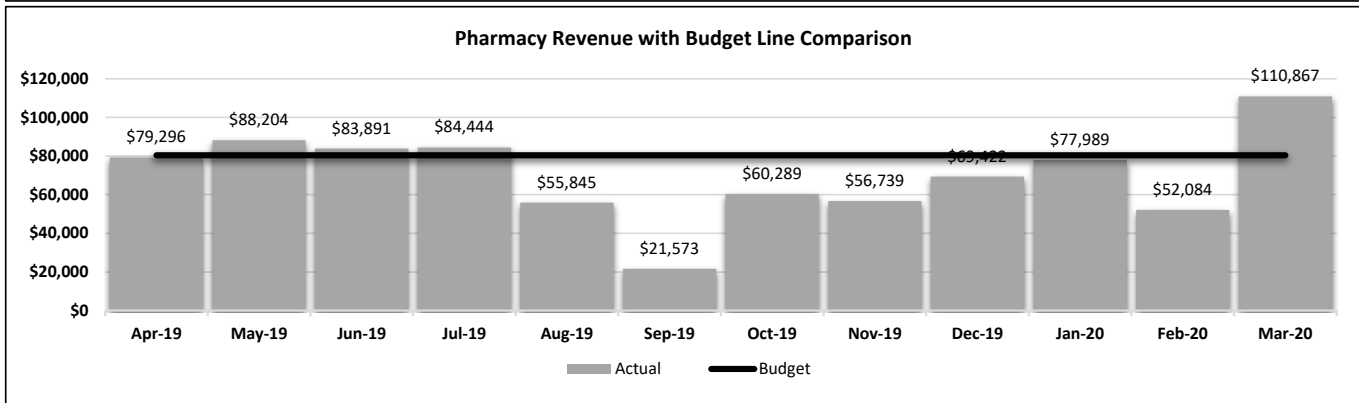
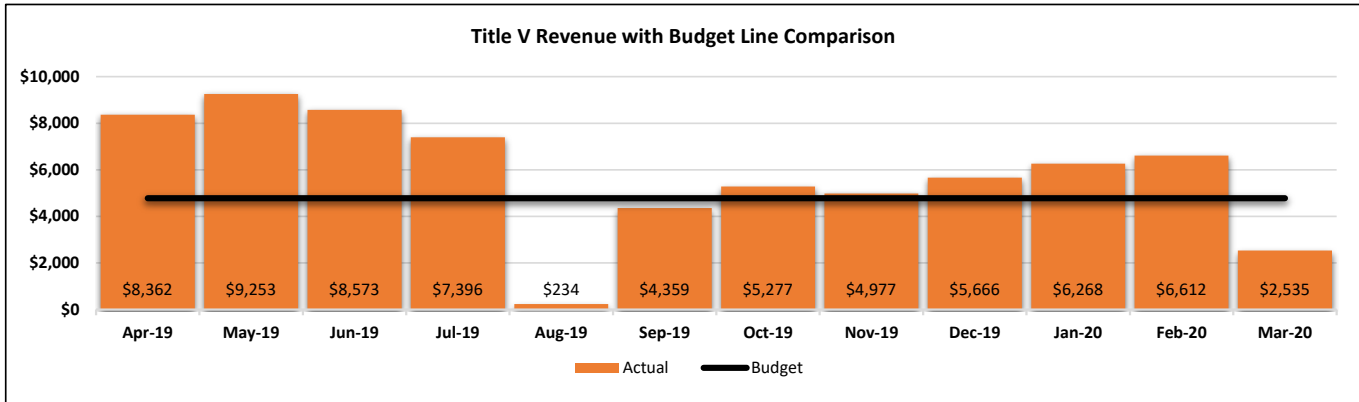
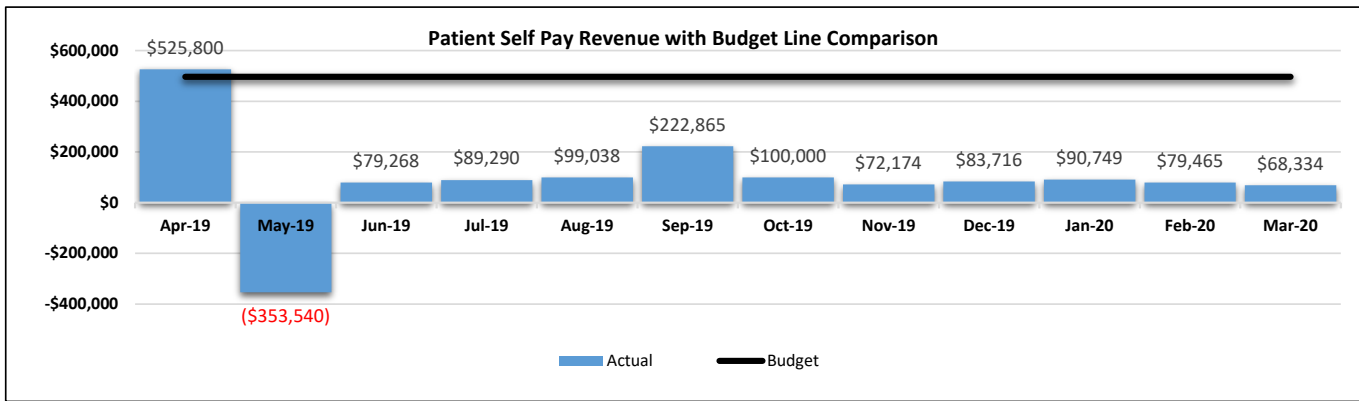


Current Period Patient Revenue with Third Party Payor Contributions Identified

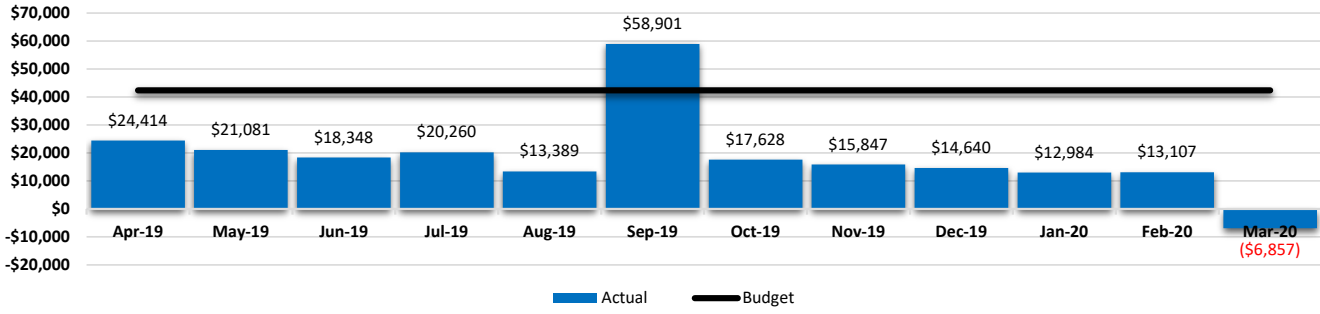


Actual Patient Revenue Rec'd vs Budget

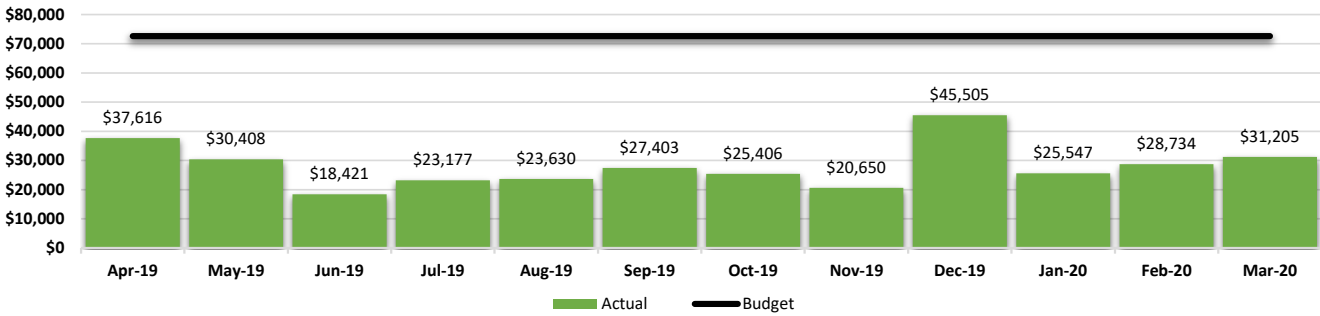




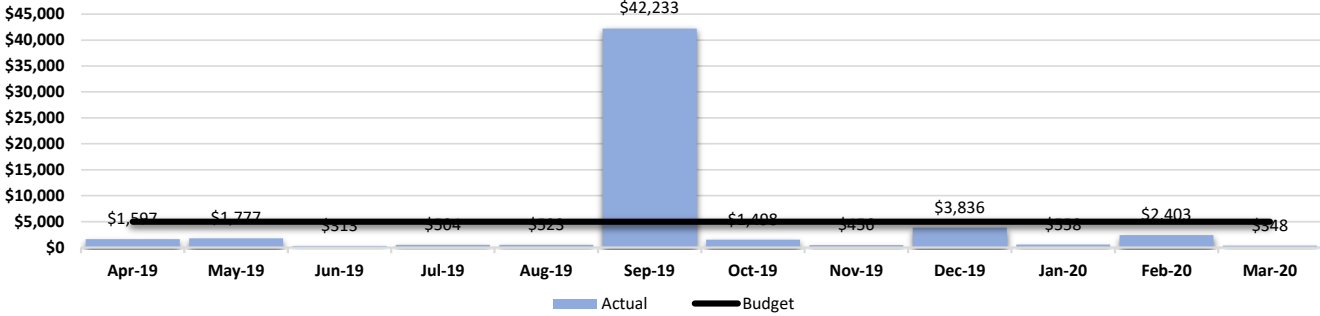
Medicare Revenue with Budget Line Comparison



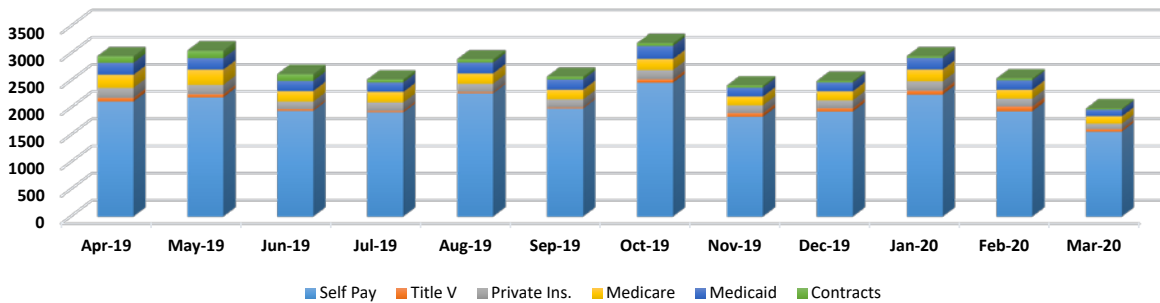
Medicaid Revenue with Budget Line Comparison



Contract Revenue with Budget Line Comparison



Total Number of Patient Visits



Coastal Health & Wellness								
Statement of Revenue and Expenses for the Period ending Mar 31,2020								
		Period Ending	MTD	MTD Budget	YTD	YTD	YTD Budget	Annual
	Description	3/31/2020	Budget	Variance	Actual	Budget	Variance	Budget
Grouping	REVENUE							
HRSA	HHS GRANT REVENUE - Federal	\$317,569	\$260,617	\$56,953	\$3,483,493	\$3,127,400.00	\$356,093	\$3,127,400
	HHS GRANT REVENUE - BASE	\$304,013	\$260,617	\$43,396	\$3,103,475	\$3,127,400.00	(\$23,925)	\$3,127,400
	HHS GRANT REVENUE - SUD-MH	\$10,874	\$15,417	(\$4,542)	\$118,609	\$185,000.00	(\$66,391)	\$185,000
	HHS GRANT REVENUE - Care	\$1,370	\$28,084	(\$26,714)	\$254,050	\$337,012.00	(\$82,962)	\$337,012
	HHS GRANT REVENUE - QI 2019	\$1,312	\$1,931	(\$619)	\$7,359	\$23,172.00	(\$15,813)	\$23,172
Patient Rev	GRANT REVENUE - Title V	\$2,535	\$4,780	(\$2,244)	\$69,514	\$57,355	\$12,159	\$57,355
Patient Rev	PATIENT FEES	\$68,334	\$114,102	(\$45,768)	\$1,157,159	\$1,369,225	(\$212,066)	\$1,369,225
Patient Rev	PRIVATE INSURANCE	(\$2,182)	\$49,289	(\$51,471)	\$250,242	\$591,472	(\$341,230)	\$591,472
Patient Rev	PHARMACY REVENUE - 340b	\$110,867	\$80,417	\$30,451	\$840,644	\$965,000	(\$124,356)	\$965,000
Patient Rev	MEDICARE	(\$6,857)	\$42,380	(\$49,237)	\$223,742	\$508,558	(\$284,816)	\$508,558
Patient Rev	MEDICAID	\$31,205	\$72,608	(\$41,403)	\$337,701	\$871,296	(\$533,596)	\$871,296
Other Rev.	LOCAL GRANTS & FOUNDATIONS	\$53,471	\$1,351	\$52,120	\$90,240	\$16,208	\$74,032	\$16,208
Other Rev.	MEDICAL RECORD REVENUE	\$1,086	\$1,354	(\$268)	\$17,911	\$16,250	\$1,661	\$16,250
Other Rev.	MEDICAID INCENTIVE PAYMENTS	\$0	\$0	\$0	\$3,380	\$0	\$3,380	\$0
County	COUNTY REVENUE	\$311,222	\$324,070	(\$12,848)	\$3,811,761	\$3,888,845	(\$77,084)	\$3,888,845
DSRIP	DSRIP REVENUE	\$0	\$79,167	(\$79,167)	\$368,125	\$950,000	(\$581,875)	\$950,000
Other Rev.	MISCELLANEOUS REVENUE	\$2,131	\$0	\$2,131	\$17,396	\$0	\$17,396	\$0
Other Rev.	OTHER REVENUE - SALE OF FIXED ASSET	\$0	\$0	\$0	\$6,964	\$0	\$6,964	\$0
Other Rev.	INTEREST INCOME	\$6,192	\$5,750	\$442	\$91,463	\$69,000	\$22,463	\$69,000
Patient Rev	CONTRACT REVENUE	\$348	\$4,978	(\$4,630)	\$56,046	\$59,733	(\$3,687)	\$59,733
Other Rev.	LOCAL FUNDS / OTHER REVENUE	\$313	\$0	\$313	\$5,659	\$0	\$5,659	\$0
Other Rev.	CONVENIENCE FEE	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other Rev.	Fund Balance	\$0	\$0	\$0	\$144,600	\$144,600	\$0	\$182,160
	Total Revenue	\$896,236	\$1,040,862	(\$144,626)	\$10,976,040	\$12,634,942	(\$1,658,902)	\$12,672,502
	EXPENSES							
Personnel	SALARIES	\$496,601	\$526,677	\$30,076	\$5,914,745	\$6,320,124	\$405,379	\$6,320,124
Personnel	SALARIES, Merit Compensation	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00
Personnel	SALARIES, PROVIDER INCENTIVES	\$0	\$4,400	\$4,400	\$3,652	\$52,800	\$49,148	\$52,800.00
Personnel	SALARIES, supplemental	\$0	\$0	\$0	\$40,750	\$0	(\$40,750)	\$0.00
Personnel	SALARIES, O/T	\$2,694	\$5,000	\$2,306	\$34,632	\$60,000	\$25,368	\$60,000.00
Personnel	SALARIES, PART-TIME	\$10,351	\$36,141	\$25,790	\$137,392	\$433,694	\$296,302	\$433,694.00
Personnel	Comp Pay	\$0	\$0	\$0	\$189	\$0	(\$189)	\$0.00
Personnel	FICA EXPENSE	\$37,814	\$43,775	\$5,961	\$442,757	\$525,296	\$82,539	\$525,296.33
Personnel	TEXAS UNEMPLOYMENT TAX	\$168	\$1,215	\$1,048	\$574	\$14,584	\$14,010	\$14,584.05
Personnel	LIFE INSURANCE	\$1,514	\$1,380	(\$134)	\$17,767	\$16,558	(\$1,209)	\$16,557.68
Personnel	LONG TERM DISABILITY INSURANCE	\$1,105	\$1,284	\$179	\$12,952	\$15,411	\$2,459	\$15,411.28
Personnel	GROUP HOSPITALIZATION INSURANC	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00
Personnel	WORKER'S COMP INSURANCE	\$1,695	\$2,861	\$1,166	\$11,179	\$34,333	\$23,154	\$34,333.12
Personnel	EMPLOYER PAID HEALTH INSURANCE	\$32,442	\$46,032	\$13,590	\$392,400	\$552,389	\$159,983	\$552,383.31
Personnel	EMPLOYER SPONSORED HEALTHCARE	\$7,090	\$0	(\$7,090)	\$80,481	\$0	(\$80,481)	\$0.00
Personnel	HRA EXPENSE	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00
Personnel	PENSION / RETIREMENT	\$11,276	\$12,131	\$855	\$131,448	\$145,572	\$14,124	\$145,572.38
Contractual	OUTSIDE LAB CONTRACT	\$12,076	\$30,475	\$18,399	\$195,250	\$365,700	\$170,450	\$365,700.00
Contractual	OUTSIDE X-RAY CONTRACT	\$1,476	\$4,428	\$2,952	\$21,792	\$53,130	\$31,338	\$53,130.00
Contractual	MISCELLANEOUS CONTRACT SERVICES	\$18,179	\$23,990	\$5,810	\$231,288	\$287,874	\$56,586	\$287,874.00
Personnel	TEMPORARY STAFFING	\$1,224	\$0	(\$1,224)	\$64,767	\$0	(\$64,767)	\$0.00
Contractual	CHW CONTRACT BILLING SERVICE	\$5,435	\$9,000	\$3,565	\$78,393	\$108,000	\$29,607	\$108,000.00
IGT	IGT REIMBURSEMENT	\$0	\$37,500	\$37,500	\$145,512	\$450,000	\$304,488	\$450,000.00
Contractual	JANITORIAL CONTRACT	\$15,378	\$13,926	(\$1,452)	\$167,338	\$167,109	(\$229)	\$167,109.24
Contractual	PEST CONTROL	\$80	\$80	(\$0)	\$961	\$960	(\$1)	\$960.00
Contractual	SECURITY	\$2,768	\$3,910	\$1,142	\$33,427	\$46,920	\$13,493	\$46,920.00
Supplies	OFFICE SUPPLIES	\$6,637	\$5,115	(\$1,522)	\$265,436	\$61,376	(\$204,060)	\$61,376.00
Supplies	OPERATING SUPPLIES	\$22,917	\$24,032	\$1,115	\$363,202	\$288,382	(\$74,820)	\$288,382.00
Supplies	OUTSIDE DENTAL SUPPLIES	\$1,579	\$2,000	\$421	\$44,212	\$24,000	(\$20,212)	\$24,000.00
Supplies	PHARMACEUTICAL SUPPLIES	\$52,968	\$89,889	\$36,921	\$454,974	\$1,078,668	\$623,694	\$1,078,668.00
Supplies	JANITORIAL SUPPLIES	\$0	\$333	\$333	\$0	\$4,000	\$4,000	\$4,000.00
Supplies	PRINTING SUPPLIES	\$0	\$200	\$200	\$2,615	\$2,400	(\$215)	\$2,400.00
Supplies	UNIFORMS	\$0	\$417	\$417	\$1,198	\$5,000	\$3,803	\$5,000.00
Other	POSTAGE	\$479	\$667	\$187	\$9,013	\$8,000	(\$1,013)	\$8,000.00
Other	TELEPHONE	\$13,504	\$4,066	(\$9,438)	\$50,526	\$48,790	(\$1,736)	\$48,790.00
Other	WATER	\$31	\$31	\$0	\$366	\$375	\$9	\$375.00
Other	ELECTRICITY	\$1,113	\$2,083	\$970	\$15,906	\$25,000	\$9,094	\$25,000.00
Travel	TRAVEL, LOCAL	\$284	\$383	\$99	\$4,055	\$4,600	\$545	\$4,600.00
Travel	TRAVEL, OUT OF TOWN	\$0	\$0	\$0	\$1,612	\$0	(\$1,612)	\$0.00
Travel	LOCAL TRAINING	\$465	\$417	(\$48)	\$7,576	\$5,000	(\$2,576)	\$5,000.00
Travel	TRAINING, OUT OF TOWN	\$0	\$1,719	\$1,719	\$28,115	\$20,624	(\$7,491)	\$20,624.00
Other	RENTALS	\$2,993	\$3,290	\$297	\$37,161	\$39,480	\$2,319	\$39,480.00
Other	LEASES	\$43,121	\$43,702	\$581	\$517,448	\$524,424	\$6,976	\$524,424.00
Other	MAINTENANCE / REPAIR, EQUIP.	\$5,886	\$6,977	\$1,091	\$84,903	\$83,720	(\$1,183)	\$83,720.00
Other	MAINTENANCE / REPAIR, AUTO	\$0	\$42	\$42	\$0	\$500	\$500	\$500.00

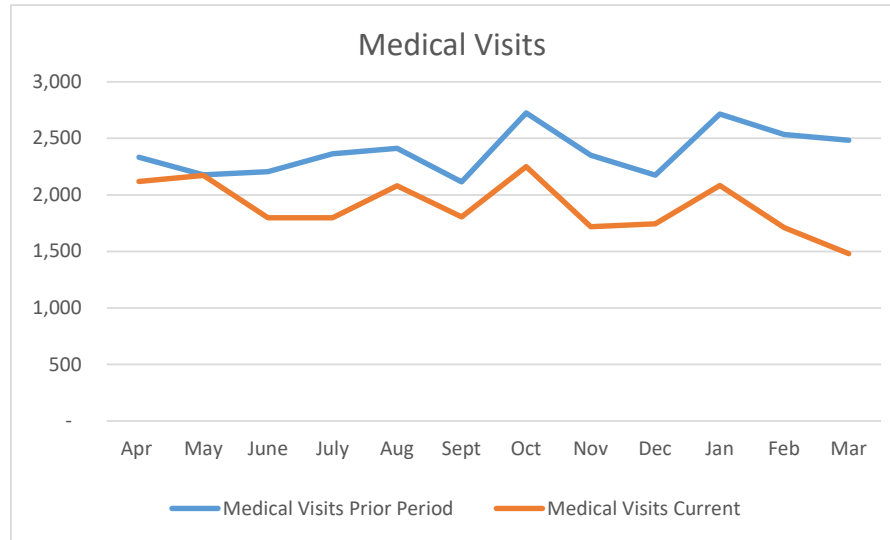
Coastal Health & Wellness

Statement of Revenue and Expenses for the Period ending Mar 31,2020

		<i>Period Ending</i>	<i>MTD</i>	<i>MTD Budget</i>	<i>YTD</i>	<i>YTD</i>	<i>YTD Budget</i>	<i>Annual</i>
		<i>3/31/2020</i>	<i>Budget</i>	<i>Variance</i>	<i>Actual</i>	<i>Budget</i>	<i>Variance</i>	<i>Budget</i>
<i>Description</i>								
Other	FUEL	\$0	\$42	\$42	\$0	\$500	\$500	\$500.00
Other	MAINTENANCE / REPAIR, BLDG.	\$400	\$417	\$17	\$5,055	\$5,000	(\$55)	\$5,000.00
Other	MAINT/REPAIR, IT Equip.	\$41,919	\$1,273	(\$40,646)	\$46,464	\$15,275	(\$31,189)	\$15,275.00
Other	MAINTENANCE / Preventative, AUTO	\$0	\$42	\$42	\$10	\$500	\$490	\$500.00
Other	INSURANCE, AUTO/Truck	\$10	\$208	\$198	(\$1,147)	\$2,500	\$3,647	\$2,500.00
Other	INSURANCE, GENERAL LIABILITY	\$1,051	\$1,029	(\$22)	\$12,463	\$12,350	(\$113)	\$12,350.00
Other	INSURANCE, BLDG. CONTENTS	\$1,445	\$1,633	\$188	\$17,381	\$19,595	\$2,214	\$19,595.00
Other	Settlements	\$0	\$0	\$0	\$87,500	\$0	(\$87,500)	\$0.00
Other	COMPUTER EQUIPMENT	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00
Other	OPERATING EQUIPMENT	\$0	\$0	\$0	\$35,537	\$0	(\$35,537)	\$0.00
Other	BUILDING IMPROVEMENTS	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00
Other	NEWSPAPER ADS	\$305	\$1,500	\$1,195	\$17,474	\$18,000	\$526	\$18,000.00
Other	SUBSCRIPTIONS, BOOKS, ETC	\$210	\$125	(\$85)	\$1,894	\$1,500	(\$394)	\$1,500.00
Other	ASSOCIATION DUES	\$2,667	\$2,883	\$216	\$34,035	\$34,592	\$558	\$34,592.00
Other	IT SOFTWARE, LICENSES, INTANGIBLES	\$13,505	\$18,355	\$4,850	\$244,785	\$220,265	(\$24,520)	\$220,265.00
Other	PROF FEES/LICENSE/INSPECTIONS	\$0	\$203	\$203	\$1,368	\$2,430	\$1,062	\$2,430.00
Other	PROFESSIONAL SERVICES	\$18,665	\$1,875	(\$16,790)	\$60,028	\$22,500	(\$37,528)	\$22,500.00
Other	MED/HAZARD WASTE DISPOSAL	\$372	\$483	\$112	\$5,324	\$5,800	\$476	\$5,800.00
Other	TRANSPORTATION CONTRACT	\$791	\$650	(\$141)	\$6,028	\$7,800	\$1,772	\$7,800.00
Other	BOARD MEETING OPERATIONS	(\$414)	\$29	\$443	\$4,865	\$350	(\$4,515)	\$350.00
Other	SERVICE CHG - CREDIT CARDS	\$772	\$685	(\$87)	\$8,755	\$8,220	(\$535)	\$8,220.00
Other	CASHIER OVER / SHORT	\$0	\$0	\$0	(\$5)	\$0	\$5	\$0.00
Other	BAD DEBT EXPENSE	(\$13,613)	\$35,045	\$48,657	\$569,952	\$420,537	(\$149,415)	\$420,537.00
Other	MISCELLANEOUS EXPENSE	\$0	\$0	\$0	\$4,989	\$0	(\$4,989)	\$0.00
Total Expenses		\$879,428	\$1,056,042	\$176,614	\$11,210,719	\$12,672,502	\$1,461,783	\$12,672,502
Net Change in Fund Balance		\$16,808	(\$15,180)	\$31,988	(\$234,679)	(\$37,560)	(\$197,119)	(\$0)
					Expenses Fund Bal. Reserve	(\$144,600)		
						(\$379,279)		

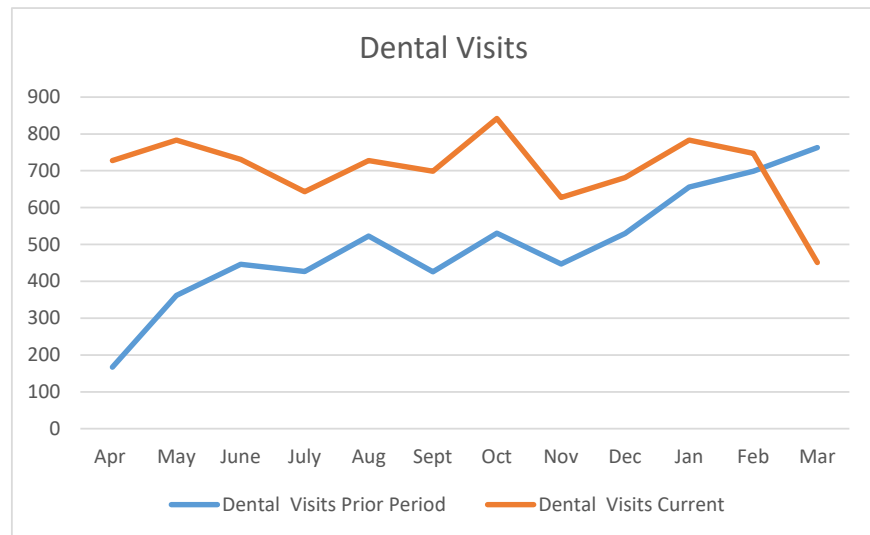
Medical Visits

	<u>Prior Period</u>	<u>Current</u>
Apr	2,334	2,119
May	2,177	2,171
June	2,205	1,797
July	2,363	1,798
Aug	2,413	2,081
Sept	2,115	1,804
Oct	2,725	2,250
Nov	2,351	1,719
Dec	2,175	1,745
Jan	2,714	2,082
Feb	2,534	1,710
Mar	2,484	1,480
	<u>28,590</u>	<u>22,756</u>



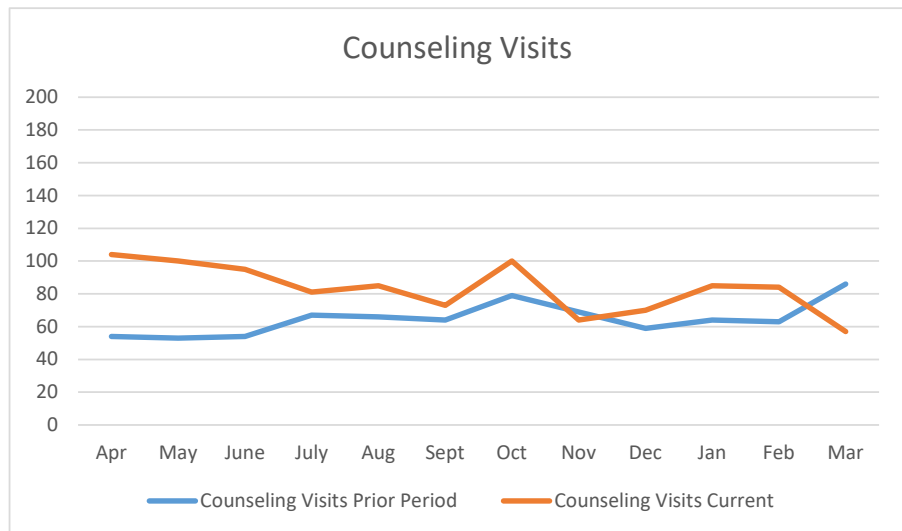
Dental Visits

	<u>Prior Period</u>	<u>Current</u>
Apr	167	728
May	362	783
June	446	731
July	427	643
Aug	523	728
Sept	426	699
Oct	531	842
Nov	447	628
Dec	530	682
Jan	656	783
Feb	699	747
Mar	763	451
	<u>5,977</u>	<u>8,445</u>



Counseling Visits

	<u>Prior Period</u>	<u>Current</u>
Apr	54	104
May	53	100
June	54	95
July	67	81
Aug	66	85
Sept	64	73
Oct	79	100
Nov	69	64
Dec	59	70
Jan	64	85
Feb	63	84
Mar	86	57
	<u>778</u>	<u>998</u>



Vists by Financial Class - Actual vs. Budget
As of March 31, 2020 (Grant Year 4/1/19-3/31/20)

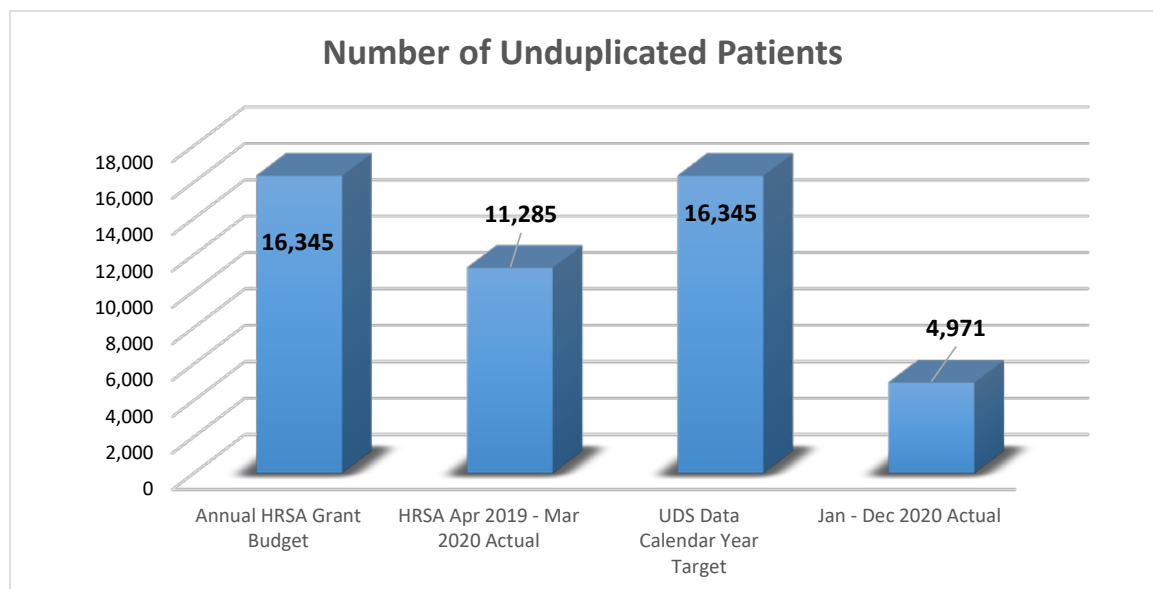
	Annual HRSA		Over/(Under)			Over/(Under)		%
	Grant Budget	MTD Actual	MTD Budget	MTD Budget	YTD Actual	YTD Budget	YTD Budget	Over/ (Under) YTD Budget
Medicaid	5,442	122	454	(332)	2,307	4,989	(2,682)	-54%
Medicare	3,640	136	303	(167)	2,355	3,337	(982)	-29%
Other Public (Title V, Contract)	1,728	61	144	(83)	1,131	1,584	(453)	-29%
Private Insurance	4,718	104	393	(289)	1,840	4,325	(2,485)	-57%
Self Pay	31,361	1,565	2,613	(1,048)	24,659	28,748	(4,089)	-14%
	46,889	1,988	3,907	(1,919)	32,292	42,982	(10,690)	-25%

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

	Current Year Annual Target	Jan-Mar 2019 Actual	Jan-Mar 2020 Actual	Increase/	% of Annual Target
				(Decrease) Prior Year	
Unduplicated Patients	16,345	6,131	4,971	(1,160)	30%

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

	Annual HRSA Grant Budget	Apr 2018 -	Apr 2019 -	Increase/	% of Annual Target
		Mar 2019 Actual	Mar 2020 Actual	(Decrease) Prior Year	
Unduplicated Patients	16,345	11,586	11,285	(301)	69%





COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

April 2020

Item#8

**Consider for Approval Quarterly Visit and Collection Report
Including a Breakdown by Payor Source for Recent New Patients**

**Coastal Health & Wellness - Quarterly Visit & Analysis Report
for the period ending March 31, 2020**

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

Total Visits by Financial Class	March 2020	March 2019	% Change	* YTD Average		% Change		* YTD Payor Mix		% Change
				2020	2019			2020	2019	
Self Pay	1,565	2,354	-34%	480	597	-20%		76.8%	71.1%	6%
Medicare	136	294	-54%	44	74	-41%		7.0%	8.8%	-2%
Medicaid	122	249	-51%	43	65	-34%		6.8%	7.7%	-1%
Contract	22	130	-83%	8	29	-74%		1.2%	3.5%	-2%
Private Insurance	104	231	-55%	35	55	-37%		5.5%	6.6%	-1%
Title V	39	76	-49%	16	19	-15%		2.6%	2.3%	0%
Total	1,988	3,334	-40%	624	839	-26%		100%	100%	0%

Department	* YTD Total Visits		% Change
	2020	2019	
Medical	5,285	7,731	-32%
Dental	1,980	2,119	-7%
Counseling	226	213	6%
Total	7,491	10,063	-26%

Unduplicated Visits	* YTD Total Users		% Change
	2020	2019	
Medical	3,728	4,932	-24%
Dental	1,161	1,136	2%
Counseling	85	61	39%
Total	4,974	6,129	-19%

NextGen / Crystal Reports - Summary Aging by Financial Class for the period ending March 31, 2020 (based on encounter date)										Goal is 45-75 days	
										Days in A/R	
	0-30	31-60	61-90	91-120	121-150	151-180	181-up	Total	%	Current Period	Last Qtr
Self Pay	10,933	46,022	50,672	44,012	45,026	45,930	612,854	\$855,449	90%	317	298
Medicare	8,376	8,443	5,493	3,780	1,888	2,275	6,346	\$36,601	4%	43	72
Medicaid	9,839	7,027	8,307	7,073	2,870	379	(5,976)	\$29,520	3%	31	39
Contract	562	4,156	706	2,529	728	344	29,213	\$38,238	4%	101	214
Private Insurance	7,536	8,470	6,126	5,076	1,809	3,222	2,689	\$34,927	4%	51	65
Title V	922	8,728	9,778	7,959	8,889	4,012	1,448	\$41,736	4%	166	197
Unapplied	(82,471)							(\$82,471)	-9%	-----	-----
Totals	(\$44,303)	\$82,846	\$81,081	\$70,428	\$61,211	\$56,162	\$646,573	\$953,999	100%	118	147

Previous Quarter Balances	\$29,630	\$102,595	\$82,646	\$87,043	\$73,868	\$59,947	\$652,843	\$1,088,572
% Change	-250%	-19%	-2%	-19%	-17%	-6%	-1%	-12%

Charges & Collections	March 2020	March 2019	% Change	* YTD 2020	YTD 2019	% Change
Billed	\$513,093	\$874,782	-41%	\$2,073,978	\$2,615,300	-21%
Adjusted	(376,009)	(615,691)	-39%	(1,550,392)	(1,857,737)	-17%
Net Billed	\$137,083	\$259,091	-47%	\$523,586	\$757,563	-31%
Collected	\$117,300	\$170,601	-31%	\$385,282	\$550,457	-30%
% Net Charges collected	86%	66%	30%	74%	73%	1%

Payor	YTD Current Period				YTD Prior Year			
	Visits	Payor Mix	Net Revenue per Visit	(Net Billed) Net Revenue	Visits	Payor Mix	Net Revenue per Visit	(Net Billed) Net Revenue
Self Pay	6,769	73.8%	\$35.85	\$242,640	8,291	70.7%	\$33.36	\$276,571
Medicare	642	7.0%	\$119.18	76,517	985	8.4%	\$147.05	144,842
Medicaid	621	6.8%	\$139.57	86,675	896	7.6%	\$148.09	132,684
Contract	412	4.5%	\$82.47	33,976	505	4.3%	\$126.76	64,014
Private Insurance	506	5.5%	\$120.74	61,097	771	6.6%	\$149.80	115,492
Title V	225	2.5%	\$100.81	22,682	276	2.4%	\$86.81	23,959
Total	9,175	100%	\$57.07	\$523,586	11,724	100%	\$64.62	\$757,563

Item	2020	2019
Self Pay - Gross Charges	\$1,442,701	\$1,714,438
Self Pay - Collections	\$191,596	\$201,251
% Gross Self Pay Charges Collected	13.3%	11.7%
% Net Self Pay Charges Collected	79.0%	72.8%

Coastal Health & Wellness
New Patients By Financial Class
From 1/1/2020 to 3/31/2020

Summary	Current Period		Prior Period 2019	
	New Patients	Current %	New Patients	%
Self Pay	588	80.0%	877	77.1%
Medicaid	55	7.5%	76	6.7%
Medicare	11	1.5%	40	3.5%
Private Insurance	40	5.4%	96	8.4%
Title V	30	4.1%	28	2.5%
Contracts	11	1.5%	21	1.8%
Total	735	100.0%	1,138	100.0%

[Back to Agenda](#)



COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

April 2020

Item#9

**Consider for Approval Budget Submitted to HRSA for the
FY2020 Coronavirus Supplemental Funding for Health Centers in the
Amount of \$79,990**

**FY 2020 Coronavirus Supplemental Funding for Health Centers
H8CCS35293-01-00
Coastal Health & Wellness**

Personnel	April - Sept
Infection Control Nurse 6 mons (.25)	\$ 8,378.99
Medical Director/Physician 6 mons (.25)	25,704.02
Manger, Patient Care Case Mgmt 6 mons (.25)	9,136.14
Total Personnel	\$ 43,219.15

Fringe Benefits	
FICA @ 7.65%	\$ 3,302.00
SUTA @ 1.30%	561.85
Life/ADD @.22%	95.08
Dep Life 1.71/mo	30.78
LTD @ .24%	103.73
Med Ins \$427.02/mo	7,686.36
Care Here \$55.00/mo	990.00
Emp Share (\$50.00)/mo	(900.00)
WC @ .30%	129.66
Pension @ 2.21%	955.14
Total Fringe Benefits	\$ 12,954.60

Supplies	
Personal Protective Equipment	
Isolation Gowns 350@\$8.86 each	\$ 3,101.00
N95 Standard Mask 100@\$69.95 each	6,995.00
Sani-cloth XL 15@\$7.37	110.55
Hand Sanitizer 1,845@\$4.26 each	7,859.70
Procedure masks 8,000@\$0.65	5,200.00
Masks, Procedure 3ply 500@\$1.10	550.00
Total Supplies	\$ 23,816.25

Total Budget \$ 79,990.00

Personnel Justification Table	Base Salary	FTE To Support COVID-19 Activities April - Sept	Federal Amount Requested April - Sept
Infection Control Nurse	\$ 67,031.90	0.25	\$ 8,378.99
Medical Director/Physician	\$ 205,632.18	0.25	25,704.02
Manager, Patient Care/Case Mgmt	\$ 73,089.12	0.25	9,136.14
Total FTE		0.75	\$ 43,219.15

[Back to Agenda](#)



COASTAL HEALTH & WELLNESS

GOVERNING BOARD


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

Governing Board

April 2020

Item#10

**Consider for Approval Preliminary Plan of Proposed Expenditures
For Health Center Coronavirus Aid, Relief and Economic Security
(CARES) Act Funding in the Amount of \$971,360**

1. DATE ISSUED: 04/03/2020		2. PROGRAM CFDA: 93.224		 <p>HRSA Health Resources and Services Administration</p> <p>NOTICE OF AWARD AUTHORIZATION (Legislation/Regulation) Coronavirus Aid, Relief and Economic Security (CARES) Act</p>																																																						
3. SUPERSEDES AWARD NOTICE dated: except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.																																																										
4a. AWARD NO.: 1 H8DCS36474-01-00		4b. GRANT NO.: H8DCS36474	5. FORMER GRANT NO.:																																																							
6. PROJECT PERIOD: FROM: 04/01/2020 THROUGH: 03/31/2021																																																										
7. BUDGET PERIOD: FROM: 04/01/2020 THROUGH: 03/31/2021																																																										
8. TITLE OF PROJECT (OR PROGRAM): Health Center Coronavirus Aid, Relief, and Economic Security (CARES) Act Funding																																																										
9. GRANTEE NAME AND ADDRESS: COASTAL HEALTH & WELLNESS 9850 Emmett F Lowry Expy Ste A Texas City, TX 77591-2001 DUNS NUMBER: 135951940 BHCMS # 061610				10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR) Kathy Barroso COASTAL HEALTH & WELLNESS PO BOX 939 La Marque, TX 77568-0939																																																						
11. APPROVED BUDGET: (Excludes Direct Assistance) <input checked="" type="checkbox"/> Grant Funds Only <input type="checkbox"/> Total project costs including grant funds and all other financial participation				12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:																																																						
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15. PROGRAM INCOME SUBJECT TO 45 CFR 75.307 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES: A=Addition B=Deduction C=Cost Sharing or Matching D=Other [A] Estimated Program Income: \$0.00																																																										
16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY HRSA, IS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING: a. The grant program legislation cited above. b. The grant program regulation cited above. c. This award notice including terms and conditions, if any, noted below under REMARKS. d. 45 CFR Part 75 as applicable. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.																																																										
REMARKS: (Other Terms and Conditions Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No)																																																										
<i>Electronically signed by Elvera Messina , Grants Management Officer on : 04/03/2020</i>																																																										
17. OBJ. CLASS: 41.51		18. CRS-EIN: 1741665318A1		19. FUTURE RECOMMENDED FUNDING: \$0.00																																																						
FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE																																																				
20 - 398V160	93.224	20H8DCS36474C3	\$971,360.00	\$0.00	CH	20- COVID19BPHC- C3																																																				

HRSA Electronic Handbooks (EHBs) Registration Requirements

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

Terms and Conditions

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

Grant Specific Term(s)

1. As required by the Federal Funding Accountability and Transparency Act of 2006 (Pub. L. 109–282), as amended by section 6202 of Public Law 110–252, recipients must report information for each subaward of \$25,000 or more in Federal funds and executive total compensation, as outlined in Appendix A to 2 CFR Part 170. You are required to submit this information to the FFATA Subaward Reporting System (FSRS) at <https://www.fsrs.gov/> by the end of the month following the month in which you awarded any subaward. The FFATA reporting requirements apply for the duration of the project period and so include all subsequent award actions to aforementioned HRSA grants and cooperative agreement awards (e.g., Type 2 (competing continuation), Type 5 (non-competing continuation), etc.). Subawards to individuals are exempt from these requirements. For more information, visit: <https://www.hrsa.gov/grants/ffata.html>.
2. The funds for this award are sub-accounted in the Payment Management System (PMS) and will be in a P type (sub accounted) account. This type of account allows recipients to specifically identify the individual grant for which they are drawing funds and will assist HRSA in monitoring the award. If your organization previously received a grant under this program, it was in a G type (cash pooled) account designated by a PMS Account Number ending in G or G1. Now that this grant is sub accounted the PMS Account Number will be changed to reflect either P or P1. For example, if the prior year grant was in payee account number 2AAG it will now be in 2AAP. Similarly, if the prior year grant was in payee account 2AAG1, the grant will be in payee account 2AAP1. The P sub account number and the sub account code (provided on page 1 of this Notice of Award) are both needed when requesting grant funds. You may use your existing PMS username and password to check your organizations P account access. If you do not have access, complete a PMS Access Form (PMS/FFR Form) found at: <https://pms.psc.gov/grant-recipients/access-newuser.html> and send it to the fax number indicated on the bottom of the form. If you have any questions about accessing PMS, contact the PMS Liaison Accountant as identified at: <https://pms.psc.gov/find-pms-liaison-accountant.html>.
3. All post-award requests, such as significant budget revisions or a change in scope, must be submitted as a Prior Approval action via the Electronic Handbooks (EHBs) and approved by HRSA prior to implementation. Grantees under "Expanded Authority," as noted in the Remarks section of the Notice of Award, have different prior approval requirements. See "Prior-Approval Requirements" in the DHHS Grants Policy Statement: <http://www.hrsa.gov/grants/hhsgrantspolicy.pdf>

Program Specific Term(s)

1. You must submit a quarterly progress report into the HRSA Electronic Handbooks (EHBs). Reports will describe the status of the activities and use of funds to detect coronavirus; prevent, diagnose, and treat COVID-19; and/or maintain or increase health center capacity and staffing levels during a coronavirus-related public health emergency. You must also report the number of jobs created or retained as a result of the CARES funding, and include submissions related to the use of CARE funding for minor A/R-related activities, if applicable.
2. You are expected to monitor and use available resources, such as those available from the Centers for Disease Control and Prevention (CDC): <https://www.cdc.gov/coronavirus/2019-ncov/index.html>. Health center-specific resources and more information are available at Emergency Preparedness and Recovery Resources for Health Centers at <https://bphc.hrsa.gov/emergency-response> and through Health Center Program Strategic Partners at <https://bphc.hrsa.gov/qualityimprovement/strategicpartnerships/index.html>.
3. You may not use this funding for: purchasing or upgrading an electronic health record that is not certified by the Office of the National Coordinator for Health Information Technology; new construction activities, including additions or expansions; major alteration and renovation (A/R) projects valued at \$500,000 or greater in total federal and non-federal costs (excluding the cost of allowable moveable equipment); installation of a permanently affixed modular or prefabricated building; facility or land purchases; or significant exterior site work such as new parking lots or storm water structures. Additionally, these funds may not be used for costs already supported by Health Center Program operational grant (H80) or COVID-19 (H8C) funding.
4. Under existing law, and consistent with Executive Order 13535 (75 FR 15599), health centers are prohibited from using federal funds to

provide abortion services (except in cases of rape or incest, or when the life of the woman would be endangered).

5. You may rebudget CARES funding without prior approval except as noted below, and provided that the proposed use of funding aligns with the CARES funding intent (detection of coronavirus; prevention, diagnosis, and treatment of COVID-19; and/or maintaining or increasing health center capacity and staffing levels during a coronavirus-related public health emergency), avoids ineligible uses of funding as outlined in this notice of award, and complies with 45 CFR Part 75 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards available at <http://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75>. If the amount of the costs to be rebudgeted constitute a significant rebudgeting (exceeds 25% of the total Federal budget or \$250,000, whichever is less), you must submit a prior approval request for review and approval by HRSA.
6. With receipt of this notice of award, you acknowledge that federal interest exists in real property and equipment which will be maintained in accordance with 45 CFR Part 75 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards available at <http://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75>. You must maintain adequate documentation to track and protect the federal interest. For real property, adequate documentation includes communications between the lessor and the lessee related to protecting such interest, in accordance with the standard award terms and conditions. Such documentation should be available for subsequent review by HRSA.
7. This award provides flexibility in how you use CARES funding to support the detection of coronavirus and/or the prevention, diagnosis, and treatment of COVID-19, including maintaining or increasing health center capacity and staffing levels during a coronavirus-related public health emergency. Funding may support a wide range of in-scope activities, including but not limited to:
 - Ensuring patient and health center personnel safety and otherwise minimize COVID-19 exposure within the health center and in other locations where the health center personnel are delivering in-scope services on behalf of the health center;
 - Addressing emergent COVID-19 issues to meet the health needs of the population served by the health center, including expanding the use of telehealth to support virtual assessment and monitoring of COVID-19 symptoms, and testing and laboratory services;
 - Restoring, sustaining, and strengthening health center capacity and staffing levels, including hiring new, reemploying and/or contracting personnel, as well as supporting the reassignment of personnel resources;
 - Patient and community education;
 - Minor alteration and renovation (A/R);
 - Equipment purchase, including health information technology and telehealth equipment, vehicles, and mobile medical units; and
 - Purchase of supplies.

As provided for in OMB Memorandum M-20-11 - *Administrative Relief for Recipients and Applicants of Federal Financial Assistance Directly Impacted by the Novel Coronavirus (COVID-19)*, available at <https://www.whitehouse.gov/wp-content/uploads/2020/03/M-20-11.pdf>, HRSA may authorize the award recipient to waive the procurement requirements contained in 45 CFR § 75.328(b) regarding geographical preferences and 45 CFR § 75.330 regarding contracting small and minority businesses, women's business enterprises, and labor surplus area firms. This authority is currently valid for the 90-Day Public Health Emergency Declaration (Public Health Emergency Period).

8. New and/or improved space resulting from minor A/R activities may only be used for purposes consistent with Section 330 of the Public Health Service Act (42 U.S.C. § 254b).
9. This notice of award provides one-time funding to support the detection of coronavirus (SARS-CoV-2) and/or the prevention, diagnosis, and treatment of coronavirus disease 2019 (COVID-19), including maintaining or increasing health center capacity and staffing levels during a coronavirus-related public health emergency, as outlined in the Coronavirus Aid, Relief, and Economic Security (CARES) Act (P.L. 116-136), available at <https://www.congress.gov/116/bills/hr748/BILLS-116hr748enr.pdf>. As provided for in Office of Management and Budget Memorandum M-20-11 - *Administrative Relief for Recipients and Applicants of Federal Financial Assistance Directly Impacted by the Novel Coronavirus (COVID-19)*, available at <https://www.whitehouse.gov/wp-content/uploads/2020/03/M-20-11.pdf>, HRSA authorizes the award recipient to incur allowable pre-award costs before the effective date of a federal award dating back to January 20, 2020. HRSA determined your award amount using the following formula: (1) \$503,000, plus, (2) \$15.00 per patient reported in the 2018 Uniform Data System (UDS), and, (3) \$30.00 per uninsured patient reported in the 2018 UDS.
10. You must update or request prior approval from HRSA as appropriate to ensure that your scope of project accurately reflects any changes needed to implement your CARES activities. This includes: (1) Form 5A: Services provided, (2) Form 5B: Service Sites, and (3) Form 5C: Other Activities/Locations. For additional information, see the scope of project resources available at <https://bphc.hrsa.gov/programrequirements/scope.html>, COVID scope of project-related FAQs at <https://bphc.hrsa.gov/emergency-response>, and consult your project officer as needed.
11. Up to \$500,000 of the funding included in this notice of award may be utilized for minor alteration/renovation (A/R) activities. Minor A/R activities must occur at an in-scope service delivery site and cost less than \$500,000. You must submit the required minor A/R information to HRSA before drawing down funds for minor A/R activities. See the [CARES technical assistance webpage](#) for details regarding

required minor A/R project information.

Standard Term(s)

1. Recipients must comply with all terms and conditions outlined in their grant award, including grant policy terms and conditions outlined in applicable Department of Health and Human Services (HHS) Grants Policy Statements, and requirements imposed by program statutes and regulations and HHS grant administration regulations, as applicable; as well as any requirements or limitations in any applicable appropriations acts.
2. All discretionary awards issued by HRSA on or after October 1, 2006, are subject to the HHS Grants Policy Statement (HHS GPS) unless otherwise noted in the Notice of Award (NoA). Parts I through III of the HHS GPS are currently available at <http://www.hrsa.gov/grants/hhsgrantspolicy.pdf>. Please note that the Terms and Conditions explicitly noted in the award and the HHS GPS are in effect.
3. "This [project/publication/program/website] [is/was] supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$XX with xx percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government."
Recipients are required to use this language when issuing statements, press releases, requests for proposals, bid solicitations, and other HRSA-supported publications and forums describing projects or programs funded in whole or in part with HRSA funding. Examples of HRSA-supported publications include, but are not limited to, manuals, toolkits, resource guides, case studies and issues briefs.
4. Recipients and sub-recipients of Federal funds are subject to the strictures of the Medicare and Medicaid anti-kickback statute (42 U.S.C. 1320a - 7b(b) and should be cognizant of the risk of criminal and administrative liability under this statute, specifically under 42 U.S.C. 1320 7b(b) Illegal remunerations which states, in part, that whoever knowingly and willfully: (A) Solicits or receives (or offers or pays) any remuneration (including kickback, bribe, or rebate) directly or indirectly, overtly or covertly, in cash or in kind, in return for referring (or to induce such person to refer) an individual to a person for the furnishing or arranging for the furnishing of any item or service, OR (B) In return for purchasing, leasing, ordering, or recommending purchasing, leasing, or ordering, or to purchase, lease, or order, any goods, facility, services, or itemFor which payment may be made in whole or in part under subchapter XIII of this chapter or a State health care program, shall be guilty of a felony and upon conviction thereof, shall be fined not more than \$25,000 or imprisoned for not more than five years, or both.
5. Items that require prior approval from the awarding office as indicated in 45 CFR Part 75 [Note: 75 (d) HRSA has not waived cost-related or administrative prior approvals for recipients unless specifically stated on this Notice of Award] or 45 CFR Part 75 must be submitted as a Prior Approval action via Electronic Handbooks (EHBs). Only responses to prior approval requests signed by the GMO are considered valid. Grantees who take action on the basis of responses from other officials do so at their own risk. Such responses will not be considered binding by or upon the HRSA.
In addition to the prior approval requirements identified in Part 75, HRSA requires grantees to seek prior approval for significant rebudgeting of project costs. Significant rebudgeting occurs when, under a grant where the Federal share exceeds \$100,000, cumulative transfers among direct cost budget categories for the current budget period exceed 25 percent of the total approved budget (inclusive of direct and indirect costs and Federal funds and required matching or cost sharing) for that budget period or \$250,000, whichever is less. For example, under a grant in which the Federal share for a budget period is \$200,000, if the total approved budget is \$300,000, cumulative changes within that budget period exceeding \$75,000 would require prior approval). For recipients subject to 45 CFR Part 75, this requirement is in lieu of that in 45 CFR 75 which permits an agency to require prior approval for specified cumulative transfers within a grantee's approved budget. [Note, even if a grantee's proposed rebudgeting of costs falls below the significant rebudgeting threshold identified above, grantees are still required to request prior approval, if some or all of the rebudgeting reflects either a change in scope, a proposed purchase of a unit of equipment exceeding \$25,000 (if not included in the approved application) or other prior approval action identified in Part 75 unless HRSA has specifically exempted the grantee from the requirement(s).]
6. Payments under this award will be made available through the DHHS Payment Management System (PMS). PMS is administered by the Division of Payment Management, Financial Management Services, Program Support Center, which will forward instructions for obtaining payments. Inquiries regarding payments should be directed to: ONE-DHHS Help Desk for PMS Support at 1-877-614-5533 or PMSSupport@psc.hhs.gov. For additional information please visit the Division of Payment Management Website at <https://pms.psc.gov/>.
7. The DHHS Inspector General maintains a toll-free hotline for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Such reports are kept confidential and callers may decline to give their names if they choose to remain anonymous. Contact: Office of Inspector General, Department of Health and Human Services, Attention: HOTLINE, 330 Independence Avenue Southwest, Cohen Building, Room 5140, Washington, D. C. 20201, Email: Htips@os.dhhs.gov or Telephone: 1-800-447-8477 (1-800-HHS-TIPS).
8. Submit audits, if required, in accordance with 45 CFR Part 75, to: Federal Audit Clearinghouse Bureau of the Census 1201 East 10th Street Jefferson, IN 47132 PHONE: (310) 457-1551, (800) 253-0696 toll free <https://harvester.census.gov/facweb/default.aspx/>.

9. EO 13166, August 11, 2000, requires recipients receiving Federal financial assistance to take steps to ensure that people with limited English proficiency can meaningfully access health and social services. A program of language assistance should provide for effective communication between the service provider and the person with limited English proficiency to facilitate participation in, and meaningful access to, services. The obligations of recipients are explained on the OCR website at [HHS Limited English Proficiency \(LEP\)](#).
10. This award is subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to: <https://www.hrsa.gov/sites/default/files/hrsa/grants/manage/trafficking-in-persons.pdf>. If you are unable to access this link, please contact the Grants Management Specialist identified in this Notice of Award to obtain a copy of the Term.
11. The Further Consolidated Appropriations Act, 2020, § 202, (P.L. 116-94), enacted December 20, 2019, restricts the amount of direct salary that may be paid to an individual under a HRSA grant or cooperative agreement to a rate no greater than Executive Level II of the Federal Executive Pay Scale. Effective January 2020, the Executive Level II salary level is \$197,300. This amount reflects an individual's base salary exclusive of fringe benefits. An individual's institutional base salary is the annual compensation that the recipient organization pays an individual and excludes any income an individual may be permitted to earn outside the applicant organization duties. HRSA funds may not be used to pay a salary in excess of this rate. This salary limitation also applies to sub-recipients under a HRSA grant or cooperative agreement. The salary limitation does not apply to payments made to consultants under this award although, as with all costs, those payments must meet the test of reasonableness and be consistent with recipient's institutional policy. None of the awarded funds may be used to pay an individual's salary at a rate in excess of the salary limitation. Note: an individual's base salary, per se, is NOT constrained by the legislative provision for a limitation of salary. The rate limitation simply limits the amount that may be awarded and charged to HRSA grants and cooperative agreements. For individuals whose salary rates are in excess of Executive Level II, the non-federal entity may pay the excess from non-federal funds.
12. To serve persons most in need and to comply with Federal law, services must be widely accessible. Services must not discriminate on the basis of age, disability, sex, race, color, national origin or religion. The HHS Office for Civil Rights provides guidance to grant and cooperative agreement recipients on complying with civil rights laws that prohibit discrimination on these bases. Please see <http://www.hhs.gov/civil-rights/for-individuals/index.html>. HHS also provides specific guidance for recipients on meeting their legal obligation under Title VI of the Civil Rights Act of 1964, which prohibits discrimination on the basis of race, color or national origin in programs and activities that receive Federal financial assistance (P. L. 88-352, as amended and 45 CFR Part 75). In some instances a recipient's failure to provide language assistance services may have the effect of discriminating against persons on the basis of their national origin. Please see <http://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/index.html> to learn more about the Title VI requirement for grant and cooperative agreement recipients to take reasonable steps to provide meaningful access to their programs and activities by persons with limited English proficiency.
13. Important Notice: The Central Contractor registry (CCR) has been replaced. The General Services Administration has moved the CCR to the System for Award Management (SAM) on July 30, 2012. To learn more about SAM please visit <https://www.sam.gov/SAM/>. It is incumbent that you, as the recipient, maintain the accuracy/currency of your information in the SAM at all times during which your entity has an active award or an application or plan under consideration by HRSA, unless your entity is exempt from this requirement under 2 CFR 25.110. Additionally, this term requires your entity to review and update the information at least annually after the initial registration, and more frequently if required by changes in your information. This requirement flows down to subrecipients. Note: SAM information must be updated at least every 12 months to remain active (for both grantees and sub-recipients). Grants.gov will reject submissions from applicants with expired registrations. It is advisable that you do not wait until the last minute to register in SAM or update your information. According to the SAM Quick Guide for Grantees (https://www.sam.gov/SAM/transcript/Quick_Guide_for_Grants_Registrations.pdf), an entity's registration will become active after 3-5 days. Therefore, check for active registration well before the application deadline.
14. In any grant-related activity in which family, marital, or household considerations are, by statute or regulation, relevant for purposes of determining beneficiary eligibility or participation, grantees must treat same-sex spouses, marriages, and households on the same terms as opposite-sex spouses, marriages, and households, respectively. By "same-sex spouses," HHS means individuals of the same sex who have entered into marriages that are valid in the jurisdiction where performed, including any of the 50 states, the District of Columbia, or a U.S. territory or in a foreign country, regardless of whether or not the couple resides in a jurisdiction that recognizes same-sex marriage. By "same-sex marriages," HHS means marriages between two individuals validly entered into in the jurisdiction where performed, including any of the 50 states, the District of Columbia, or a U.S. territory or in a foreign country, regardless of whether or not the couple resides in a jurisdiction that recognizes same-sex marriage. By "marriage," HHS does not mean registered domestic partnerships, civil unions or similar formal relationships recognized under the law of the jurisdiction of celebration as something other than a marriage. This term applies to all grant programs except block grants governed by 45 CFR part 96 or 45 CFR Part 98, or grant awards made under titles IV-A, XIX, and XXI of the Social Security Act; and grant programs with approved deviations.
15. **§75.113 Mandatory disclosures.**
Consistent with 45 CFR 75.113, applicants and non-federal entities must disclose, in a timely manner, in writing to the HHS awarding agency, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud,

bribery, or gratuity violations potentially affecting the federal award. Sub recipients must disclose, in a timely manner, in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the awarding agency and to the HHS OIG at the following address:

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

AND

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

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

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

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

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

Reporting Requirement(s)

1. Due Date: Within 30 Days of Award Release Date

Within 30 days of award release date, you must submit the following: (1) SF-424A Budget Form, (2) Budget Narrative, (3) Narrative Overview, (4) Equipment List Form (if applicable), and (5) Minor A/R Project Information (if applicable). Instructions to support your submission, as well as details for technical assistance calls to address your submission questions, are available at the [CARES technical assistance webpage](#).

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

The grantee must submit an annual Federal Financial Report (FFR). The report should reflect cumulative reporting within the project period and must be submitted using the Electronic Handbooks (EHBs). The FFR due dates have been aligned with the Payment Management System quarterly report due dates, and will be due 90, 120, or 150 days after the budget period end date. Please refer to the chart below for the specific due date for your FFR:

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

3. Due Date: Within 90 Days of Project End Date

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

Records for equipment acquired with federal funds shall be retained for three years after final disposal.

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

Contacts

NoA Email Address(es):

Name	Role	Email
Kathy Barroso	Point of Contact, Program Director, Authorizing Official	kbarroso@gchd.org
Mary Orange	Business Official	morange@gchd.org

Note: NoA emailed to these address(es)

Program Contact:

For assistance on programmatic issues, please contact Ciara Douse at:
5600 Fishers Lane
Rockville, MD, 20857-
Email: cdouse@hrsa.gov
Phone: (301) 945-4162

Division of Grants Management Operations:

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

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

April 2020

Item#11

**Consider for Approval Coastal Health & Wellness Medical Referral
Tracking and Care Management Policy**

Coastal Health & Wellness Medical Referral Tracking and Care Management Policy

POLICY:

It is the policy of the CHW Clinics to provide referrals and care management services when deemed medically necessary.

PURPOSE:

As patients need referrals and care management services, the case management department's purpose is as follows:

Referrals: are made to assist patients in obtaining services available both internally and externally. The health center may not coerce patients to undergo any consultation or procedure unwillingly. Referrals may be recommended, and/or facilitated by the health center. When the provider or policy and procedures indicates that a referral is recommended, the obligation of the health center is to recommend that the patient seek care beyond the capability of the health center. Documentation in the medical record should reflect that the recommendation was made that the patient seeks further care. It is always appropriate to assist the patient in trying to find a provider and payment source. The significance of the problem will determine whether a referral is Essential, Important, or Routine. The provider will make that determination on the referral. Follow-up with the patient will be attempted to determine if the patient followed through with the referral. Documentation will be placed in the patient's Electronic Health Record (EHR) denoting all follow-up findings.

Outreach & Enrollment: Provides application and renewal assistance for Healthcare Marketplace Insurance during Open Enrollment and for patients with Special Enrollment throughout the year. Provides application assistance for patients applying for Medicaid, TANF, CHIP, and Pregnancy Medicaid.

Patient Assistance Program for medications: Provides PAP medication assistance. Prints appropriate application and assists patients in completing the application. Faxes application and prescription to the pharmaceutical company. Calls pharmaceutical pharmacies to follow up if needed.

Substance Use Disorder/Mental Health: Schedules and manages the appointments for the SUD/MH program including Telemedicine, SUD Evaluation and Nurse visit appointments.

Community Health Worker: Contacts patients seen in the previous month with high PHQ9 scores to offer Mental Health appointment.

Hospital follow up assistance: Contacts patients from the weekly hospital ER referral list from HCA healthcare and UTMB to offer patients hospital follow up appointments here at CHW. Follows up next day via telephone to all patients seen at CHW and sent to local ER to offer follow up appointment.

RESPONSIBILITIES:

A. Provider

1. Refer patients to specialty care, and/or other care management services regardless of payment or funding source. Providers document specialty type, reason for referral, urgency of referral and pertinent clinical continuity information.

2. Review outside specialist reports, and/or case management documentation for other services through the Provider Approval Queue (PAQ) and sign off all accompanying records received from specialty clinics and providers regarding clinical information and/or outcomes.

B. Care Management Staff

1. Manage all care management services including specialty referrals through NextGen once provider has placed a referral order.
2. Obtain any prior authorization required by patient's insurance.
3. Assign the care management service to the appropriate internal or external facilities.

PROCEDURES:

External Referrals

- A. Ensure facility specific Radiology referrals are completed and signed by the ordering provider.
- B. When radiology referrals are faxed, patients will be notified of where the referral was sent and provided with the number to call to schedule an appointment; assistance with appointment scheduling will be provided by the Care Management staff if needed.
- C. Specialty referral and paperwork should include the most current Master IM and all pertinent lab/X-ray/EEG/EKG reports necessary for providing adequate background information to specialty provider (excluding radiology referrals).
- D. Referral should be faxed to the designated specialist indicated by provider or preferred by patient.
- E. Gulf Coast Center referral patients will be advised by provider that it is his/her responsibility to call Gulf Coast Center for an appointment and the number will be provided to the patient; patients will also be advised of the walk-in clinic at Gulf Coast Center every Tuesday from 9 am to 3 pm. Patients will also be advised that in an emergency they can contact the 24 hour Crisis Hotline at (866) 729-3848.

F. Patient Communication and follow up:

Essential Referral (Non UTMB, St Vincent's)

Generate referral and call patient same day to inform referral was sent.

1. If patient answers, next contact is in two weeks to follow up, if patient does not answer this two week follow up call next attempt is in two weeks.
2. If patient does not answer, call patient the next day for second attempt, if patient does not answer on the second attempt create an alert in both PM and EHR that patient must speak to the Referral department before making an appointment or any other services. Send letter informing patient of the referral with all the information. Next attempt is in two weeks. If no answer, fourth attempt is in two more weeks.

Essential Referral (UTMB, St Vincent's)

Generate referral then call patient in two weeks to inform referral was sent.

1. If patient answers, next contact is in two weeks to follow up, if patient does not answer this two week follow up call next attempt is in two weeks.
2. If patient does not answer, call patient the next day for second attempt to contact patient, if patient does not answer on the second attempt create an alert in both PM and EHR that patient must speak to the Referral dept before making an appointment or any other services rendered. Next attempt will be in two weeks. If no answer, fourth attempt is in two more weeks

Change status to completed if appointment is completed and visit notes are scanned to Nextgen, otherwise referral is to remain in ordered status. Patient must sign document with provider at next visit refusing the referral if patient verbally declines the referral. Provider will contact referral dept if this is done for the referral to be changed to refused status.

Important Referral

Generate referral and call patient next day to inform referral was sent.

1. If patient answers, next contact is in one month to follow up. If no answer on one month follow up send letter asking patient to call clinic.
2. If patient does not answer, call patient next day for second attempt, if patient does not answer on second attempt send letter informing patient of the referral with all information. Next attempt will be in one month. If no answer on one month follow up send final letter with referral information. Referral status will be changed to canceled at one month if patient unreachable.

Routine Referral

Generate referral and call patient next day to inform referral was sent.

1. If patient answers, next contact will be in one month to follow up.
2. If patient does not answer, send letter informing patient of the referral sent with all information. Next attempt will be in one month. If no answer on one month follow up send final letter with referral information. Referral status will be changed to canceled at one month if patient unreachable.

External Facility Communication:

- UTMB referrals: Care Management staff will access Carelink to retrieve specialty visit summaries.
- Positive FIT tests: follow up is conducted with MD Anderson, or other facility, to confirm scheduled colonoscopy.
- For all mammogram referrals all external facilities are contacted for results.

G. Specialty Visit Summaries:

- Once specialty visit summaries or radiology reports are received, the order status is changed from “ordered” to “completed” and marked as “results received”.
- A copy of the record is forwarded to the electronic records department to be scanned into patient’s chart.

H. Patient refusals:

- If a patient declines an order, the order status will be changed from “ordered” to “canceled” excluding Essential Referrals, and a reason is documented of the cancellation, i.e... cost, refused referral, etc....

Internal Referrals

A. Care Management staff will generate In-house referrals when received by provider. Staff will contact patient for appointment scheduling. In-house referrals include:

- Dental
- OB/Gyn/Prenatal
- Mental Health
- SUD/MH

B. Care Management staff will document all patient communications within the communication module in Nextgen.



COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

April 2020

Item#12

**Consider for Approval Re-Privileging Rights for
Premal Patel, MD**



Date: April 30, 2020
To: CHW Governing Board
Thru: Kathy Barroso, CPA
CHW Executive Director
From: Cynthia Ripsin, MD
Medical Director
Re: Privileging

KB


After review to determine that Premal Patel, MD, has an active and unrestricted license to practice medicine in the State of Texas, we are requesting re-credentialing approval by the Governing Board.

In addition, after review by Medical Director Cindy Ripsin, MD of the re-privileging documents submitted by Premal Patel, MD, we are requesting re-privileging approval by the Governing Board.

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