

AGENDA

Thursday, May 27, 2021 – 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 May 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:

Access the URL: <https://zoom.us/j/94991163646?pwd=Mkd5TDJnL1NaUVNGaVQ4dkYrMm9KQT09>

Meeting Password: 905062

An automated prompt should appear on your screen; when it does, click “Open Zoom Meetings”

1. 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.
2. 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 will be prompted to enter the Meeting ID, which is 949 9116 3646 # Meeting Password: 905062
3. Finally, you will 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 #1ACTION.....Agenda

*Item #2ACTION.....Excused Absence(s)

*Item #3ACTION.....Consider for Approval Minutes from April 29, 2021 Governing Board Meeting

- *Item #4**ACTION**.....Policies Approved by United Board of Health as Authorized Under the Shared Services Agreement
 - a) Employee Use of Coastal Health & Wellness Clinic Policy
 - b) New Employee Orientation & Training Policy
 - c) Hours Worked and Compensatory Overtime Policy
 - d) Employee Leave Policy

- *Item #5**ACTION**Informational Report
 - Notification of Board Resignation

- Item #6.....Executive Reports
 - a) Executive Director
 - b) Medical Director
 - c) Dental Director

- Item #7**ACTION**.....Consider for Approval Resolution Recognizing Kathy Barroso, CPA Chief Executive Officer, and Her 23 Plus Years of Service to Public Health in Galveston County

- Item #8**ACTION**.....Consider for Approval April 2021 Financial Report

- Item #9**ACTION**.....Consider for Approval Budget Submitted to HRSA for the American Rescue Plan Act Funding Award in the Amount of \$4,396,875

- Item #10**ACTION**.....Consider for Approval Coastal Health & Wellness Clinic Billing and Collection Policy

- Item #11**ACTION**.....Consider for Approval Coastal Health & Wellness Dental Scope of Service Policy

- Item #12**ACTION**.....Consider for Approval Coastal Health & Wellness Medical Records Fee Schedule

- Item #13**ACTION**.....Consider for Approval Re-Privileging Rights for Lisa Yarbrough, M.Ed, LPC, LBSW

- Item #14**ACTION**.....Consider for Approval Re-Privileging Rights for Isela Werchan, MD Providing Tele-Psychiatry Service

- Item #15**ACTION**.....Consider for Approval Nominee Dr. Janet Southerland, DDS, MPH, PhD to fill Community Representative Position

- Item #16**ACTION**.....Consider for Approval Nominee Kevin Avery to fill Consumer Representative Position

- Item #17.....Update on Notification Regarding Joint Commission and HRSA

- Item #18.....Update on Governing Board Member Vacancies

- Item #19**ACTION**.....Discussion Regarding Future Board Meetings Being Held via Zoom or Returning to In-Person Board Meetings

Next Regular Scheduled Meeting: July 1, 2021 (June Meeting)

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.

**Governing Board
May 2021
Item#2
Excused Absence(s)**

[**Back to Agenda**](#)

Governing Board

May 2021

Item#3

Consider for Approval Minutes from April 29, 2021

Governing Board Meeting

**Coastal Health & Wellness
Governing Board
April 29, 2021**

Board Members

Conference Call:

Samantha Robinson
Milton Howard, DDS
Flecia Charles
Elizabeth Williams
Jay Holland
Dorothy Goodman
Dr. Thompson

Staff:

Kathy Barroso, Executive Director
Cynthia Ripsin, MD (phone)
Hanna Lindskog, DDS
Eileen Dawley (Phone)
Richard Mosquera (phone)
Andrea Cortinas
Debra Howey
Tikeshia Thompson Rollins

Excused Absence: Virginia Valentino

Unexcused Absence: Miroslava Bustamante and Victoria Dougharty

Items 1-8 Consent Agenda

A motion was made by Jay Holland to approve the consent agenda items one through eight. Dr. Howard seconded the motion and the Board unanimously approved the consent agenda.

Samantha Robinson, Board Chair, suggested adding any shared policies approved by United Board of Health that affects the Coastal Health & Wellness staff to the Governing Board agenda as a separate item.

Item #9 Executive Reports

Kathy Barroso, Executive Director, presented the April 2021 Executive Report to the Board. Kathy informed the Board that CHW have resume late clinic operations at the Galveston location and entered into an agreement with the City of Galveston Police Department for security services for evening clinic.

Dr. Ripsin, Medical Director, provided the Board with the following updates:

Review of ongoing programs for improved care at CHW

- **CPAN: Child Psychiatry Access Network**

- Born out of concern about a severe shortage of psychiatric and behavioral health providers for adolescents and children
- Supported by the state of Texas
- Has been active for 2 years but the pandemic has increased its outreach efforts
- 17 academic centers across the state
- Our partner is UTMB
- Provides us immediate psychiatric consultation
 - They commit to a call back from a Child Psychiatrist within 30 minutes
 - Guidance from psychiatry
 - Support for finding follow up care for the patient by the CPAN support staff

- **Diabetes**

- Collaborating with the National Farmworkers Group
- Diabetes Self-Management Education and Support Program

- *DSMES provides an evidence-based foundation to empower people with diabetes to navigate self-management decisions and activities. DSMES is a cost-effective tool proven to help improve health behaviors and health outcomes for people with diabetes.*
- This is much like the PCMH accreditation.
- We are forming a committee to move us through the process and will have the support of the NFW as we move toward accreditation.
- Once we complete the process, we'll be a site for empowering patients to proactively manage diabetes and prediabetes to improve outcomes.
- **Colorectal Screening collaborative**
 - Partnering with UT – Houston
 - Their team has come on site to our clinics and shadowed our staff
 - We've met with their team after the review and began discussions of improvements we can make to increase our screening rates
 - Specific items for collaborations
 - providing us with IT support to make maximal use of our electronic health record to capture screenings
 - problem-solving issues that negatively impact our screening rates
 - eg. Transportation to pick up and drop off FIT kits.
- **Hypertension Grant**
 - HRSA had directly partnered with the American Heart Association on this initiative which provides the resources for us to empower our patients to actively monitor their BP in the home which is a much better way to identify controlled v uncontrolled BP
 - This includes monthly webinar support experts from the American heart Association
 - The home monitors we are supplying our patients are on back order, but we hope to get them the first week of May

A note on cervical cancer screening

- The pap test is done routinely by all primary care providers
- It is designed to detect early changes in the cervix that can lead to cervical cancer
- Cervical cancer in the US is much less common since most women are screened routinely
- When we see cervical cancer, it is usually in women who have not had adequate screening, often in underserved patients like ours
- When a pap test is abnormal the next step is a closer look at the cervix called colposcopy.
- Many primary care clinics have to refer out for this procedure but due to our partnership with UTMB Family Medicine which manages our prenatal clinic, Dr Ibidapo-Obe performs colposcopy for our patients with abnormal pap tests.
- Just in the past 6 weeks she has identified two patients in our practice who have cervical cancer.
 - Both women had no symptoms at all
 - This early identification is quite likely lifesaving for these 2 women as well as others who are able to have pap screenings with colposcopy follow up when needed

Dr. Lindskog, Dental Director, updated the Board on Dental services in the Coastal Health & Wellness Clinic:

- Dental is using the CDC reuse protocol for N95 respirators but are preparing to transition to single use.
- Dental continues to follow all COVID-19 Dental State board requirements and CDC recommendations while providing all dental services

- The Galveston Dental Clinic is open Tuesday, Wednesday and Thursday and Texas City is open Monday-Saturday. We will begin seeing patients in Galveston on every other Monday starting in June.
- Dental has two dental assistant vacancies but have a temporary working with us currently.
- Dental has started seeing patients under the Ryan White grant. The initial grant was through March 31st, 2021. The Resource Group has sent us the contract to renew for \$100,000 for April 1, 2021- March 31, 2022.

Item #10 Consider for Approval March 2021 Financial Report

Andrea Cortinas, Chief Financial Officer, presented the March 2021 financial report to the Board. A motion to accept the financial report as presented was made by Jay Holland and seconded by Dr. Howard. The Board unanimously approved the motion.

Item #11 Consider for Approval Quarterly Visit and Collection Report Including a Breakdown by Payor Source for Recent New Patients

Andrea Cortinas, Chief Financial Officer, presented the quarterly visits and collection report including a breakdown by payor source for recent new patients. A motion to accept the report as presented was made by Jay Holland and seconded by Dr. Howard. The Board unanimously approved the motion.

Item #12 Notice of Grant Award - American Rescue Plan Act Funding for Health Centers

Andrea Cortinas, Chief Financial Officer, presented the notice of grant award from the American Rescue Act Funding for Health Centers. Andrea gave the Board a breakdown on how funds could be used and informed the Board that the notice of grant award will be brought to the next Governing Board Meeting for approval. Jay suggested using funds to add an entryway at the Galveston Clinic.

Item #13 Consider for Approval Quarterly Access to Care Report for the Period Ending March 31, 2021

Kathy Barroso, Executive Director, presented the quarterly access to care report for the period ending March 31, 2021. Kathy informed the Board the number of scheduled appointments were up and in comparison, to last quarter things are trending in a positive direction. A motion to accept the access to care report as presented was made by Dr. Howard and seconded by Flecia Charles. The Board unanimously approved the motion.

Item #14 Consider for Approval Quarterly Patient Satisfaction Survey Results for the Period Ending March 31, 2021

Kathy Barroso, Executive Director, presented the patient satisfaction survey results for the period ending March 31, 2021. Kathy informed the Board that we had overall average of a 4.73 for this quarter in comparison to 4.79 average last quarter. A motion to accept the patient satisfaction survey results was made by Jay Holland and seconded by Dr. Howard. The Board unanimously approved the motion.

Item #15 Consider for Approval Quarterly Compliance Report for the Period Ending March 31, 2021

Richard Mosquera, Chief Compliance Officer, asked the Board to consider for approval the quarterly compliance report for the period ending March 31, 2021. A motion to accept the compliance report as presented was made by Dr. Howard and seconded by Elizabeth Williams. The Board unanimously approved the motion.

Item #16 Consider for Approval Amendment to the Risk Management Training Plan

Richard Mosquera, Chief Compliance Officer, asked the Board to consider for approval amendment to risk management training plan. Rocky informed the Board that there were two minor changes to the plan on page three.

ii: “adding” CHW does not provide prenatal, postpartum or labor/delivery services. Patients receiving these services are referred to the University of Texas Medical Branch for such procedures.

iv: “removing” OB/GYN from the plan.

A motion to accept the risk management training plan as presented was made by Dr. Howard and seconded by Jay Holland. The Board unanimously approved the motion.

Item #17 Consider for Approval No-Show Policy

Kathy Barroso, Executive Director, asked the Board to consider for approval the no-show policy. Kathy informed the Board that there were several changes to the now no-show and cancellation policy, the agreement, and letter to patients. A motion to accept the no-show policy with the recommended changes was made by Dr. Howard and seconded by Elizabeth Williams. The Board unanimously approved the motion.

Item #18 Consider for Approval Infection Control Goals & Responsibilities for 2021

Debra Howey, Infection Control Nurse, presented the infection control goals & responsibilities for 2021. A motion to accept the infection control goals & responsibilities as presented was made by Dr. Howard and seconded by Jay Holland. The Board unanimously approved the motion.

Item #19 Consider for Approval Re-Privileging Rights for Carlos Tirado, MD

Cynthia Ripsin, Medical Director, asked the Board to consider for approval re-privileging rights for Carlos Tirado, MD. A motion to accept re-privileging rights for Carlos Tirado, MD was made by Jay Holland and seconded by Dr. Howard. The Board unanimously approved the motion.

Comments:

Kathy Barroso, Executive Director, informed the Board that she has one Coastal Health & Wellness patient that may be interested in becoming a Board member and will share information with Jay Holland. Samantha Robinson, Board Chair, requested that updates on Board member vaccines be added to the agenda as a standard item until all positions are filled.

Richard Mosquera, Chief Compliance Officer, will verify and let Tikeshia know if Coastal Health & Wellness will need to add an executive session to the next Governing Board agenda in regarding to the salary of Interim Executive Director.

Samantha Robinson, Board Chair, suggested going forward if the United Board of Health has an item on their agenda that affects Coastal Health & Wellness that it also be add to the Governing Board agenda for review and or approval.

Samantha Robinson, Board Chair, requested that Eileen Dawley, Chief Nursing Office, update the Board at the next meeting on all notifications (Joint Commission and HRSA) regarding the new interim Executive Director. Rocky, will work on submitting documentation that is required by HRSA. Samantha Robinson, requested that an update on notifications regarding Joint Commission and HRSA be added to the next Board agenda.

Samantha Robinson, Board Chair, requested that discussion regarding future Board meetings being held via zoom or returning to in-person Board meetings be added to the next agenda.

The meeting was adjourned at 1:10p.m.

Chair

Secretary/Treasure

Date

Date

[**Back to Agenda**](#)

Governing Board

May 2021

Item#4

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

- a) Employee Use of Coastal Health & Wellness Clinic Policy
- b) New Employee Orientation & Training Policy
- c) Hours Worked and Compensatory Overtime Policy
- d) Employee Leave Policy

Employee Use of Coastal Health & Wellness Clinics Policy

-Last Approved
UBOH- 04/28/2021
-Effective- 04/08/2003

Audience/Eligibility

This policy applies to all Galveston County Health District, Galveston Area Ambulance Authority, and Coastal Health & Wellness (collectively “the District”) employees, as well as their dependents enrolled in health insurance plans accepted by Coastal Health & Wellness. Dependents not enrolled in health insurance plans accepted by Coastal Health & Wellness and those employees not eligible for health insurance benefits through the District will be screened and billed in accordance with the established Coastal Health & Wellness Governing Board policies and related procedures.

Medical/Dental Clinic

Employees and/or their dependents may be seen by a Coastal Health & Wellness provider.

Employees seeking treatment at the clinic due to an on-the-job injury are expected to follow the District’s policy on [Workers’ Compensation](#).

Employee Responsibilities

It is the employee’s responsibility to:

- become registered with the clinic prior to seeing any Coastal Health & Wellness provider;
- pay full charges or any charges not covered by the employee’s health insurance; and
- record the appropriate leave for time away from work.

Management Responsibilities

It is the responsibility of the

- CHW Executive Director and Chief Financial Officer to assure this policy is adhered to in the medical and dental clinics; and
- Direct supervisors to ensure the appropriate leave is recorded properly.

Violation

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

New Employee Orientation & Training Policy

Audience

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

Policy

It is the District’s policy that new employees are oriented to the District, the program, and their position, within 30-days of employment. The responsibility of orienting and training new employees is shared among the employee’s supervisor, the new employee, and Human Resources.

The goals of the orientation and training policy are to assist the new employee in:

- understanding the culture, values, mission and services provided by the District;
- successfully transitioning into a new job;
- understanding his/her role and how he/she fits into the organization; and
- fulfill other job-related organizational requirements for compliance.

Human Resources Responsibilities

It is the Human Resource Director or designee’s responsibility to:

- meet new employees to complete mandatory benefit, payroll, and human resource paperwork (within 3-days of hire);
- conduct a formal new hire orientation to orient new employees to the District (topics may include an overview of the benefits, mission, vision, services provided, information on District-wide policies, etc.)
- assist supervisors in developing program-specific orientation checklists for new employees in their respective areas;
- ensure each new hire receives GCHD required training;
- track new hire training dates;
- ensure newly hired supervisors receive *training* on topics such as how to conduct performance evaluations, and effective supervisory practices, etc.;
- track and report compliance with New Employee Orientation and Training policy.

Supervisor Responsibilities

It is the Supervisor’s responsibility to:

- complete a *Staff Inventory Checklist* prior to the employee’s date of hire or transfer;
- provide new employees with an orientation specific to their workplace;
- provide on-the-job training needed for new employees to assume their responsibilities;
- submit a signed program orientation checklist to Human Resources for inclusion into the employee’s personnel file (within 30-days of employment).
- Ensure employee has reviewed, understands and signs job description

New Employee Orientation & Training Policy

Violation

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

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.

To ensure business needs are met, the maximum hours of compensatory time that can be earned in a calendar year for GAAA employees is 96 hours. The maximum compensatory time hours GAAA employees can have in their accrual is 40 hours.

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:*

<i>Thursday</i>	<i>8 hours</i>
<i>Friday</i>	<i>Holiday(works six hours)</i>
<i>Saturday</i>	<i>Off</i>
<i>Sunday</i>	<i>Off</i>
<i>Monday</i>	<i>8 hours</i>
<i>Tuesday</i>	<i>8 hours</i>
<i>Wednesday</i>	<i>8 hours</i>

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:*

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

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:*

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

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 Leave Policy

Audience

This policy applies to all full-time personnel receiving benefits who are employed by the Galveston County Health District, Galveston Area Ambulance Authority, and Coastal Health & Wellness (collectively “the District”).

Policy

It is the District’s policy to provide leave as listed below to full-time employees receiving benefits. Paid leave does not count as hours worked when determining hours paid at the gross overtime hourly rate. Employees will not accrue any leave while on any type of extended unpaid leave of absence unless the employee falls under the Uniformed Services Employment & Reemployment Rights Act (USERRA). Part-time positions at GCHD will be hired with no benefits, with the exception of required retirement program deductions.

Vacation Leave

Vacation leave is paid time-off to be used for vacation or other personal activities. It is the employee’s responsibility to request supervisory approval for use of vacation leave at least two weeks prior to use, when feasible. (*Reference: Attendance Policy*)

When an employee reaches six months of employment, the amount of vacation leave they have accrued during that span will be dropped into their vacation balance for use.

Any employee transferring from full-time with benefits to part-time without benefits status will be paid the balance of their accrued, unused vacation leave. Employees will be paid the balance of their accrued, unused vacation leave upon termination, or resignation if proper notice is given as outlined in the District’s *Separation of Employment Policy*. (*Reference: Separation of Employment Policy*)

Vacation leave will accrue based on the following schedule:

<i>Full-Time District Employees (Based on 8 Hour Days)</i>							
Service Time	Hours Accrued Per Pay Period	Hours Accrued Per Year	Days Accrued Per Year	Maximum Carryover (Hours)	Maximum Carryover (Days)	Maximum Accrual (Hours)	Maximum Accrual (Days)
0 to 6 months	None	N/A	N/A	N/A	N/A	N/A	N/A
6 months - 4 years	3.077	80	10	40	5	80	10
5 - 9 years	4.615	120	15	80	10	120	15
10-14 years	6.154	160	20	120	15	160	20
15-19 years	7.692	200	25	140	18	200	25
20+ years	9.231	240	30	160	20	240	30

Full-Time Coastal Health & Wellness Physicians, Midlevels and Dentists (Based on 8 Hour Days)							
Service Time	Hours Accrued Per Pay Period	Hours Accrued Per Year	Days Accrued Per Year	Maximum Carryover (Hours)	Maximum Carryover (Days)	Maximum Accrual (Hours)	Maximum Accrual (Days)
0 to 6 months	None	N/A	N/A	N/A	N/A	N/A	N/A
6 months - 4 years	4.615	120	15	40	5	120	15
5 - 9 years	6.154	160	20	80	10	160	20
10-14 years	7.692	200	25	120	15	200	25
15-19 years	9.231	240	30	140	18	240	30
20+ years	10.769	280	35	160	20	280	35

Full-Time Galveston Area Ambulance Authority Field Staff (Based on 24 Hour Shifts)							
Service Time	Hours Accrued Per Pay Period	Hours Accrued Per Year	Days Accrued Per Year	Maximum Carryover (Hours)	Maximum Carryover (Days)	Maximum Accrual (Hours)	Maximum Accrual (Days)
0 to 6 months	None	N/A	N/A	N/A	N/A	N/A	N/A
6 months - 4 years	3.692	96	4	48	2	96	4
5 - 9 years	5.538	144	6	96	4	144	6
10-14 years	7.385	192	8	120	5	192	8
15-19 years	9.231	240	10	144	6	240	10
20+ years	11.077	288	12	168	7	288	12

Vacation Maximum Carryover Amount

Vacation leave can accrue past the maximum carryover up to the maximum allowed accrual. Any time the employee's vacation balance reaches the maximum accrual limit the employee will cease accruing vacation until their balance is used and falls below the maximum accrual. Pay periods often cross from one calendar year to the next so the last day of the pay period that includes December 31 (of any given year) will be considered the cutoff date for use of vacation leave, and any balances exceeding the maximum carryover limits will be adjusted accordingly.

Sick Leave

Sick leave can be used in cases of accident or illness of the employee, and medical or dental examination and care. Documentation may be required at the discretion of the supervisor.

An employee may use 80 hours of their accrued sick leave for immediate family members as defined through the Family and Medical Leave policy. (*Reference: Family and Medical Leave policy*)

When an employee reaches 6-months of employment, the amount they would have accrued during the first six months will be dropped into their sick leave balance for use. Sick leave is not compensable upon termination of employment.

<i>Full-time District Employees, Coastal Health & Wellness, and GAAA Administrative Employees (based on 8-hour days)</i>			
Service Time	Annual Accrual	Maximum Carryover (Hours)	Maximum Carryover (Weeks)
0-6 months	None	N/A	N/A
6-months+	64 hours	480 hours	12 Weeks
<i>Full-time GAAA Field Employees (based on 24-hour shifts)</i>			
Service Time	Annual Accrual	Maximum Carryover (Hours)	Maximum Carryover (Weeks)
0-6 months	None	N/A	N/A
6-months+	96 hours	576 hours	12 Weeks

Sick Leave Maximum Carryover Amount

Sick leave can be accrued past the maximum carryover amount; however, only the maximum carryover amount will be carried over from one calendar year to the next. Year-end balances over the maximum carryover limits will be forfeited. Pay periods often cross from one calendar year to the next so the last day of the pay period that includes December 31 (of any given year) will be considered the cutoff date for use of sick leave. Sick leave is not compensable upon separation of employment.

Personal Leave

Personal leave is intended to provide staff with flexibility in their work situations by allowing paid time away from work to accommodate sudden emergencies, personal business or appointments. Situations warranting the use of personal leave will need to be approved by the employee's supervisor. The last day of the pay period that includes December 31 (of any given year) will be considered the cutoff date for use of personal leave. Year-end balances at the end of the year will not be carried over. Personal leave cannot be used upon notice of resignation or termination and is not compensable upon separation of employment.

<i>Full-time District Employees, Coastal Health & Wellness, and GAAA Administrative Employees (based on 8-hour days)</i>		
Service Time	Time	Maximum Carryover
6-months+	24 hours per year (can be used by the hour)	N/A
<i>Full-time GAAA Field Employees (based on 24-hour shifts)</i>		
Service Time	Time	Maximum Carryover
6-months+	48 hours per year (can be used by the hour)	N/A

Funeral Leave

When a death occurs in an employee's immediate family, full-time employees will be granted up to 24 hours of paid leave. Immediate family members are defined as the employee's spouse, or the employee's or spouse's children, parents, brothers, sisters, grandparents, grandchildren, great-grandparents, great-grandchildren, a person identified as a legal guardian, and for a person who resides in the employee's household. It is the employee's responsibility to notify his/her supervisor of the need for funeral leave as soon as possible. (Reference: *Attendance Policy*)

Jury Duty Leave

Full-time employees summoned for Jury or Grand Jury duty or as a witness under judicial subpoena will be granted paid leave of absence for the time they are summoned. The employee is responsible for notifying his/her supervisor as soon as possible and to provide proof from the court of the date(s) and time(s) of their jury duty or court summons. The time spent on jury duty that coincides with the employee's regular work time is counted as straight time for overtime calculations. If the employee is not selected as a juror, the employee is expected to return to work if more than 50% of the employee's shift remains at the time the employee is released from service. Proof of attendance is required to be turned in to the supervisor.

Military Leave

Paid Military Leave

Under Texas Law, those employees who are members of the state military forces or any of the reserve components of the United States Armed Forces, are entitled to fifteen days (120 hours) of paid military leave for each fiscal year to attend required training or duty. A written request along with a copy of the military orders is to be submitted to the Human Resources Director for approval prior to the commencement of the leave. Benefits continue to accrue during the fifteen-day period.

Unpaid Military Leave and Veterans Re-employment

It is the District's policy to comply fully with the Uniformed Services Employment and Reemployment Rights Act (USERRA). While on unpaid military leave employees may not accrue additional vacation or sick leave, just like employees on unpaid FMLA.

Continuing Education Leave

Full-time physicians, physician assistants, nurse practitioners, counselors, dentists and dental hygienists will be provided continuing education leave consistent with the annual licensure requirement(s). Continuing education leave must be approved at least two-weeks in advance and consistent with written guidelines. Annual continuing education leave may be from 1- 40 hours (no more than 5 business days annually) as necessary to meet annual continuing education requirements. Continuing education leave is not compensable upon termination of employment nor can it be carried over to a new calendar year.

<i>Licensed Medical/Dental Provider Continuing Education Leave</i>		
Service Time	Time	Maximum Carryover
0-6 months	None	N/A
6 months+	1 – 40 Hours	None

Holiday Pay

The District recognizes 10 paid holidays and one floating holiday per year. The holiday schedule is located on the District's extranet site. The floating holiday must be used by the end of the calendar year and will not be carried over.

Full-time non-exempt employees who receive advanced approval and who work on a District recognized holiday will receive eight hours of holiday pay in addition to time worked.

Full-time GAAA field employees who work on a holiday receive up to eight hours of straight pay for time worked on the holiday in addition to pay for actual hours worked. The GAAA field employee holiday schedule will be released each year along with the District's holiday schedule. (Reference: *Hours Worked and Compensatory/Overtime Policy*)

If the employee is on approved FMLA leave, he/she will not be paid for any holiday that falls during the leave unless the employee is supplementing FMLA leave with vacation or sick leave on the day before and the day after the holiday, in which case holiday pay may be received. (Reference: *Hours Worked and Compensatory/ Overtime, Attendance and Family and Medical Leave Policies*)

Emergency Leave

Emergency leave is available to full-time and part-time employees, if scheduled to work, in the event of a Health District emergency which would result in the closure of District facilities. The Chief Executive Officer or designee must approve Emergency Leave. (Reference: *Emergency Operations Policy*)

Administrative Leave

Administrative leave with pay may be granted with the approval of the Chief Executive Officer or designee for circumstances such as mandatory referrals to the Employee Assistance Program (“EAP”) and for other extenuating circumstances. (Reference: *Employee Assistance and Employee Corrective Action Policies*)

Extenuating Circumstances and Leave Without Pay

In the cases of extenuating circumstances, the employee may submit a written request for the approval of unpaid leave. The request must be submitted through the supervisor to the Human Resources Director. All applicable available leave should be exhausted before leave without pay is considered.

Neutral Absence Control

Any employee away from work for whatever reason for a period greater than six consecutive months will be terminated from the District, except those employees who are out under USERRA as outlined by federal law.

Employee Responsibilities

- Receive proper approval from his/her supervisor based on the type of leave requested;
- Provide documentation for use of sick leave, if requested by their supervisor;
- Ensure electronic timesheets are completed properly and submitted according to deadlines;
- Consider business needs when requesting leave; and
- Report timesheet issues and concerns to their supervisor and the IT Help Desk.

Supervisor Responsibilities

It is the supervisor’s responsibility to (Reference: *Attendance Policy*):

- Review the biweekly 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 and possible loss of accrued time;
- Request documentation in a fair and consistent manner from employees utilizing sick leave;
- Ensure electronic timesheets are completed properly and submitted according to deadlines;
- Monitor time and attendance of employees on an ongoing basis;
- Consider business needs when approving or rejecting requests for time off; and
- Communicate the departmental expectations to all assigned employees.

Laws

It is the intent of this policy to be in compliance with the Fair Labor Standards Act, Texas Payday Law and Uniformed Services Employment and Reemployment Rights Act.

Violation

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

**Governing Board
May 2021
Item#5
Informational Report**

a) Notification of Board Resignation

To Samantha Robinson

After much thought, reflection, and deliberation I've decided to not accept another term on the board. I have been associated with the health district in some form or fashion since 1972 and have been fortunate, blessed to meet a myriad number of people who have enriched my life through service. It has been an honor to be a part of this organization. My last meeting will be May 27th.

Sincerely,
Milton Howard

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**Governing Board
May 2021
Item#6
Executive Report**

- a)** Executive Director
- b)** Medical Director
- c)** Dental Director

Governing Board

May 2021

Item#7

**Consider for Approval Resolution Recognizing Kathy Barroso, CPA
Chief Executive Officer, and Her 23 Plus Years of Service to Public
Health in Galveston County**

**Resolution Recognizing
Kathy Barroso, CPA
Chief Executive Officer and CHW Executive Director
For Her Contributions to Public Health and Healthcare**



WHEREAS, Kathy Barroso, CPA, was hired as a Budget and Finance Manager by the Galveston County Health District in December 1997;

WHEREAS, in March 1998, she was promoted to the Chief Financial Officer of Galveston County Health District;

WHEREAS, in September 2013, she was designated as Chief Administrative Officer of Galveston County Health District with direct accountability to both United Board of Health and Governing Board;

WHEREAS, in December 2013, she was reclassified to the position of Chief Operating & Financial Officer of Galveston County Health District to account for the need for additional Chief Operational Officer level support, as well as to account for the level of Chief Financial Officer responsibilities, including the Chief Administrative duties regarding Animal Services;

WHEREAS, in January 2016, Kathy Barroso was appointed Chief Executive Officer of the Galveston County Health District, and served in that capacity until April 2021;

WHEREAS, in January 2019, Kathy Barroso was appointed Executive Director of Coastal Health & Wellness, and served in that capacity until April 2021;

Kathy Barroso's steadfast commitment to the residents of Galveston County has been instrumental in protecting the health and safety during the dozens of public health emergency responses facing the district. In her role as CEO, her firm guidance was paramount during these unprecedented responses highlighted by Hurricane Harvey in 2017; Operation Coastal in 2018; the Santa Fe High School shooting in 2018; the 2020 Winter Storm Inga; and the COVID-19 public health pandemic.

During Hurricane Harvey, she coordinated with local, regional, and state partners to safely evacuate communities; facilitated health and safety measures in local shelters; arranged for distribution of life-saving medication and medical supplies to residents; and supported the long-term provision of mental health resources in the resilience projects that followed Hurricane Harvey.

During Operation Coastal, she led the efforts to support over 3,000 individuals to test for HIV, Hepatitis A, and Hepatitis C; provided clear communication to the affected community; supported over 200 volunteer staff over a six-week testing period; and helped the county's federally qualified dental clinic to once again achieve Joint Commission Accreditation.

In Coastal Health & Wellness, Kathy Barroso spearheaded the work of clinic and shared services staff toward meeting the measurable objectives and deliverables outlined in the HRSA grant as well as Joint Commission requirements. The latest HRSA site assessment was successfully conducted in November 2020 with no adverse findings, and the site visit by Joint Commission in February 2021 culminated in a successful 3-year accreditation in both Ambulatory Care and Primary Care Medical Home. This was the first time that CHW has achieved the PCMH designation. In public health, she led the efforts of directors, managers and staff members in gathering data and formulating the 5-year Strategic Health Plan.

At the helm of Galveston County's COVID-19 response, Kathy Barroso led the district in every facet: she was instrumental in providing over 10,000 COVID-19 tests to Galveston County residents; she advocated for daily COVID-19 coordination meetings with local and regional leadership; was a staunch supporter of daily data-driven mapping and clear public-facing dashboards; provided resources and organizational support to over 90 epidemiology and public health staff as they communicated, educated, and interfaced with citizens, hospitals, schools, churches, and communities; and fiercely advocated for COVID-19 vaccine distributions in underserved and vulnerable communities leading the region with COVID-19 vaccination coverage.

NOW, THEREFORE, BE IT RESOLVED by action of the United Board of Health on May 26, 2021, and the Coastal Health & Wellness Governing Board on May 27, 2021, that Kathy Barroso, CPA, has made transformational improvements in public health in Galveston County for more than 23 years, and is commended for her exceptional public service.

Patrick McGinnis, MD, MS, MBA
Chair, United Board of Health

Samantha Robinson, BSN
Chair, Coastal Health & Wellness Governing Board

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

May 2021

Item#8

Consider for Approval April 2021 Financial Report

COASTAL HEALTH & WELLNESS

Governing Board



FINANCIAL SUMMARY

For the Period Ending

April 30, 2021

May 27, 2021

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

CHW - BALANCE SHEET as of April 30, 2021**ASSETS**

	Current Month Apr-21	Prior Month Mar-21	Increase (Decrease)
Cash & Cash Equivalents	\$6,568,965	\$6,471,932	\$97,033
Accounts Receivable	1,851,727	1,974,809	(123,083)
Allowance For Bad Debt	(1,107,350)	(1,080,229)	(27,122)
Pre-Paid Expenses	296,560	70,252	226,308
Due To / From	(74,637)	(21,081)	(53,556)
Total Assets	\$7,535,265	\$7,415,684	\$119,581

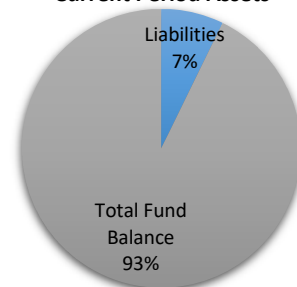
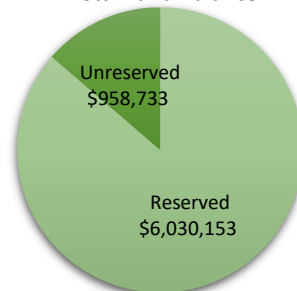
LIABILITIES

Accounts Payable	\$76,489	\$63,586	\$12,902
Accrued Salaries	389,237	307,687	81,550
Deferred Revenues	80,654	81,652	(998)
Total Liabilities	\$546,380	\$452,925	\$93,455

FUND BALANCE

Fund Balance	\$6,426,698	\$6,426,698	0
Current Change	562,187	536,060	26,126
Total Fund Balance	\$6,988,885	\$6,962,759	\$26,126

TOTAL LIABILITIES & FUND BALANCE	\$7,535,265	\$7,415,684	\$119,581
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Current Period Assets**Total Fund Balance****CHW - REVENUE & EXPENSES** as of April 30, 2021**REVENUE**

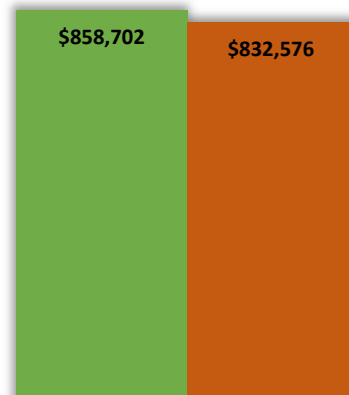
	Actual Apr-21	Budgeted Apr-21	PTD Budget Variance	YTD Budget Variance
County Revenue	\$311,222	\$311,222	\$0	\$0
DSRIP Revenue	0	65,833	(65,833)	(65,833)
HHS Grant Revenue	333,921	269,783	64,138	64,138
Patient Revenue	211,101	241,682	(30,581)	(30,581)
Other Revenue	2,458	8,851	(6,393)	(6,393)
Total Revenue	\$858,702	\$897,372	(\$38,670)	(\$38,670)

EXPENSES

Personnel	\$587,079	\$615,556	\$28,477	\$28,477
Contractual	69,759	57,257	(12,502)	(12,502)
IGT Reimbursement	0	21,666	21,666	21,666
Supplies	54,457	80,159	25,702	25,702
Travel	190	2,778	2,588	2,588
Bad Debt Expense	27,122	24,674	(2,448)	(2,448)
Other	93,969	95,283	1,313	1,313
Total Expenses	\$832,576	\$897,372	\$64,796	\$64,796
CHANGE IN NET ASSETS	\$26,126	\$0	\$26,126	\$26,126

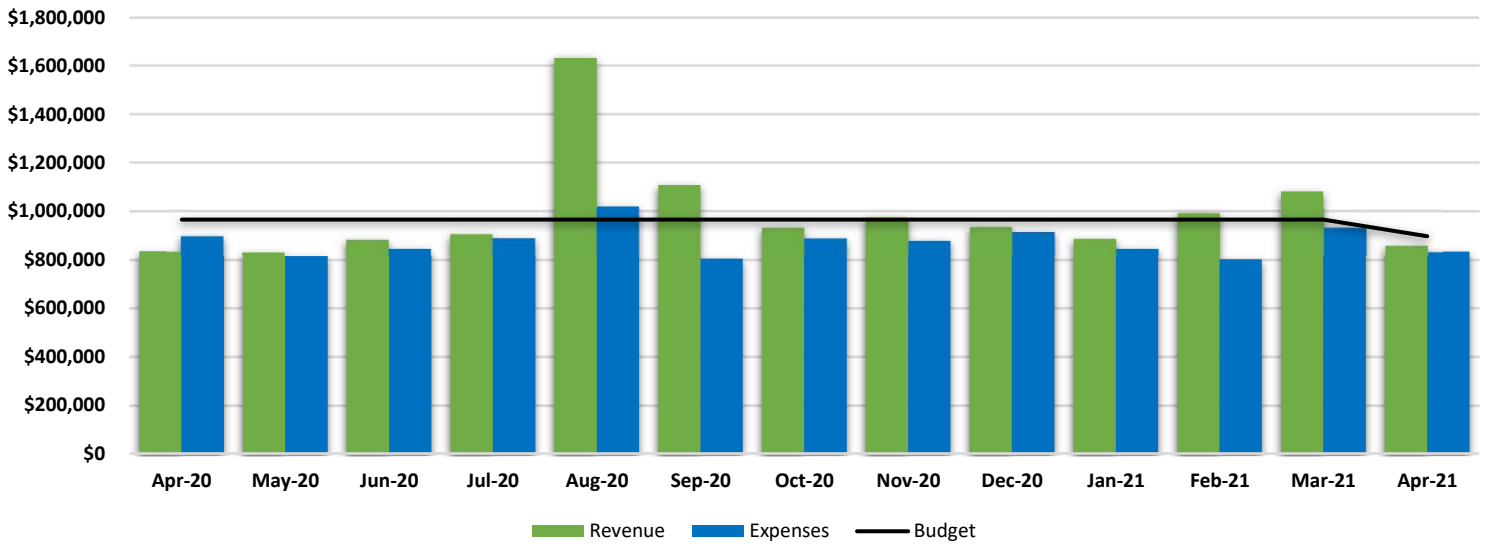
**Current Month
Actuals**

■ Revenue ■ Expenses

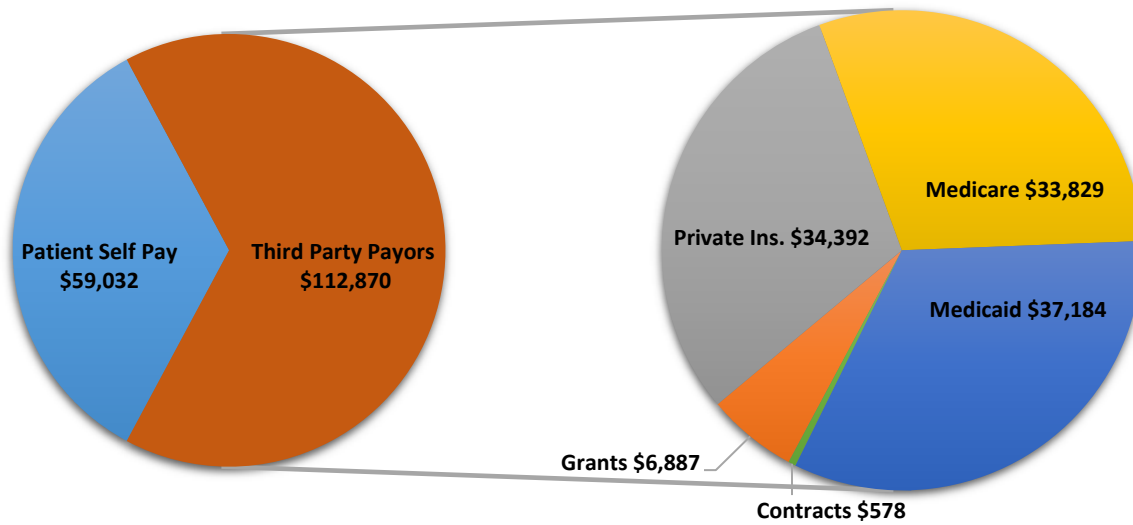
**HIGHLIGHTS**

- MTD increase in fund balance of \$26,126.
- MTD/YTD revenues were (\$38,670) lower than budgeted due to lower pharmacy and patient fee revenues, as well as timing of DSRIP revenue. These were offset by additional QI and Covid-related grant funding.
- MTD/YTD expenses were (\$64,796) lower than budgeted due mainly to lower personnel and pharmaceutical supply expenses, as well as timing of IGT reimbursement expense. These offset higher than budgeted contract services expense.
- Cumulative increase in fund balance of \$562,187. Total fund balance of \$6,988,885 as of 4/30/2021.

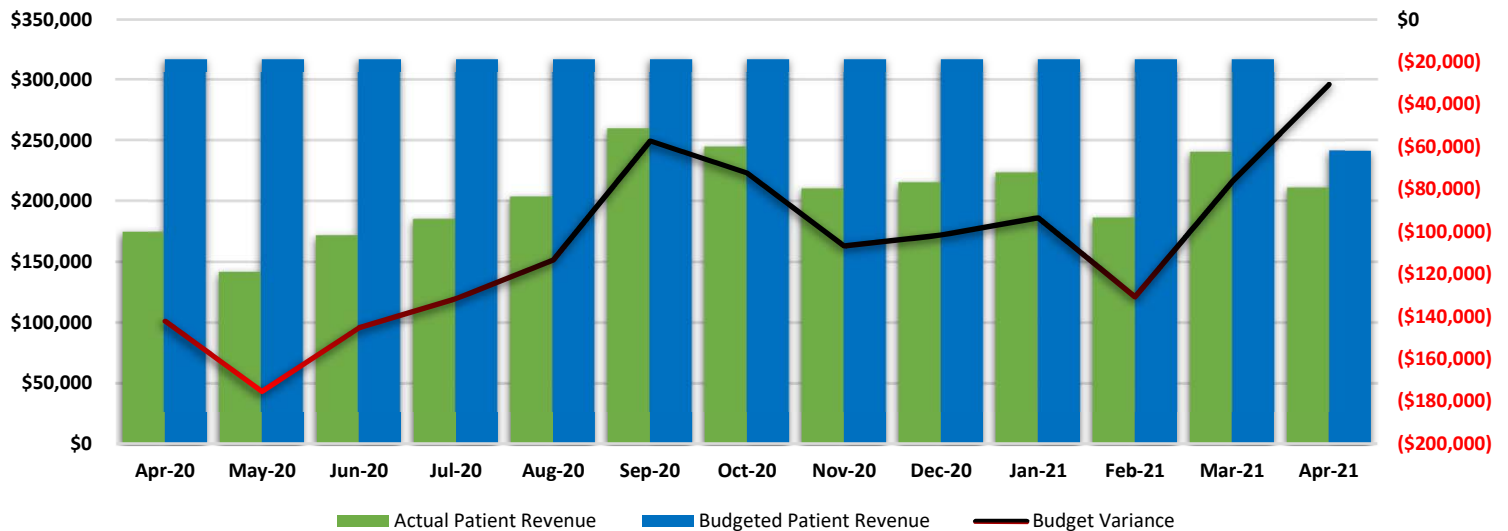
Actual Revenue & Expenses in Comparison to Budget



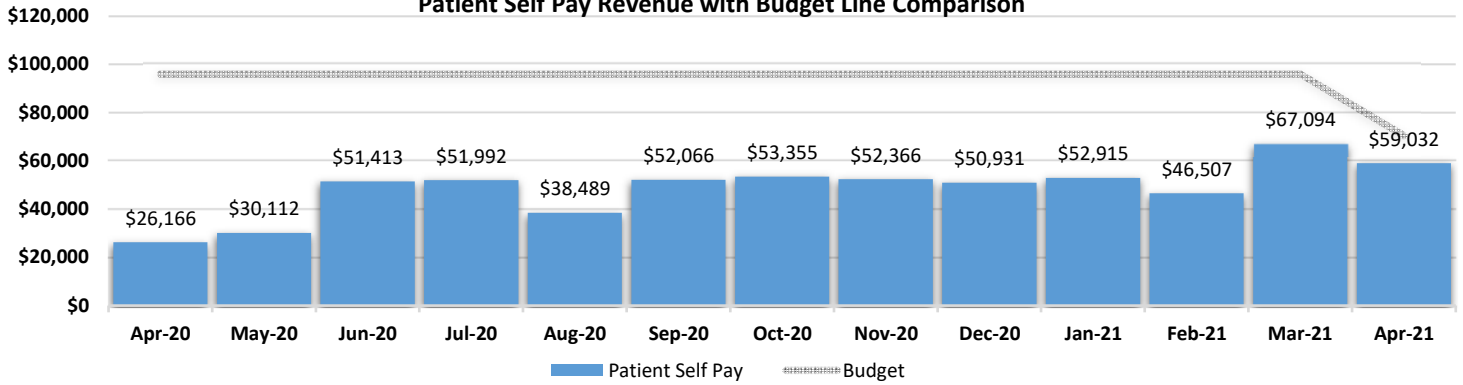
Current Period Patient Revenue with Third Party Payor Contributions Identified



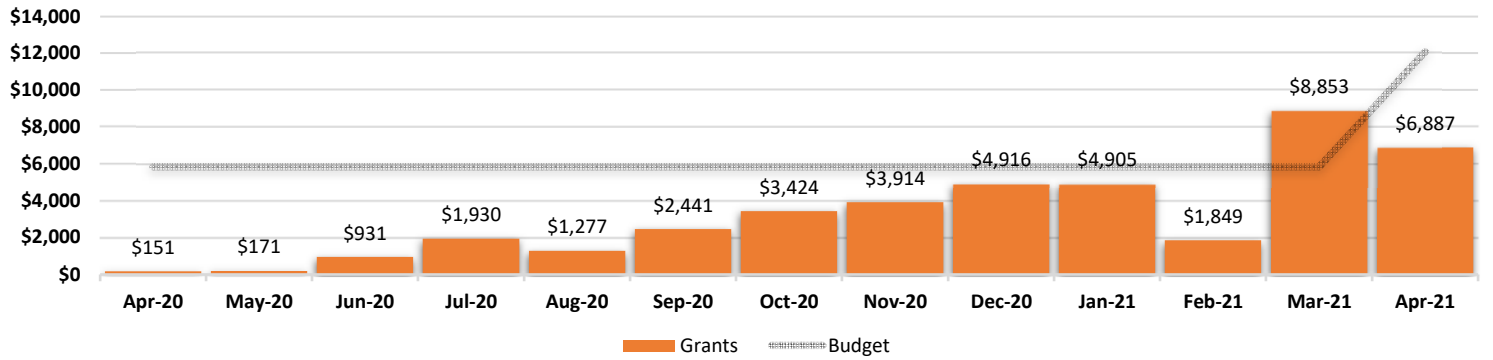
Actual Patient Revenue Rec'd vs Budget with Variance



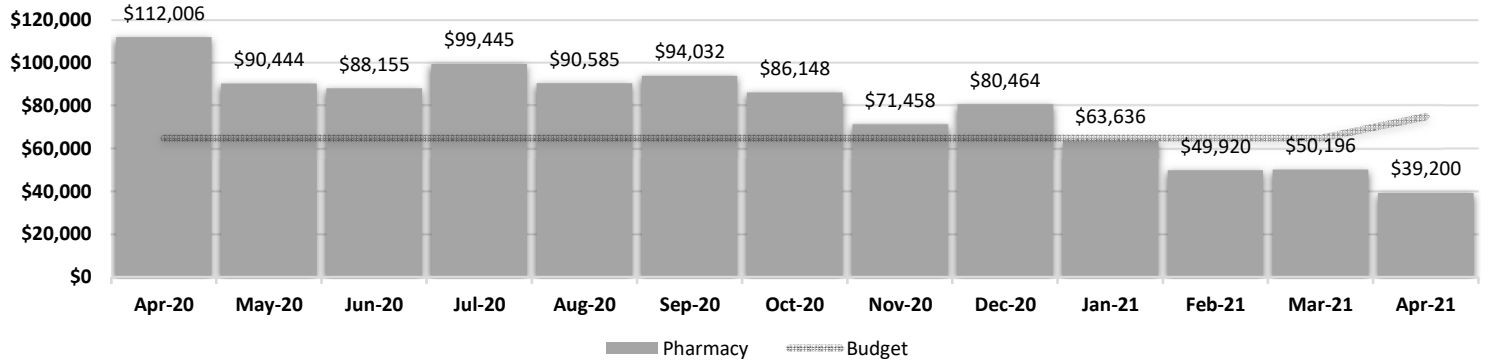
Patient Self Pay Revenue with Budget Line Comparison



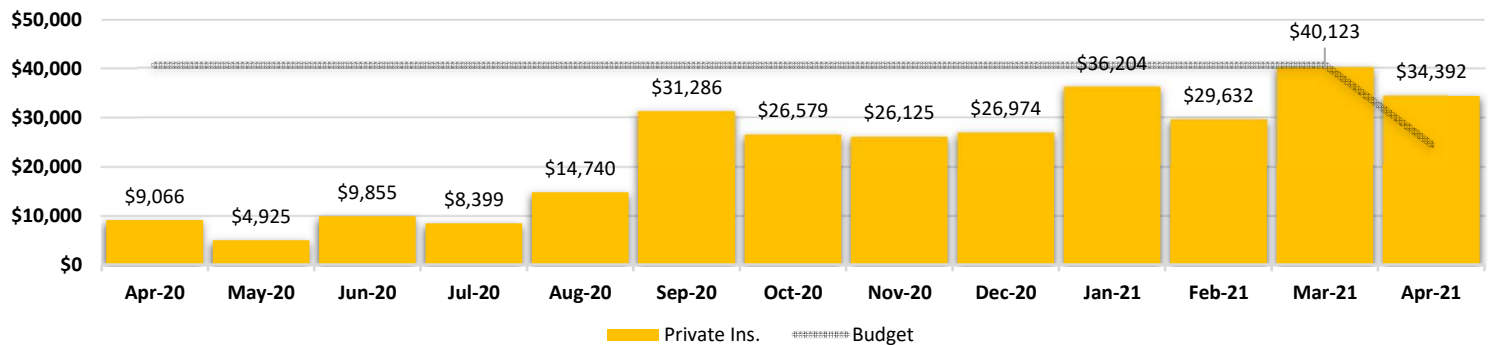
Title V & Ryan White Revenue with Budget Line Comparison



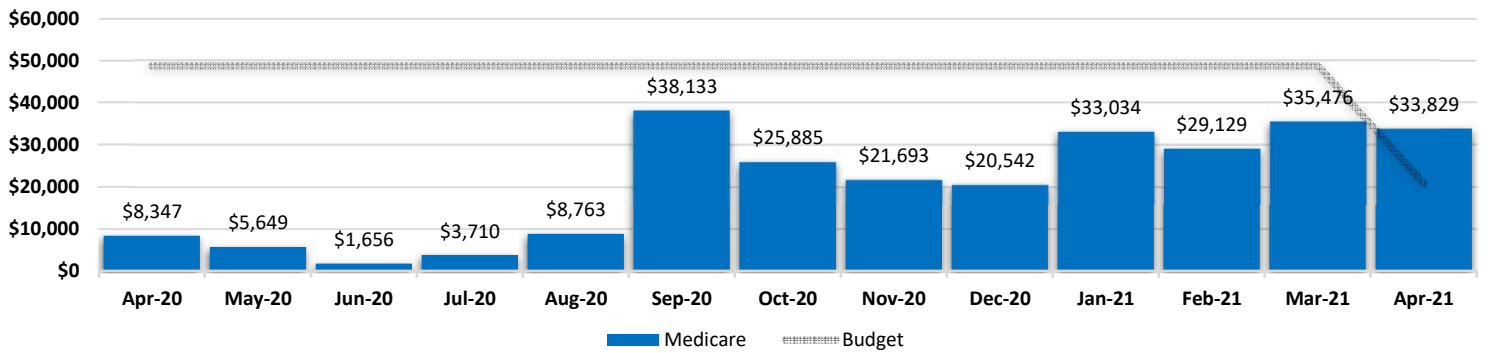
Pharmacy Revenue with Budget Line Comparison



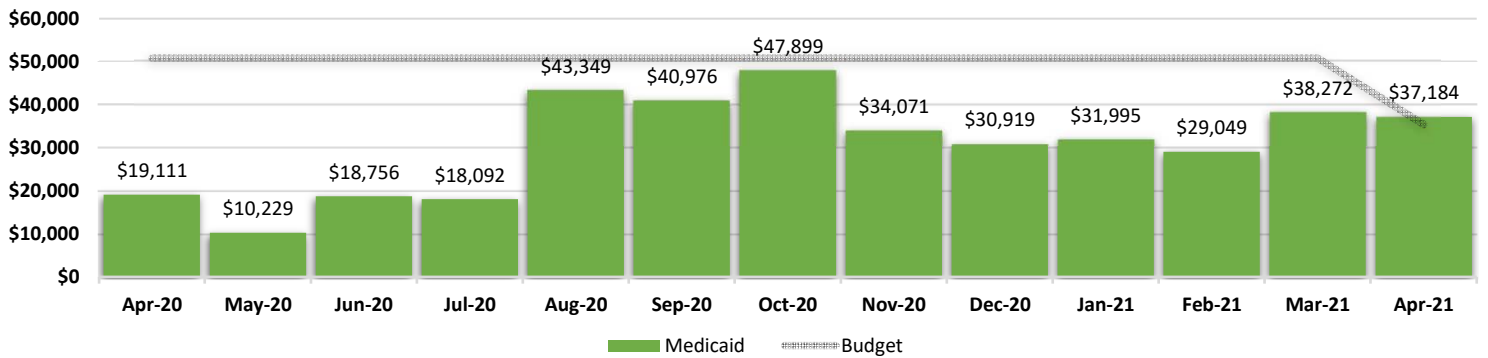
Private Insurance Revenue with Budget Line Comparison



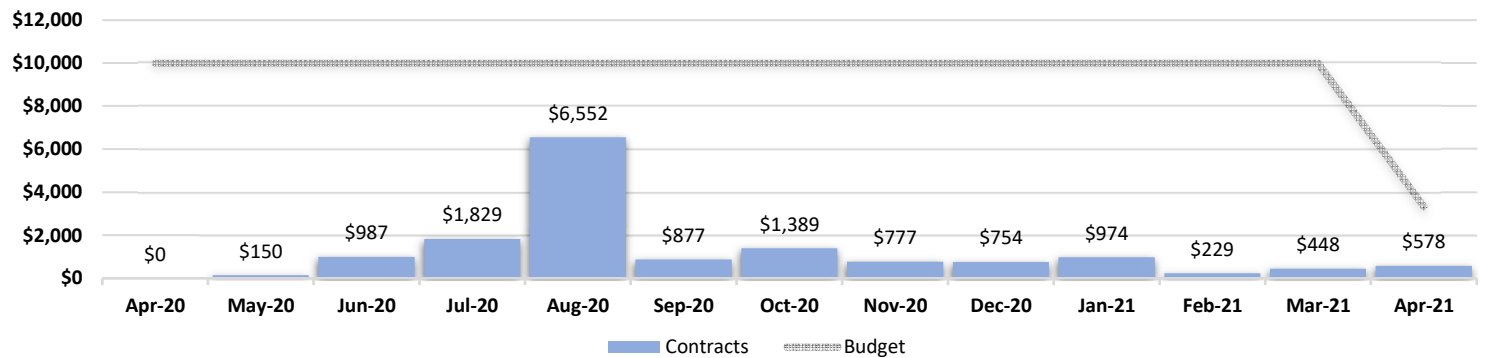
Medicare Revenue with Budget Line Comparison



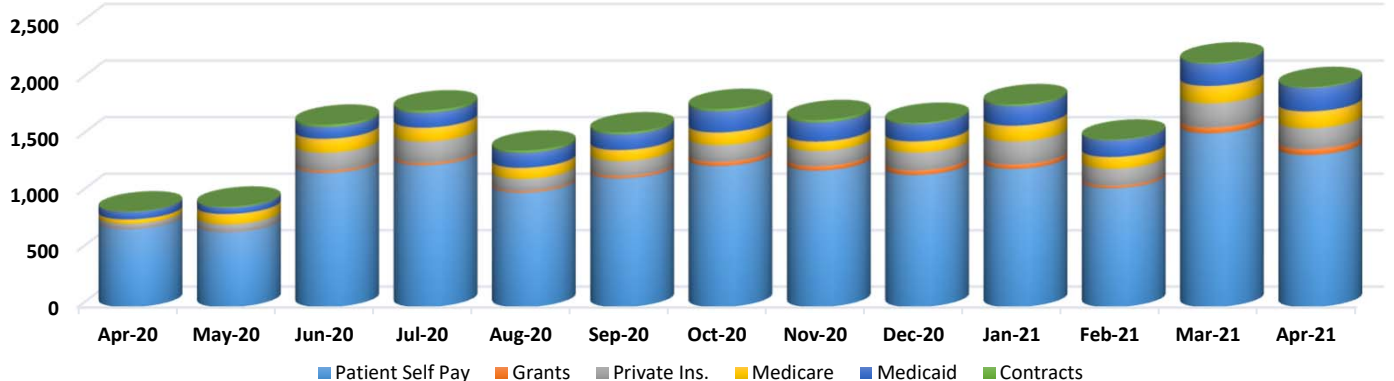
Medicaid Revenue with Budget Line Comparison



Contract Revenue with Budget Line Comparison



Total Number of Patient Visits



Coastal Health & Wellness
Statement of Revenue and Expenses for the Period ending April 30, 2021

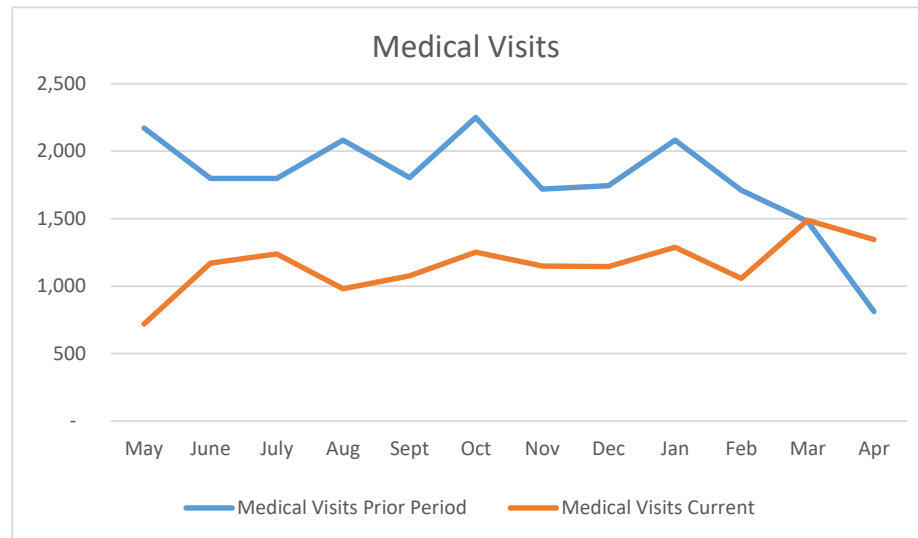
Cost Category	Account Description	Annual Budget	Period Ending 4/30/2021	MTD Budget	MTD Budget Variance	YTD Actual	YTD Budget	YTD Budget Variance
Grouping	Revenue							
HHS	HHS Grant Revenue - HRSA	3,237,400.00	332,923.19	269,783.33	63,139.86	332,923.19	269,783.33	63,139.86
	Base Funding	3,237,400.00	259,859.64	269,783.33	(9,923.69)	259,859.64	269,783.33	(9,923.69)
	HHS QI 19		174.27					
	COVID Supplemental	-	-	-	-	-	-	-
	COVID CARES	-	49,324.48	-	49,324.48	49,324.48	-	49,324.48
	COVID ECT	-	16,544.80	-	16,544.80	16,544.80	-	16,544.80
	HHS QI 20		7,020.00					
	Hypertension (HTN)	-	-	-	-	-	-	-
	COVID ARP	-	-	-	-	-	-	-
HHS	HHS Grant Revenue - Other	-	997.74	-	997.74	997.74	-	997.74
Patient	Grant Revenue (Title V, Ryan White)	144,977.00	6,886.85	12,081.42	(5,194.57)	6,886.85	12,081.42	(5,194.57)
Patient	Patient Fees	845,950.00	59,031.57	70,495.83	(11,464.26)	59,031.57	70,495.83	(11,464.26)
Patient	Private Insurance	294,821.00	34,392.06	24,568.42	9,823.64	34,392.06	24,568.42	9,823.64
Patient	Pharmacy Revenue - 340b	900,000.00	39,199.56	75,000.00	(35,800.44)	39,199.56	75,000.00	(35,800.44)
Patient	Medicare	249,596.00	33,828.57	20,799.67	13,028.90	33,828.57	20,799.67	13,028.90
Patient	Medicaid	424,845.00	37,184.04	35,403.75	1,780.29	37,184.04	35,403.75	1,780.29
Other	Local Grants & Foundations	16,208.00	-	1,350.67	(1,350.67)	-	1,350.67	(1,350.67)
Other	Medical Record Revenue	15,000.00	20.00	1,250.00	(1,230.00)	20.00	1,250.00	(1,230.00)
Other	Medicaid Incentive Payments	-	-	-	-	-	-	-
County	County Revenue	3,734,667.00	311,222.25	311,222.25	-	311,222.25	311,222.25	-
DSRIP	DSRIP Revenue	790,000.00	-	65,833.33	(65,833.33)	-	65,833.33	(65,833.33)
Other	Miscellaneous Revenue	-	25.00	-	25.00	25.00	-	25.00
Other	Gain on Fixed Asset Disposals	-	50.00	-	50.00	50.00	-	50.00
Other	Interest Income	70,000.00	2,052.03	5,833.33	(3,781.30)	2,052.03	5,833.33	(3,781.30)
Patient	CHW Contract Revenue	40,000.00	578.33	3,333.33	(2,755.00)	578.33	3,333.33	(2,755.00)
Other	Local Funds / Other Revenue	5,000.00	310.52	416.67	(106.15)	310.52	416.67	(106.15)
	Total Revenue	\$ 10,768,464.00	\$ 858,701.71	\$ 897,372.00	\$ (38,670.29)	\$ 858,701.71	\$ 897,372.00	\$ (38,670.29)
	Expenses							
Personnel	Hourly Pay	5,832,411.00	474,848.33	486,034.25	(11,185.92)	474,848.33	486,034.25	(11,185.92)
Personnel	Supplemental/Merit Compensation	-	-	-	-	-	-	-
Personnel	Provider Incentives	67,000.00	750.00	5,583.33	(4,833.33)	750.00	5,583.33	(4,833.33)
Personnel	Overtime	42,000.00	2,456.76	3,500.00	(1,043.24)	2,456.76	3,500.00	(1,043.24)
Personnel	Part-Time Hourly Pay	202,460.00	15,784.74	16,871.67	(1,086.93)	15,784.74	16,871.67	(1,086.93)
Personnel	Comp Pay Premium	-	-	-	-	-	-	-
Personnel	FICA Expense	470,018.00	36,665.80	39,168.17	(2,502.37)	36,665.80	39,168.17	(2,502.37)
Personnel	Texas Unemployment Tax (SUTA)	12,759.00	1,017.84	1,063.25	(45.41)	1,017.84	1,063.25	(45.41)
Personnel	Life Insurance Expense	14,961.00	1,389.45	1,246.75	142.70	1,389.45	1,246.75	142.70
Personnel	Long Term Disability Coverage	13,989.00	1,065.07	1,165.75	(100.68)	1,065.07	1,165.75	(100.68)
Personnel	Employer Paid Health Insurance	494,769.00	28,211.92	41,230.75	(13,018.83)	28,211.92	41,230.75	(13,018.83)
Personnel	Worker's Comp Insurance	18,437.00	1,339.05	1,536.42	(197.37)	1,339.05	1,536.42	(197.37)
Personnel	Cobra Expense	-	49.00	-	49.00	49.00	-	49.00
Personnel	Employer Sponsered Healthcare	79,016.00	6,029.29	6,584.67	(555.38)	6,029.29	6,584.67	(555.38)
Personnel	Pension/Retirement	138,849.00	11,143.62	11,570.75	(427.13)	11,143.62	11,570.75	(427.13)
Contractual	Outside Lab Contract	146,448.00	14,721.65	12,204.00	2,517.65	14,721.65	12,204.00	2,517.65
Contractual	Outside X-Ray Contract	18,000.00	1,380.00	1,500.00	(120.00)	1,380.00	1,500.00	(120.00)
Contractual	Misc Contract Services	237,722.00	30,222.93	19,810.17	10,412.76	30,222.93	19,810.17	10,412.76
Personnel	Temporary Staffing	-	6,327.75	-	6,327.75	6,327.75	-	6,327.75
Contractual	CHW Billing Contract Services	72,000.00	7,438.31	6,000.00	1,438.31	7,438.31	6,000.00	1,438.31
IGT	IGT Reimbursement	259,989.00	-	21,665.75	(21,665.75)	-	21,665.75	(21,665.75)
Contractual	Janitorial Contract	168,780.00	13,925.77	14,065.00	(139.23)	13,925.77	14,065.00	(139.23)
Contractual	Pest Control	960.00	80.10	80.00	0.10	80.10	80.00	0.10
Contractual	Security	43,176.00	1,990.15	3,598.00	(1,607.85)	1,990.15	3,598.00	(1,607.85)
Supplies	Office Supplies	82,600.00	4,722.17	6,883.33	(2,161.16)	4,722.17	6,883.33	(2,161.16)
Supplies	Operating Supplies	228,132.00	21,282.72	19,011.00	2,271.72	21,282.72	19,011.00	2,271.72
Supplies	Outside Dental Supplies	40,200.00	3,580.00	3,350.00	230.00	3,580.00	3,350.00	230.00
Supplies	Pharmaceutical Supplies	600,000.00	24,872.27	50,000.00	(25,127.73)	24,872.27	50,000.00	(25,127.73)
Supplies	Janitorial Supplies	5,400.00	-	450.00	(450.00)	-	450.00	(450.00)
Supplies	Printing Supplies	5,580.00	-	465.00	(465.00)	-	465.00	(465.00)
Supplies	Uniform Supplies	-	-	-	-	-	-	-
Supplies	Controlled Assets (i.e. computers)	-	-	-	-	-	-	-
Other	Postage	9,000.00	587.94	750.00	(162.06)	587.94	750.00	(162.06)
Other	Telecommunications	64,500.00	4,937.14	5,375.00	(437.86)	4,937.14	5,375.00	(437.86)
Other	Water	372.00	30.50	31.00	(0.50)	30.50	31.00	(0.50)
Other	Electricity	18,000.00	2,503.79	1,500.00	1,003.79	2,503.79	1,500.00	1,003.79
Travel	Travel, Local	3,200.00	190.40	266.67	(76.27)	190.40	266.67	(76.27)
Travel	Travel, Out Of Town	-	-	-	-	-	-	-

Coastal Health & Wellness
Statement of Revenue and Expenses for the Period ending April 30, 2021

Cost Category	Account Description	Annual Budget	Period Ending 4/30/2021	MTD Budget	MTD Budget Variance	YTD Actual	YTD Budget	YTD Budget Variance
Travel	Training, Local	30,135.00	-	2,511.25	(2,511.25)	-	2,511.25	(2,511.25)
Travel	Training, Out Of Town	-	-	-	-	-	-	-
Other	Rentals	39,240.00	3,440.35	3,270.00	170.35	3,440.35	3,270.00	170.35
Other	Leases	517,464.00	43,090.84	43,122.00	(31.16)	43,090.84	43,122.00	(31.16)
Other	Maint/Repair, Equip.	81,844.00	7,404.45	6,820.33	584.12	7,404.45	6,820.33	584.12
Other	Maint/Repair, Bldg.	2,400.00	268.95	200.00	68.95	268.95	200.00	68.95
Other	Maint/Repair, IT Equipment	-	-	-	-	-	-	-
Other	Insurance, Auto/Truck	108.00	8.58	9.00	(0.42)	8.58	9.00	(0.42)
Other	Insurance, General Liability	11,808.00	937.28	984.00	(46.72)	937.28	984.00	(46.72)
Other	Insurance, Bldg. Contents	18,372.00	1,149.30	1,531.00	(381.70)	1,149.30	1,531.00	(381.70)
Other	Settlements	-	-	-	-	-	-	-
Other	IT Equipment	-	-	-	-	-	-	-
Other	Operating Equipment	-	-	-	-	-	-	-
Other	Building Improvements	-	-	-	-	-	-	-
Other	Newspaper Ads/Advertising	23,600.00	1,545.16	1,966.67	(421.51)	1,545.16	1,966.67	(421.51)
Other	Subscriptions, Books, Etc.	18,623.00	-	1,551.92	(1,551.92)	-	1,551.92	(1,551.92)
Other	Association Dues	34,710.00	3,284.67	2,892.50	392.17	3,284.67	2,892.50	392.17
Other	IT Software / Licenses	259,929.00	22,789.11	21,660.75	1,128.36	22,789.11	21,660.75	1,128.36
Other	Prof Fees/Licenses/Inspections	1,670.00	-	139.17	(139.17)	-	139.17	(139.17)
Other	Professional Services	22,800.00	51.95	1,900.00	(1,848.05)	51.95	1,900.00	(1,848.05)
Other	Med/Hazard Waste Disposal	5,400.00	390.07	450.00	(59.93)	390.07	450.00	(59.93)
Other	Transportation	6,000.00	574.95	500.00	74.95	574.95	500.00	74.95
Other	Board Meeting Operations	350.00	-	29.17	(29.17)	-	29.17	(29.17)
Other	Service Charge - Credit Cards	7,200.00	974.00	600.00	374.00	974.00	600.00	374.00
Other	Cashier Over/Short	-	-	-	-	-	-	-
Other	Bad Debt Expense	296,083.00	27,121.54	24,673.58	2,447.96	27,121.54	24,673.58	2,447.96
Other	Miscellaneous Expense	-	-	-	-	-	-	-
	Total Expenses	\$ 10,768,464.00	\$ 832,575.66	\$ 897,372.00	\$ (64,796.34)	\$ 832,575.66	\$ 897,372.00	\$ (64,796.34)
	Net Change in Fund Balance	\$ -	\$ 26,126.05	\$ -	\$ 26,126.05	\$ 26,126.05	\$ -	\$ 26,126.05

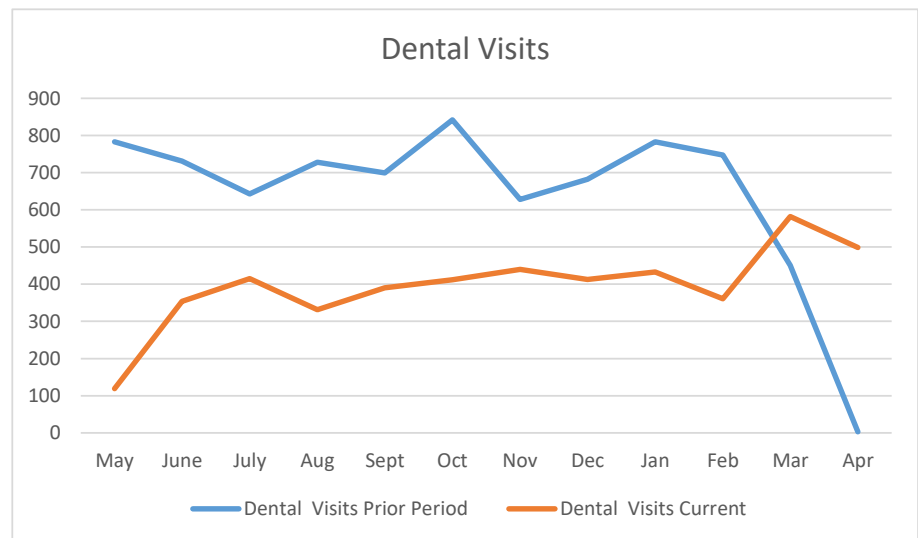
Medical Visits

	<u>Prior Period</u>	<u>Current</u>
May	2,171	719
June	1,797	1,170
July	1,798	1,238
Aug	2,081	981
Sept	1,804	1,077
Oct	2,250	1,251
Nov	1,719	1,150
Dec	1,745	1,145
Jan	2,082	1,288
Feb	1,710	1,058
Mar	1,480	1,488
Apr	812	1,345
	<u>21,449</u>	<u>13,910</u>



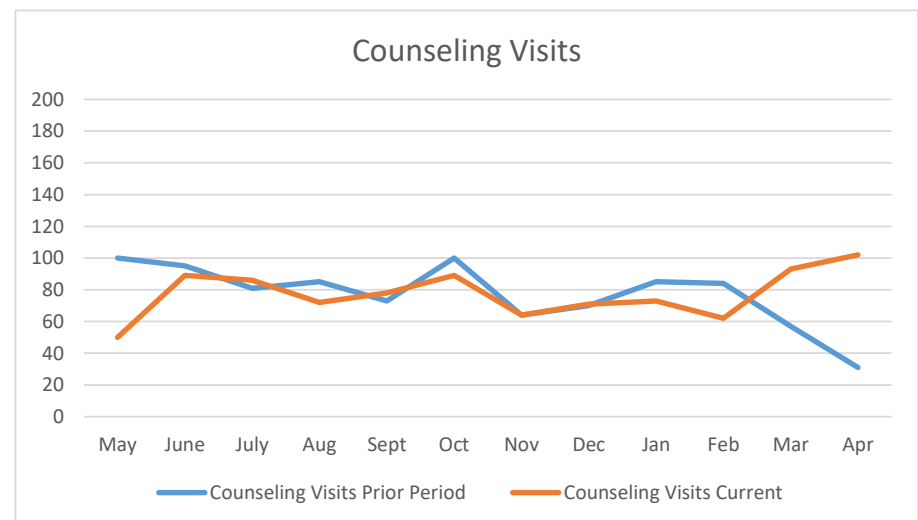
Dental Visits

	<u>Prior Period</u>	<u>Current</u>
May	783	119
June	731	354
July	643	415
Aug	728	331
Sept	699	390
Oct	842	412
Nov	628	440
Dec	682	413
Jan	783	433
Feb	747	361
Mar	451	582
Apr	3	499
	<u>7,720</u>	<u>4,749</u>



Counseling Visits

	<u>Prior Period</u>	<u>Current</u>
May	100	50
June	95	89
July	81	86
Aug	85	72
Sept	73	78
Oct	100	89
Nov	64	64
Dec	70	71
Jan	85	73
Feb	84	62
Mar	57	93
Apr	31	102
	<u>925</u>	<u>929</u>



Vists by Financial Class - Actual vs. Budget
As of April 30, 2021 (Grant Year 4/1/2021 -3/31/2022)

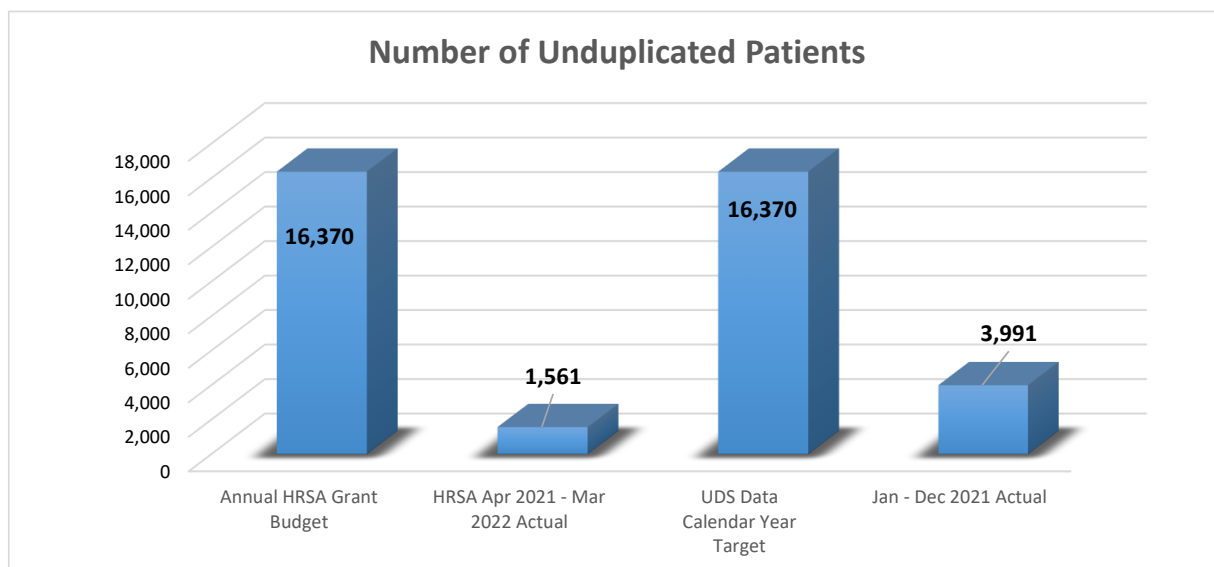
	Annual HRSA Grant Budget	MTD Actual	MTD Budget	Over/(Under) MTD Budget	YTD Actual	YTD Budget	Over/(Under) YTD Budget	% Over/ (Under) YTD Budget
Medicaid	3,147	207	262	(55)	207	262	(55)	-21%
Medicare	2,713	150	226	(76)	150	226	(76)	-34%
Other Public <i>(Title V, Contract, Ryan White)</i>	1,273	61	106	(45)	61	106	(45)	-42%
Private Insurance	2,941	182	245	(63)	182	245	(63)	-26%
Self Pay	24,170	1,346	2,014	(668)	1,346	2,014	(668)	-33%
	34,244	1,946	2,854	(908)	1,946	2,854	(908)	-32%

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

	Current Year Annual Target	Jan-Apr 2020 Actual	Jan-Apr 2021 Actual	Increase/ (Decrease) Prior Year	% of Annual Target
Unduplicated Patients	16,370	5,189	3,991	(1,198)	24%

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

	Annual HRSA Grant Budget	Apr 2020 - Mar 2021 Actual	Apr 2021 - Mar 2022 Actual	Increase/ (Decrease) Prior Year	% of Annual Target
Unduplicated Patients	16,370	809	1,561	752	10%



[Back to Agenda](#)

Governing Board

May 2021

Item#9

**Consider for Approval Budget Submitted to HRSA for the American
Rescue Plan Act Funding Award in the Amount of \$4,396,875**



Department of Health and Human Services
Health Resources and Services Administration

Notice of Award
FAIN# **H8F40352**
Federal Award Date: **03/26/2021**

Recipient Information

1. Recipient Name
COASTAL HEALTH & WELLNESS
9850 EMMETT F LOWRY EXPY
TEXAS CITY, TX 77591-2122
2. Congressional District of Recipient
14
3. Payment System Identifier (ID)
1741665318A1
4. Employer Identification Number (EIN)
741665318
5. Data Universal Numbering System (DUNS)
135951940
6. Recipient's Unique Entity Identifier
7. Project Director or Principal Investigator
Kathy Barroso
Chief Operating & Financial Officer
kbarroso@gchd.org
(409)938-2257
8. Authorized Official
Kathy Barroso
kbarroso@gchd.org

Federal Agency Information

9. Awarding Agency Contact Information
Vera Windham
Grants Management Specialist
Health Resources and Services Administration
vwindham@hrsa.gov
(301) 443-6859
10. Program Official Contact Information
Rishelle Anthony
Project Officer
Health Resources and Services Administration
RAnthony@hrsa.gov
(301) 443-1082

Federal Award Information

11. Award Number
1 H8FCS40352-01-00
12. Unique Federal Award Identification Number (FAIN)
H8F40352
13. Statutory Authority
American Rescue Plan Act (P.L. 117-2)
14. Federal Award Project Title
American Rescue Plan Act Funding for Health Centers
15. Assistance Listing Number
93.224
16. Assistance Listing Program Title
Community Health Centers
17. Award Action Type
New
18. Is the Award R&D?
No

Summary Federal Award Financial Information

19. Budget Period Start Date 04/01/2021 - End Date 03/31/2023
20. Total Amount of Federal Funds Obligated by this Action \$4,396,875.00
 - 20a. Direct Cost Amount
 - 20b. Indirect Cost Amount
21. Authorized Carryover \$0.00
22. Offset \$0.00
23. Total Amount of Federal Funds Obligated this budget period \$4,396,875.00
24. Total Approved Cost Sharing or Matching, where applicable \$0.00
25. Total Federal and Non-Federal Approved this Budget Period \$4,396,875.00
26. Project Period Start Date 04/01/2021 - End Date 03/31/2023
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period \$4,396,875.00

28. Authorized Treatment of Program Income
Addition

29. Grants Management Officer – Signature
Elvera Messina on 03/26/2021

30. Remarks



Notice of Award
Award Number: 1 H8FCS40352-01-00
Federal Award Date: 03/26/2021

Health Resources and Services Administration

<div><div>31. APPROVED BUDGET: (Excludes Direct Assistance)</div><div><div><input checked="" type="checkbox"/> Grant Funds Only</div><div><input type="checkbox"/> Total project costs including grant funds and all other financial participation</div></div><div><div>a. Salaries and Wages:</div><div>\$0.00</div></div><div><div>b. Fringe Benefits:</div><div>\$0.00</div></div><div><div>c. Total Personnel Costs:</div><div>\$0.00</div></div><div><div>d. Consultant Costs:</div><div>\$0.00</div></div><div><div>e. Equipment:</div><div>\$0.00</div></div><div><div>f. Supplies:</div><div>\$0.00</div></div><div><div>g. Travel:</div><div>\$0.00</div></div><div><div>h. Construction/Alteration and Renovation:</div><div>\$0.00</div></div><div><div>i. Other:</div><div>\$4,396,875.00</div></div><div><div>j. Consortium/Contractual Costs:</div><div>\$0.00</div></div><div><div>k. Trainee Related Expenses:</div><div>\$0.00</div></div><div><div>l. Trainee Stipends:</div><div>\$0.00</div></div><div><div>m. Trainee Tuition and Fees:</div><div>\$0.00</div></div><div><div>n. Trainee Travel:</div><div>\$0.00</div></div><div><div>o. TOTAL DIRECT COSTS:</div><div>\$4,396,875.00</div></div><div><div>p. INDIRECT COSTS (Rate: % of S&W/TADC):</div><div>\$0.00</div></div><div><div>q. TOTAL APPROVED BUDGET:</div><div>\$4,396,875.00</div></div><div><div>i. Less Non-Federal Share:</div><div>\$0.00</div></div><div><div>ii. Federal Share:</div><div>\$4,396,875.00</div></div></div>	<div><div>33. RECOMMENDED FUTURE SUPPORT:</div><div>(Subject to the availability of funds and satisfactory progress of project)</div><table><tr><th>YEAR</th><th>TOTAL COSTS</th></tr><tr><td></td><td>Not applicable</td></tr></table><div>34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)</div><div><div>a. Amount of Direct Assistance</div><div>\$0.00</div></div><div><div>b. Less Unawarded Balance of Current Year's Funds</div><div>\$0.00</div></div><div><div>c. Less Cumulative Prior Award(s) This Budget Period</div><div>\$0.00</div></div><div><div>d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION</div><div>\$0.00</div></div><div>35. FORMER GRANT NUMBER</div><div>36. OBJECT CLASS</div><div>41.51</div><div>37. BHCNIS#</div><div>061610</div></div>	YEAR	TOTAL COSTS		Not applicable
YEAR	TOTAL COSTS				
	Not applicable				
<div>32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:</div> <div><div>a. Authorized Financial Assistance This Period</div><div>\$4,396,875.00</div></div> <div><div>b. Less Unobligated Balance from Prior Budget Periods</div><div></div><div><div>i. Additional Authority</div><div>\$0.00</div></div><div><div>ii. Offset</div><div>\$0.00</div></div></div> <div><div>c. Unawarded Balance of Current Year's Funds</div><div>\$0.00</div></div> <div><div>d. Less Cumulative Prior Award(s) This Budget Period</div><div>\$0.00</div></div> <div><div>e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION</div><div>\$4,396,875.00</div></div>					

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.fsr.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. 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>
3. The funds for this award are in a sub-account in the Payment Management System (PMS). 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. Access to the PMS account number is provided to individuals at the organization who have permissions established within PMS. The PMS sub-account code can be found on the HRSA specific section of the NoA (Accounting Classification Codes). Both the PMS account number and sub-account code are needed when requesting grant funds. **Please note that for new and competing continuation awards issued after 10/1/2020, the sub-account code will be the document number.**

You may use your existing PMS username and password to check your organizations' 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>. 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>.

Program Specific Term(s)

1. This notice of award provides one-time funding for a 2-year period of performance to health centers funded under the Health Center Program to: (1) Plan, prepare for, promote, distribute, administer, and track COVID–19 vaccines, and carry out other vaccine-related activities; (2) Detect, diagnose, trace, and monitor COVID–19 infections and related activities necessary to mitigate the spread of COVID–19, including activities related to, and equipment or supplies purchased for, testing, contact tracing, surveillance, mitigation, and treatment of COVID-19; (3) Purchase equipment and supplies to conduct mobile testing or vaccinations for COVID–19, purchase and maintain mobile vehicles and equipment to conduct such testing or vaccinations, and hire and train laboratory personnel and other staff to conduct such mobile testing or vaccinations, particularly in medically underserved areas; (4) Establish, expand, and sustain the health care workforce to prevent, prepare for, and respond to COVID–19, and to carry out other health work force-related activities; (5) Modify, enhance, and expand health care services and infrastructure; and (6) Conduct community outreach and education activities related to COVID–19.

HRSA authorizes you to charge allowable pre-award costs of carrying out activities described above that were incurred before the effective date of this award, dating back to January 31, 2020. Funds have been made available for this purpose by the American Rescue Plan Act (P.L. 117-2), available at <https://www.congress.gov/117/bills/hr1319/BILLS-117hr1319enr.pdf>.

As provided for in OMB Memorandum M-21-20: *Promoting Public Trust in the Federal Government through Effective Implementation of the American Rescue Plan Act and Stewardship of the Taxpayer Resources*, available at https://www.whitehouse.gov/wp-content/uploads/2021/03/M_21_20.pdf, HRSA may waive the procurement requirements contained in 45 CFR § 75.328(a) (2 CFR § 200.319(b)) regarding geographical preferences and 45 CFR § 75.330 (2 CFR § 200.321) regarding contracting small and minority businesses, women's business enterprises, and labor surplus area firms. Recipients must maintain appropriate records and documentation to support the charges against the Federal awards. HRSA approved this waiver on March 23, 2021.

HRSA determined your award amount using the following formula: (1) \$500,000, plus, (2) \$125 per patient reported in the 2019 Uniform Data System (UDS), and (3) \$250 per uninsured patient reported in the 2019 UDS.

2. This award must be used in alignment with your Health Center Program operational grant (H80) scope of project. Funding must be used for the purposes described above, as set forth in the applicable law, and may support a wide range of in-scope activities in the following categories consistent with those purposes:
 - **COVID-19 Vaccination Capacity** — Support to plan, prepare for, promote, distribute, administer, and track COVID-19 vaccines, and to carry out other vaccine-related activities, including outreach and education.
 - **COVID-19 Response and Treatment Capacity** — Support to detect, diagnose, trace, monitor, and treat COVID-19 infections and related activities necessary to mitigate the spread of COVID-19, including outreach and education.
 - **Maintaining and Increasing Capacity** — Support to establish, modify, enhance, expand, and sustain the accessibility and availability of comprehensive primary care services to meet the ongoing and evolving needs of the service area and vulnerable patient populations.
 - **Recovery and Stabilization** — Support for ongoing recovery and stabilization, including enhancing and expanding the health care workforce and services to meet pent up demand due to delays in patients seeking preventive and routine care; address the behavioral health, chronic conditions, and other needs of those who have been out of care; and support the well-being of personnel who have been on the front lines of the pandemic.
 - **Infrastructure: Minor Alteration/Renovation (A/R), Mobile Units, and Vehicles** — Modify and improve physical infrastructure, including minor A/R and purchase of mobile units and vehicles, to enhance or expand access to comprehensive primary care services, including costs associated with facilitating access to mobile testing and vaccinations, as well as other primary care activities. As noted under H8F ineligible costs, for purposes of this award, “infrastructure” does not include construction and capital improvement costs in excess of the minor alteration and renovation threshold.

For additional information, see the [H8F Award Submission Guidance](#) and the complete list of [example activities](#) at the [H8F technical assistance webpage](#).
3. You must update or request prior approval from HRSA, as appropriate, to ensure that your Health Center Program operational grant (H80) scope of project accurately reflects any changes needed to implement your H8F 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/coronavirus-health-center-scope-project>, and consult the program official listed on this notice of award as needed.
4. Funding provided under this award is restricted and, except as described in this paragraph, may not be drawn down from the Payment Management System until the required H8F Award Submission has been approved by HRSA. Funds may be draw down prior to the approval of your H8F Award Submission to meet immediate cash needs to prepare for, promote, distribute, administer, and track COVID-19 vaccines, and activities necessary to mitigate the spread of COVID-19. If you draw down funds before your H8F Award Submission (including budget) is approved, your submitted budget must include costs that were drawn down from the date of award until submission of the budget to HRSA.
5. 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 paid for by other state or federal programs (e.g., COVID-19 vaccine), your Health Center Program operational grant (H80), or COVID-19 (H8C), CARES (H8D), or ECT (H8E) funding. You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding, including, but not limited to, statutory restrictions on use of funds for lobbying, executive salaries, gun control, and abortion. Like those for all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.
6. You may rebudget H8F funding without prior approval except as noted in this paragraph. You do not need prior approval to rebudget H8F funds if the proposed use of funding aligns with the H8F funding intent and Health Center Program operational grant (H80) scope of project, 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 exceeds 25% of the total federal award or shifts funds to a line item in your approved budget that previously had no federal funds, you must submit a prior approval rebudgeting request for review and approval by HRSA.
7. You must submit a quarterly progress report into the HRSA Electronic Handbooks (EHBs). Reports will describe the status of the activities and use of H8F funds, and include submissions related to minor A/R-related activities, if applicable. Details about progress reporting will be posted to the [H8F technical assistance webpage](#) when available.
8. If you cannot use all or part the funding provided under this award for the approved activities noted, you should relinquish all or part of the

award back to HRSA. If this is the case, you should contact the program and grants management contacts noted on page 1 of this notice of award regarding the process to relinquish your award within 90 days of award release date.

9. You are expected to monitor and use available resources (e.g., guidance, technical assistance webinars, tip sheets, shared promising practices), such as those available from the Centers for Disease Control and Prevention (<https://www.cdc.gov/coronavirus/2019-ncov/index.html>). Health center-specific resources and more information are available at the following webpages: Emergency Preparedness and Recovery Resources for Health Centers (<https://bphc.hrsa.gov/emergency-response>), Health Center Resource Clearinghouse COVID-19 (<https://www.healthcenterinfo.org/priority-topics/covid-19>), and through Health Center Program Strategic Partners (<https://bphc.hrsa.gov/qualityimprovement/strategicpartnerships/index.html>).
10. 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).
11. Consistent with Departmental guidance, health centers that purchase, are reimbursed, or provide reimbursement to other entities for outpatient prescription drugs are expected to secure the best prices available for such products to maximize results for the health center and its patients. Health centers that enroll in the 340B Program must comply with all 340B Program requirements and will be subject to audits regarding 340B Program compliance. 340B Program requirements, including eligibility, can be found at www.hrsa.gov/opa.
12. The non-federal share of the project budget includes all program income sources such as fees, premiums, third party reimbursements, and payments that are generated from the delivery of services, and from other revenue sources such as state, local, or other federal grants or contracts; private support; and income generated from fundraising, and donations/contributions.

The description of "Authorized Treatment of Program Income" under the "Addition" alternative, as cited elsewhere in this notice of award, is superseded by the requirements in section 330(e)(5)(D) of the PHS Act relating to the use of nongrant funds. Under this statutory provision, health centers shall use nongrant funds, including funds in excess of those originally expected, "as permitted under section 330," and may use such funds "for such purposes as are not specifically prohibited under section 330 if such use furthers the objectives of the project."

Under 45 CFR § 75.351(a), subrecipients (entities that receive a subaward from a pass-through entity for the purpose of carrying out a portion of a Federal award received by the pass-through entity) are responsible for adherence to applicable Federal program requirements specified in the Federal award.

13. With receipt of this notice of award, you acknowledge that a 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.
14. Up to \$500,000 of the funding included in this notice of award may be used for minor alteration/renovation (A/R) activities. Minor A/R activities must occur at an in-scope Health Center Program operational grant (H80) site(s) and the total site-specific project cost must be 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 [H8F technical assistance webpage](#) for details regarding required minor A/R project information.
15. New and/or improved space resulting from minor A/R activities may only be used for in-scope activities consistent with Section 330 of the Public Health Service Act (42 U.S.C. § 254b).
16. The availability of the H8F funds for use through the 2-year period of performance is dependent on continued status as a current Health Center Program (H80) award recipient.

Standard Term(s)

1. Your organization must comply with all HRSA [Standard Terms](#) unless otherwise specified on your Notice of Award.

Reporting Requirement(s)

1. Due Date: Within 60 Days of Award Release Date

Within 60 days of award release date, you must submit the following in EHBs: (1) SF-424A Budget Form, (2) Budget Narrative, (3) Federal Object Class Categories Form, (4) H8F Project Overview Form, (5) Equipment List Form (if applicable), and (5) Minor A/R Project Information (if applicable). Instructions to support your submission, as well as technical assistance resources to address your submission questions, are available at the [H8F technical assistance webpage](#).

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

The recipient must submit an annual Federal Financial Report (FFR). The report should reflect cumulative reporting within the project period of the document number. **Effective October 1, 2020, all FFRs will be submitted through the Payment Management System (PMS).** Technical questions regarding the FFR, including system access, should be directed to the Help Desk at PMSFFRSupport@psc.hhs.gov.

The FFR 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	Program Director, Authorizing Official	kbarroso@gchd.org
Mary Orange	Point of Contact	morange@gchd.org

Note: NoA emailed to these address(es)

All submissions in response to conditions and reporting requirements (with the exception of the FFR) must be submitted via EHBs. Submissions for Federal Financial Reports (FFR) must be completed in the Payment Management System (<https://pms.psc.gov/>).

H8FCS40352-01-00

Coastal Health & Wellness

Project Period: 4/1/2021 thru 3/31/2023

Total Award: \$4,396,875

	Total
Maintain capacity by subsidizing existing staffing	\$ 1,074,207
Personnel (salaries and benefits):	
Chief Operating Officer (1 FTE)	\$ 390,150
Pediatrician (1 FTE)	\$ 379,210
Family Practitioner (1 FTE)	\$ 361,643
LVN (2 FTEs)	\$ 189,964
MA (3 FTEs)	\$ 232,712
Case Manager (1 FTE)	\$ 94,968
Clerk/Translator (1 FTE)	\$ 78,062
Health Educator (0.7 FTE)	\$ 65,154
Dentist (1 FTE)	\$ 295,923
Dental Assistant (1 FTE)	\$ 89,388
Phlebotomist (1 FTE)	\$ 71,717
Contact Center Representative II - Bilingual (1 FTE)	\$ 76,670
Elec. Records Specialist II - Bilingual (1 FTE)	\$ 76,670
Unit Receptionist II - Dental (1 FTE)	\$ 70,489
Patient Services Specialist II -Bilingual - (1 FTE)	\$ 76,670
Accounting/Billing (1 FTE)	\$ 138,238
Market increases for Dental Assistants	\$ 68,490
Total Personnel	\$ 2,756,120
Supplies/Equipment:	
Chairs	\$ 19,800
Tablets/accessories	\$ 5,200
Protective cases	\$ 909
Printers	\$ 4,770
Laptop for EKG machine	\$ 2,100
Pharmaceutical Freezer	\$ 5,000
Home glucose meters (100)	\$ 1,957
Test strips (100 packs of 50 strips @ \$19.39 each)	\$ 3,917
Root Canal and Crown Supplies - Galveston	\$ 15,000
Digital Impression Equipment - Galveston	\$ 120,000
Sterilization equipment/supplies - Galveston	\$ 15,000
TV with computer hook up for large breakroom	\$ 1,000
Total Supplies/Equipment	\$ 194,654
Other:	
Marketing	\$ 150,000
IT Cloud integration services	
NextGen	\$ 209,895
Azure Files (File server – 3TB)	\$ 12,000
Total Other	\$ 371,895
GRAND TOTAL	\$ 4,396,875



COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

May 2021

Item#10

**Consider for Approval Coastal Health & Wellness Clinic Billing and
Collection Policy**

Coastal Health & Wellness Billing and Collection Policy

Purpose

Coastal Health & Wellness (CHW) is committed to ensuring everyone receives the services they need regardless of their ability to pay for services. Coastal Health & Wellness expects patients to pay their outstanding balances in a timely manner. A bill for services is based on the patient's ability to pay. Coastal Health & Wellness also provides payment plans as necessary should financial circumstances of a patient receiving services change, or if the current financial assessment does not accurately reflect the patient's ability to pay. A patient who refuses to pay his/her outstanding balance will be notified and may be subject to a payment plan, which may lead to suspension of services if not followed.

Coastal Health & Wellness accepts third-party coverage, but patients are expected to pay any remaining balance owed after the third-party coverage makes payments. Please note co-pays are required if a qualified insurance carrier is used to pay for services. Patients who do not have third-party coverage will be billed based on their ability to pay. All patients will be charged based on the Coastal Health & Wellness Patient Financial Guide (see attached).

Patients have a right to receive an explanation of their bill. Patients are also responsible for providing accurate information regarding health insurance, address, and applicable financial resources. (See Patient Rights and Responsibilities)

Definitions

Ability to Pay	<p>If services rendered to a patient are not covered by insurance or a public program, patients may undergo financial screening to determine what degree patients are able to pay.</p> <p>Based on financial screening, patients are assigned a discount based on the Board approved Sliding Fee Schedule Policy. A determination is made rendering the patient as only able to pay a nominal fee for services (0% pay) or able to pay 20%, 40%, 60%, 80% or 100% of Board approved fees for service.</p>
Bad Debt	Self-Pay charges classified as uncollectable.
Nominal Fee	A \$20 nominal fee per visit is charged to patients on a 0% pay code.

Deposits

Uninsured patients determined to have financial responsibility from 20% to 80% will be requested to pay a deposit and those on 100% will be **required** to pay a deposit per visit based on the following scale:

Patient Responsibility	20%	40%	60%	80%	100%
Deposit Requested at Check-in	\$25	\$30	\$35	\$45	
Deposit Required at Check-in					\$55

If an uninsured patient is financially screened to be below or at 80% pay (less than 200% Federal Poverty Level), the person is not refused services for inability to pay. If the nominal fee or deposit is not paid at time of check-in then the patient will receive a bill for the total amount due. However, the deposit must be collected on patients who waive financial screening or are deemed able to pay 100% (greater than the 200% Federal Poverty Limit) of Board approved fees prior to receiving services.

Payment Plan

A monthly minimum payment will be determined on the amount owed based on the patient's current financial status.

Self-Pay

All fees that are the patient's responsibility.

Third Party Payors

An organization that is utilized as a payment source for a patient's healthcare services. (Examples: Medicare, Medicaid, Private Insurance).

Co-Pay

This applies to individuals with private insurance. The Co-Pay amount is determined by the health insurance plan.

Billing Process

- A. Coastal Health & Wellness maintains dental and medical schedules of fees for all patients and these fee schedules are designed to cover reasonable costs of providing services in the approved scope of project using a Relative Value Unit (RVU's) and adjusting as needed for consistency with locally prevailing rates. These fee schedules are approved by the Governing Board and evaluated annually to ensure they are consistent with locally prevailing rates and Coastal Health & Wellness's cost structure.

Patients will be billed for all outstanding charges, including the unpaid portion of the claim which is deemed patient responsibility within 30 days of date-of-service.

- B. CHW will offer to all eligible patients a sliding fee discount based on income and family size and no other factor. The definition of income and family size will be based on the established current Federal Poverty Guidelines (FPG). Individuals and families with annual income above two hundred percent (200%) of the FPG are not eligible for the sliding fee discount program. See current year sliding fee scale in Appendix A.
- C. CHW provides access to services without regard for a person's ability to pay. The center ensures sustainability by contracting with and billing Medicaid, CHIP, Medicare, and other government programs and private insurers of patients in the center's service area. The center charges for services not covered by insurance per the board-approved Sliding Fee Schedule Policy. CHW will first evaluate a patient's existing coverage or eligibility for coverage under public and private third payors before assessing their eligibility for a sliding fee discount.
- D. CHW will bill third party payors daily.
- E. CHW makes every reasonable effort to collect reimbursements by public assistance programs and private health insurance based on the full amount of fees and payments for such services without application of any discount.

Procedure

Coastal Health & Wellness will:

- A. Survey its service area for the costs of health care services, assess its costs and create a schedule of charges that it updates annually to reflect actual costs.
- B. Create a sliding fee schedule of discounts to apply to its various charges and review it periodically, updating as needed.
- C. Ensure a reasonable collection policy is approved by the Board. This will occur annually in conjunction with the update of the FPG.
- D. Enroll the center in Medicare Part A using the form CMS 855-A, setting up a NPI number for each site, a reimbursement rate with a cost report for the entire center, and enroll all providers in Part B, with an NPI number so they may order and refer under the Medicare program.

- E. Enroll the center in the appropriate Medicaid and CHIP programs available to it and renew, as required in Texas, the programs of interest including primary Medicaid, preventive care (Texas Health Steps), care for foster children, dental care, behavioral health care, Healthy Texas Women's program, family planning, case management, and CHIP perinatal care. Enroll all providers as needed with an NPI number so they may order and refer under various Medicaid programs.
- F. Contract with the Medicaid/CHIP MCOs and appropriate MCO subcontractors in its area.
- G. Review other government programs the center might work with.
- H. Ensure proper cost reports are submitted for rate setting with government programs.
- I. Conduct assessments annually to determine whether to contract with any Medicare MCOs in its area.
- J. Conduct assessments annually to determine whether to contract with any private insurers in its area.
- K. Ensure regular training of staff regarding billing for various payors.
- L. Review billing practices. This should include:
 - 1. Avoiding under-coding and over-coding.
 - 2. Ensuring proper documentation for what is billed, and
 - 3. Ensuring timely claims filing and appeals.
- M. Conduct regular assessments through the Quality Assurance Committee to ensure appropriate enrollment in programs, contracting and billing is occurring.

Financial Screening

- A. Patients may complete an Application for Discounted Health Services with Coastal Health & Wellness. If a patient completes the application and the financial screening process, the patient may be eligible for a discount of Governing Board approved fees for clinic services. To complete the application a patient/parent/legal guardian must bring:
 - 1. Proof of Identification (only for each household member that would like to become a patient).
 - 2. Proof of Income (for each household member).

Registration

A. To complete registration within the Coastal Health & Wellness system a patient/parent/legal guardian must bring:

1. Proof of Address (not required for discount eligibility but needed for registration),
2. If insured, a copy of all Health Care Coverage (only for each household member that would like to become a patient),

Collection Classifications & Debt Collection Process

A. The following classifications determine how a patient's payment plan will be executed if full or partial payment is not made within 60 days after the date of service. Process will only be utilized after reasonable efforts have been made to secure payments and/or bill for amounts owed to Coastal Health & Wellness. Depending on the Collection Classification, a **Debt Warning Notice** may be issued. This Notice will inform the patient of his/her failure to pay the outstanding balance and either: a) request the patient to call the Business Office to initiate a budget payment plan or, b) warn the patient of his/her failure to comply with the budget payment plan. Patients will be billed for each visit based on their financial screening at the time services are received.

0% Pay	<p>Patients will be sent statements for outstanding balances.</p> <p>Outstanding balances at 180 days will be written off to Bad Debt.</p>
20% - 80% Pay	<p>Patients will be sent statements for outstanding balances.</p> <p>If at 60 days the balance is over \$100, the patient will be sent a Debt Warning Notice requesting that the patient contact the Business Office to setup a payment plan.</p>
100% Pay	<p>Patients will be sent statements for outstanding balances until paid <u>or written off</u>.</p> <p>Patients at 100% pay are those who waived financial screening or have been assessed through financial screening to pay 100% of Board approved fees and are expected to pay the required deposit at the time of service.</p>

B. If there is no response after 30 days from the first Notice, a second Debt Warning Notice will be issued stating that future access to clinic services may be suspended due to failure to pay outstanding debt.

- C. If after 60 days from the second Debt Warning Notice there is no response or if the patient has failed to initiate or comply with a payment plan, the patient will be sent a Notice to Suspend his/her access to the Coastal Health & Wellness services based on non-payment.
- D. Outstanding balances at 180 days will be written off to Bad Debt.

Inability to Pay versus Refusal to Pay

Once a patient's ability to pay is determined, the patient is expected to pay for services based on the assigned percent of charges they are deemed able to pay. Patients who *refuse to pay* for services are patients who have not made full or partial payment within the 90 days, according to Collection Classifications. Patients with the *inability to pay* for services are those who have been financially screened to be at the 100% Federal Poverty Level or less (0% pay).

Provisions for Waiving Charges

Coastal Health & Wellness understands there may be extenuating circumstances that prevent a patient from being financially able to pay for the services in which they are responsible. The patient or parent/legal guardian must submit in writing a detailed explanation of these circumstance for approval by the appropriate level of management.

- A. Circumstances for waiving current visit fees:
 - 1. Recent loss of employment and no current income to help support their needs.
 - 2. Recent hospitalization of self or person who resides in the same household for whom they are responsible for that impairs their ability to pay for care at this time.
 - 3. A sudden death in the family or person who resides in the same household for whom they are responsible for that impairs their ability to pay for care at this time.
 - 4. Persons affected by a natural disaster.
 - 5. Homeless as determined by recent catastrophic events where their home dwelling is not habitable.
- B. All current visit charges will be billed as normal and any requests for waivers will be submitted to the Business ~~Office Manager~~ Director for review and then submitted to the Chief Financial Officer and/or Executive Director for approval
- C. Circumstances for waiving an outstanding balance include the following:
 - 1. Admitted to skilled nursing facility for long term care or hospice that impairs their financial ability to pay.
 - 2. Persons affected by a natural disaster that impairs their financial ability to pay.
 - 3. Homeless as determined by recent catastrophic events where their home dwelling will be not habitable for an undeterminable time.

- D. Requests for waivers of outstanding charges will be submitted to the Business ~~Office~~ Manager-Director for review and then submitted to the Chief Financial Officer and or Executive Director for approval.

Revenue Cycle Management

- A. Revenue Cycle Management is made up of three basic components which identify the various stages of the revenue generating process.

Front Office	This includes appointment scheduling, financial screening, and the check- in process.
Middle Office	After the patient receives services, this process includes charge completion, charge capture, diagnosis coding, charge entry and check-out.
Back Office	This includes billing, error and rejection process, accounts receivable management, collections, managing outstanding claims, payment and adjusting posting, contract compliance, denial and appeal processing and customer service.

- B. An electronic system is in place to track each stage of the revenue generating process. Written procedures are in place for the Revenue Cycle Management system, and job descriptions and responsibilities reflect those procedures.

Bad Debt & Adjustment Policy

- A. All self-pay patient balances will be written off as Bad Debt after 180 days and will be brought to the Governing Board for review and approval annually.
- B. It is the policy of Coastal Health & Wellness to track and monitor monies that are written off from the original charge submitted to a third-party payor. Two distinct categories of adjustments are handled and monitored separately: contractual amounts, which are considered uncollectible as a result of a contractual agreement with a third-party payor and non-contractual amounts, which are considered uncollectible for reasons other than the contract. Third-party payor adjustments will be brought to the Board and the reason for the adjustment will be identified. These processes will happen biannually in December and June.

- C. To track and monitor all adjustments, CHW maintains a dictionary of detailed adjustment codes for contractual and non-contractual adjustments. The non-contractual adjustments also may be attached with transaction message codes, if applicable.

Reports to the Board

- A. The following items will be reported quarterly to the Coastal Health & Wellness Finance Committee and the Governing Board for their review:
1. Quarterly and YTD breakdown of visits by Department and Payor.
 2. New patient analysis.
 3. Quarterly and YTD breakdown of Charges and Collections.
 4. Account receivables by Payor and number of days in Accounts Receivable.
 5. Current collection rates by Payor.
 6. Adjustments during the reporting period.
 7. Number of patients with Budget Payment Plans.
 8. Number of patients suspended due to refusal to pay and number of those reinstated.
 9. Biannually third party non-contractual adjustments in December and June.

Authority Delegated to Executive Director

The Governing Board delegates to the Executive Director the authority to review individual cases and make decisions in the best interest of Coastal Health & Wellness. All individual cases that are presented are done so by the Patient Services Manager ~~a Patient Advocate~~ who is familiar with the patient's current status regarding payments and collection efforts.

[Back to Agenda](#)



COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

May 2021

Item#11

**Consider for Approval Coastal Health & Wellness Dental Scope of
Service Policy**

Coastal Health & Wellness Dental Clinics Scope of Services Policy

Purpose

This policy applies to all Coastal Health & Wellness patients that require primary oral health services.

Definitions

Acute Emergency Dental Services (Required) – Services which eliminate acute infection, control bleeding, relieve pain, and treat injuries to the maxillofacial and intra-oral regions.

Activities include diagnosis, pulp therapy, incision and drainage, tooth extraction, palliative or temporary restorations and fillings, interim caries arresting medicament application, periodontal therapy, and prescription of medications.

Prevention and Diagnosis (Required) – Services that protect individuals and communities against disease agents by placing barriers between an agent and host and/or limits the impact of a disease once an agent and host have interacted so that a patient community can be restored to health. Risk assessment should occur for all patients at their comprehensive and periodic exam visits. Screening for caries and periodontal disease may be completed through the use of dental x-rays.

Activities include professional oral health assessment, basic dental screenings and recommendations for preventive intervention, oral hygiene instruction and related oral health education (e.g., prevention of oral trauma and oral cancer), dental sealants, professional applied topical fluorides and supplement prescriptions where necessary, oral prophylaxis, and patient community education on self-maintenance and disease prevention, and pediatric dental screening to assess need.

Treatment of Dental Disease Early Intervention Services (Program Expectation) – Basic dental services which maintain and restore oral health function. Services are provided at a general practice level to diagnose and treat disease, injury, or impairment in teeth and associated structures of the oral cavity and include any diagnostic x-rays or imaging.

Activities–Services include ~~restorative services that include~~ composite and amalgam dental fillings, periodontal (gum and bone) maintenance services such as periodontal scaling, non-surgical periodontal therapy, non-surgical endodontic therapy to prevent tooth loss; and space maintainers to prevent orthodontic complications and preserve space for eruption of permanent teeth.

Rehabilitative Services (Optional) – Provision of low-cost solutions to replace dentition that would allow patients to obtain employment, education, or enhance self-esteem. (This requires cost sharing or co-payments from patient.)

Activities include fabrication of removable prosthetics such as dentures and partial dentures, single unit fixed prosthetics, ~~elective oral surgery and fixed partial dentures (bridges), and other specialty services.~~

Root Canals and Crowns – Root canals may be completed on anteriors, premolars and selected molars. Crowns and root canals will require cost sharing from the patient. Being selective with root canal therapy is a must. Root canals may be completed when there is enough remaining tooth structure to support a crown.

Fixed partial dentures may be ~~used~~completed when there are stable abutment teeth to support the prosthesis.

Policy

It is the Coastal Health & Wellness policy to provide comprehensive primary oral health services to its patients. Personal oral health care is delivered in the context of family, culture, and community, which includes all but the most specialized oral health needs of the individuals being served. The range of services includes preventive care and education, outreach, emergency services, restorative services, endodontic treatment, and periodontal services. Additional services may include basic rehabilitative services that replace missing teeth to enable the individual to eat, benefit from enhanced self-esteem, and have increased employment acceptability.

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

May 2021

Item#12

**Consider for Approval Coastal Health & Wellness Medical Records
Fee Schedule**

MEDICAL RECORDS FEE SCHEDULE

When requested by a PATIENT, PATIENT'S AUTHORIZED REPRESENTATIVE/GUARDIAN, ATTORNEY, or INSURANCE COMPANY:

MEDICAL	DENTAL
Medical Records (physical copies): <u>Number of Pages</u> <u>Charge Amount</u> 1 – 19 \$1.25/page First 20 \$25.00 (flat fee) 21 or more \$25.00/first 20 pages + \$0.50/additional page Medical Records (electronic copies): <u>Number of Pages</u> <u>Charge Amount</u> 500 (or less) \$25.00 (flat fee) 501 (or more) \$50.00 (flat fee) <u>Affidavit</u> \$15.00 *For providing the requested records in a hybrid format, amount may be a combination of the fees set forth for physical/electronic copies. *Lab results requested by patients or their legal guardians shall be made available to the individual at no cost. Medical records requested for a disability claim or appeal: Initial copy: no charge Secondary/duplicate copies: in accordance with aforementioned charges	Dental Records (physical copies): <u>Number of Pages</u> <u>Charge Amount</u> 1 – 19 \$1.25/page First 20 \$25.00 21 or more \$25.00/first 20 pages + \$0.15/additional page Dental Records (electronic copies): <u>Number of Pages</u> <u>Charge Amount</u> 500 (or less) \$25.00 (flat fee) 501 (or more) \$50.00 (flat fee) <u>Radiographs:</u> Full mouth radiograph \$15.00 Lateral cephalometric radiograph \$15.00 Single extra-oral radiograph \$5.00 Single intra-oral radiograph \$5.00 CBCT scan \$30.00 *Fees for radiographs, which if copied by a radiograph duplicating service, may be equal to actual cost verified by invoice. Dental records requested for a disability claim or appeal: For initial copy: no charge For secondary/duplicate copies: in accordance with aforementioned charges

When requested by a GOVERNMENT AGENCY or GOVERNMENT CONTRACTOR:

MEDICAL and DENTAL
Medical and/or dental records requested by or on behalf of governmental agencies or their proxies, regardless of reason, must: a) be requested in writing; b) in a manner deemed valid by the Executive Director or designee; and c) approved for release in writing by the Executive Director. Should release of these records be consented to by the Executive Director, charges for dissemination of said records may meet, but not exceed, the cost of materials, labor and overhead required to generate and transfer records.

Additional and Contingency Fees:

MEDICAL and DENTAL	
Postage: Actual cost	Non-rewritable CD (CD-R): \$1.00 per disc
Labor: Up to, but not to exceed, \$15.00/hour	Notary fee: \$6.00
Rewritable CD (CD-RW): \$1.00 per disc	Execution of affidavit fee: \$15.00
Patient billing record when requested by an attorney: \$25.00/record	

All clinical record releases shall be made in accordance with applicable federal and state laws. Requests elicited in any manner not defined above shall immediately be forwarded to the Executive Director or designee, to determine nature, permissibility and lawful compliance for appropriate response to the request.

The Executive Director reserves the right to waive or reduce fees for the transmission of clinical records as he/she deems appropriate. This document is not intended to nor should ever be construed as an instrument utilized to preempt governing law of any form. In the case that any such fee or principle outlined in this policy is determined to be inconsistent with an authoritative statute, the terms set forth by the statute should prevail in their entirety.

**Coastal Health & Wellness' fee schedule is set forth in accordance with the Texas Medical Board (TMB) rules (including §165.2. Medical Record Release and Charges) as permitted under Texas law.*

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Governing Board

May 2021


Item#13


**Consider for Approval Re-Privileging Rights for Lisa Yarbrough,
M.Ed, LPC, LBSW**



Date: May 27, 2021

To: CHW Governing Board

Thru: Philip Keiser, MD 
Interim Executive Director

From: Cynthia Ripsin, MS, MPH, MD 
Medical Director

Re: Re-Privileging

Lisa Yarbrough, M.Ed., LPC, LBSW is a licensed Professional Counselor and is requesting re-privileging. She has been employed full time for six years with Coastal Health and Wellness and will continue to see patients at both clinic sites. Ms. Yarbrough graduated from University of Oklahoma-Norman with Master of Education-Instructional Psychology in 1995 and from the University of Houston-Victoria in 2005 with a Master of Education-Counseling.

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

May 2021

Item#14

**Consider for Approval Re-Privileging Rights for Isela Werchan, MD
Providing Tele-Psychiatry Service**



Date: May 27, 2021

To: CHW Governing Board

Thru: Philip Keiser, MD *PK*
Interim Executive Director

From: Cynthia Ripsin, MS, MPH, MD *CR*
Medical Director

Re: Re-Privileging

After review to determine that Isela Werchan, 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 Isela Werchan, MD, we are requesting re-privileging approval by the Governing Board.

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Governing Board

May 2021

Item#15

**Consider for Approval Nominee Dr. Janet Southerland, DDS,
MPH, PhD to fill Community Representative Position**

CURRICULUM VITAE

NAME: Janet Hayes Southerland, DDS, MPH, PhD

CURRENT APPOINTMENT:

VP for Interprofessional Education, Institutional Effectiveness, and Health Education Center
Professor, Department of Nutrition and Metabolism
Clinical Professor, Department of Surgery, Division Oral and Maxillofacial Surgery

University of Texas Medical Branch
Suite 3.908, Health Education Center
301 University Boulevard
Galveston, TX 77555

EDUCATION:

Doctor of Philosophy	UNC at Chapel Hill, Chapel Hill, NC	05/2005
Master of Public Health	UNC at Chapel Hill, Chapel Hill, NC	05/1994
Doctor of Dental Surgery	UNC at Chapel Hill, Chapel Hill, NC	05/1989
Bachelor of Science	UNC at Chapel Hill, Chapel Hill, NC	05/1984
Bachelor of Arts	UNC at Chapel Hill, Chapel Hill, NC	05/1982

TRAINING (GME):

Fellow - Hospital Dentistry	UNC at Chapel Hill, Chapel Hill, NC	06/1992
General Practice Residency	UNC at Chapel Hill, Chapel Hill, NC	06/1991

BOARD CERTIFICATION:

Diplomate, American Board of Special Care Dentistry	2004 - present
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LICENSURE INFORMATION:

North Carolina #5961	1990 - present
Tennessee #9263	2011 – present
South Carolina #9053	2017 - present
Texas #33617	2017 - present
Sedation Permit – North Carolina #0337	2010 - present

PROFESSIONAL WORK HISTORY AND TEACHING EXPERIENCE:

Vice President Interprofessional Education, Institutional Effectiveness and The Health Education Center University of Texas Medical Branch	12/01/2017-present
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Dean Meharry School of Dentistry Meharry Medical College Nashville, TN	03/01/2011- 07/31/2013
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Academic Appointments:

Professor Department, Nutrition Metabolism School of Health Professions University of Texas Medical Branch	02/01/2018-present
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Clinical Professor Department, Surgery Division, Oral and Maxillofacial Surgery University of Texas Medical Branch	02/01/2018-present
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Director Predoctoral Oral and Maxillofacial Surgery Education Meharry School of Dentistry Meharry Medical College Nashville, TN	08/01/2016-07/31/2017
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Professor Department, Oral and Maxillofacial Surgery Education Meharry School of Dentistry Meharry Medical College Nashville, TN	03/01/2011-07/31/2017
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Associate Professor Department Dental Ecology UNC School of Dentistry Chapel Hill, NC	08/01/2010-02/28/2011
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Chair, Hospital Dentistry Department Dentistry UNC School of Dentistry Chapel Hill, NC	07/01/2000-02/28/2011
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Chief, Oral Medicine Service Department of Dental Ecology UNC School of Dentistry, Chapel Hill, NC	07/01/2000-02/28/2011
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Director Hospital Dental Clinic, UNC Hospitals Chapel Hill, NC	07/01/2000-02/28/2011
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Director Dental Assistant On-Call Program	07/01/2000-02/28/2011
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UNC Hospitals/UNC School of Dentistry
Chapel Hill, NC

Director General Practice Residency Program Department of Dental Ecology UNC School of Dentistry Chapel Hill, NC	07/01/2000-06/30/2002
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Director Patient Care Conference Graduate and Residency Programs UNC School of Dentistry Chapel Hill, NC	07/01/2000-06/30/2002
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Assistant Clinical Professor Department Dental Ecology UNC School of Dentistry, Chapel Hill, NC	2005-2009
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Assistant Professor Department Dental Ecology UNC School of Dentistry, Chapel Hill, NC	2000 – 2005
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Adjunct Professor Department of Dental Ecology UNC School of Dentistry Chapel Hill, NC	1995-1997
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Research Assistant Professor Department of Dental Ecology UNC School of Dentistry Chapel Hill, NC	1993-2000
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Summary of Appointments Roles and Responsibilities:

Vice President Education (interprofessional Education, Institutional Effectiveness, 2017-present and the Health Education Center) and Professor

Currently, reporting directly to the president of the university and serve on all executive committees including the council of deans, research/commercialization, and incident command for emergency and disaster. Intimately involved in helping develop and guide the campus educational strategic plan, accreditation activities, and evaluation/assessments.

Responsible for the department of interprofessional education focused on development and implementation of the Quality Enhancement Plan (QEP), interprofessional education activities, and an interprofessional education core curriculum leveraging simulation for all learners. Further, provide oversight for institutional effectiveness, accreditation for the university (SACSCOC) and schools/programs (LCME, ACEN, ARC-PA), and data collection for Board of Regent, State, and Federal reporting. Health Education Center 160,000 square foot, 77 bed, state-of-the-art simulation center that promotes knowledge and skills acquisition for students in the health professions programs leveraging human and nonhuman simulation. The center also features a suite specifically designed for augmented and virtual reality experiences. Oversight is provided for all aspects of the construction project completed in April 2019. Infrastructure development, operations, staffing, mission & vision, budget, strategic and business plans, and programming. Further, I maintain an

appointment in the School of health professions and a clinical appointment in the department of surgery, division of oral and maxillofacial surgery.

Clinical Assistant Professor, Department of Surgery, Division Oral and Maxillofacial Surgery

2017-present

Provide clinical care for patients in the clinic and operating room in conjunction with oral surgery and otolaryngology colleagues, residents, and fellows. Scope of practice includes general dentistry extractions, alveoloplasty, Tori removal, biopsy, consultations and other duties as assigned. Licensed in NC, TN, SC, and TX. Moderate sedation permit for NC.

Co-Leader Meharry Translational Research Center (MeTRC) grant, Pilot Projects Program

9/2015 -7/ 2018

The MeTRC pilot grant program and its support infrastructure provided investigators with the tools, advisors, and collaborators necessary to implement translational research projects, collect and publish data relevant to the elimination of health disparities, and build sustainable translational research partnerships. Responsible for helping guide investigator-initiated research projects funded by MeTRC to advance the conduct of translational research at Meharry Medical College across all schools and programs. The pilot program funds investigators for submission of small (T1-T4) and larger collaborative pilots (T2-T4). The goal was to establish an efficient and highly productive translational research program at Meharry that acknowledges the importance of not only providing funding and support services for those investigators just beginning to perform T1 studies, but those who were prepared to conduct larger, collaborative, multidisciplinary T2-T4 projects.

Co-Leader Collaborations and Partnerships Core NIMHD funded Meharry Translational Research Center (MeTRC) grant

8/2014 – 7/2017

Responsible for improving College infrastructure for internal and external collaborative team sciences. Involved development of transdisciplinary scientific working groups centered on five health disparities focus areas (Endocrine disorders, Cancer biology, Infectious disease, Cardiovascular disease, and Drug therapies). The core provided training, mentoring, and strategic direction for groups on collaborative team science, grant writing and innovation in project development and in obtaining funding.

Chair Institutional Review Board (IRB)

7/2016 – 7/ 2017

Responsible for oversight of the IRB and chairing all committee meetings, providing guidance and oversight for the human subject protection program and for helping to maintain compliance with applicable laws, regulations, and policies. Additionally, review, approve, require modifications, or disapprove all research activities covered by policy prior to the commencement of the research. Conduct continuing review and audits of research projects at intervals according to risks, every twelve months except for exempt) and have authority to observe or have a third party observe the consent process and the research.

Vice Chair Institutional Review Board (IRB)

1/2015 –7/ 2016

Responsible for supporting the chair in providing guidance and oversight for the human subject protection program and for helping to maintain compliance with applicable laws, regulations, and policies. Serve at the pleasure of the chair and substitute for the chair as required when needed. Additionally, review, approve, require modifications, or disapprove all research activities covered by policy prior to the commencement of the research. Conduct continuing review of research projects at intervals according to risks, every twelve months except for exempt) and have authority to observe or have a third party observe the consent process and the research.

Director – Geriatric Dentistry

9/2015 – 7/ 2017

This multidisciplinary and interdisciplinary course focused on the oral diagnosis and treatment planning for the older adult. It prepared the student with the essentials of how to evaluate the geriatric patient including

the physical, mental, pharmacological, and socioeconomic aspects of assessment. Oral assessment, enhanced by actual case studies, were presented so that the student understood various therapies that are necessary to appropriately accomplish the delivery of dental care to the older adult. Ethical issues in geriatric health care were also be integrated into discussions. The course was designed to foster an understanding of the unique concerns associated with the provision of oral health care to the Geriatric patient population. These patients require the oral health care provider to have a comprehensive understanding of the patient and that care is patient-centered and appropriate for the needs of the individual.

Professor, Department of Oral and Maxillofacial Surgery, Meharry Medical College

7/2013 – 7/2017

Responsible for directing OMFS morning huddles and clinical instruction for juniors and seniors as well as didactic teaching for sophomore and junior dental students. Also, provided oversight for oral surgery residents for selected cases and GPR resident's didactic and clinical teaching. In addition, serve as a mentor to faculty and students interested in research or involved in research activity involving diabetes, xerostomia, abuse, and community-based and collaborative research involving scientific working groups.

Dean, Meharry Medical College School of Dentistry

3/2011 - 6/2013

Served as the chief executive officer for the school of dentistry and created an atmosphere for transformational change and leverage all aspects of enterprise to promote innovation and creation an exceptional educational experience. Provided oversight of all operations that include a pre-doctoral DDS program, residency programs (OMFS and GPR), full-time/adjunct faculty members, and staff members. Responsible for providing community, national and global vision for faculty, staff, and alumni. Faculty and student recruitment and retention, admissions, development of strategic goals and objectives, all aspects of curriculum development and implementation, accreditation, schedules, budget oversight and preparation, all revenue/new revenue streams and expenditures, contracts, facility upgrades and renovation, security, accreditation OMFS and DDS/GPR programs, all development and fundraising activities, annual/board reports, service on executive and senior management teams, engagement and development of meaningful community partnerships and collaborations, development and expansion of research mission and grant funding opportunities, and development and implementation of outreach programs to improve the oral health of greater Nashville and Tennessee citizens as well as enhance student training and cultural competency.

Chair, Department Hospital Dentistry UNC Hospitals

7/2000 – 2/2011

Served as a liaison between UNC Hospitals and the UNC School of Dentistry. Duties involved credentialing of all Dental Faculty within UNC Hospitals' and chair the Credentialing Committee, Director of the Patient Care Conference, JCAHO accreditation activities for the hospital dental clinic performance improvement reports for the Department of Dentistry (Pediatric Dentistry, Oral Surgery, and Oral Medicine). Serve as a member of the Medical Staff Executive Committee, Operating Room Committee, Surgical Governance Committee, Quality Assurance Committee and Sedation Committee. In addition, work closely with the Dean of the Dental School and Vice President of the department in the hospital to oversee overall operations of the Department of Dentistry. In addition, responsible for budget development and oversight for the hospital dental clinic, monthly, staff and faculty meetings, QA activities and reports, patient satisfaction, and grant funding opportunities.

Chief, Oral Medicine Service and Clinic Director

7/2000 – 2/2011

Responsible for all functions of the clinic: including administrative, staff, budget, and on-call. Serve as preceptor and provide clinical teaching for GPR, periodontics, and endodontic residents as well as dental, dental assisting and dental hygiene students. Direct consultation service for medical patients with dental needs that were inpatient and outpatient and in need of immediate care. Also, responsible for coordinating all IV sedations, all operating room cases and orientation and teaching of residents, dental students, and dental hygiene students in the hospital setting.

Faculty Practice Clinician

7/2000-2/ 2011

Provided comprehensive dental care for private patients in the clinic and operating room. Scope of practice included restorations, prosthodontics, endodontics, implants, oral surgery, and sedation. Served as a member of the faculty practice plan representing the department of hospital dentistry. Provided oversight revenue and expense budgets, faculty appointment and membership as well as distribution of bonus income.

Director, Patient Care Conference

7/2000 – 12/2002

Organized and conducted the intradisciplinary clinical conference held once a month in the dental school that involved presentation of clinical cases and topics of interests for GPR, Oral and Maxillofacial Surgery, Periodontics, Endodontics, Pediatric Dentistry, Oral Radiology, and Prosthodontic residents and Faculty. The director's responsibilities included conference announcements, developing the schedule, taking attendance, securing the location, and providing continuing education credit. In addition, was responsible for assisting GPR residents in preparation for their presentations and cases when it was the GPR program's turn to present.

Director, Dental Assistant On-Call Program (DAOC)

7/2000 – 2/2011

Required yearly selection of sophomore dental students to serve as assistants (three-year terms) for oral medicine, oral surgery, and pediatric dental resident on-call. Director was responsible for coordination of interviews, selection, orientation, training, scheduling, and biannual calibration of DAOC. The position was paid, and the students receive ½ of an elective credit per semester for their participation in the program.

Director, General Practice Residency Program

7/2000 – 9/2002

Director responsible for all aspects of resident recruitment, selection, schedules, orientation, rotation, training (didactic and clinical) evaluation, disciplinary actions, adherence to GME policy and hospital appointment. In addition, responsible for resident program evaluation of faculty and rotation sites and vice versa quarterly as well as visiting sites to ensure program integrity. Conducted annual updates of the residency manual and served as a member of the Medical School Graduate Medical Education Committee and the Dental School Advanced Graduate Program Committee.

Director, Physical Diagnosis Course for AEGD and GPR Residents

9/2000 – 9/2002

This eight-week course was given on Friday afternoons from 2:00-5:00 pm once a year. Guest lectures invited to cover the topics in the course in addition to the course director. The course included an introduction to hospital dentistry and the hospital system, systems review, training in physical diagnosis, how to conduct a physical examination and new patient evaluation, how to evaluate laboratory results, blood drawing and IV placement, management of inpatients, documentation, and on-call review. The last day of the course was utilized to allow the residents to conduct a complete physical examination on a hospital dental clinic patient.

Director, GPR Friday Afternoon Seminars

7/2000 – 9/2002

The seminars were held after the physical diagnosis course completed in August. The seminars covered medical problems related to management of the medically compromised dental patient. In addition, current topics in dentistry were also presented by various medical and dental faculty and invited guest speakers. Monthly the residents presented on a disease of the month and a literature review conducted with articles presented by 3 additional residents. The director was responsible for helping residents with preparation of presentations, article selection and review, and preparation of lectures.

RESEARCH ACTIVITIES:

Area of Research

Oral and Systemic Diseases

Governing Board

May 2021

Item#16

**Consider for Approval Nominee Kevin Avery to fill Consumer
Representative Position**

My name is Kevin Avery, and at the young age of 16 I began my dive into the world of work. My parents always taught me that if i'm going to do something, then I should be the best I can be. With this thought in mind, no matter what the job or experience was I have strived to do the best I can. I have worked in the restaurant industry for the most part of my entire professional career, with a few ventures into other industries here and there. Somehow I have always ended up back in a restaurant setting because the industry is geared towards customer service and satisfaction, and I just seem to be really good pleasing others. My very first job was as a dishwasher at an authentic italian restaurant in a little town called Winona, TX. So I learned from the very beginning as being a nobody, how to work hard and what being at the bottom of the tottum pole is like. This taught me alot about respecting coworkers, customers, and just people in general as I climbed through different positions during my carreer.

In 2017, I concluded that I wanted to be a pastry chef so I started my venture into culinary school at the Culinary Institute LeNotre for my degree in Baking and Pastry. With no real assurance if I would be successful, I just kept the thought that I was going to do the best I could and see what the outcome was. December 2018 I found myself on stage delivering the farewell speech to my graduating class, as I had graduated at the top of my class and also with the honor of saying I was the very first student at the institute to graduate with perfect attendance. I felt that even though I accomplished my goal, I was not ready to stop learning, so I returned to the institute for my degree in French Cuisine. Again, I graduated at the top of my class, with perfect attendance.

The way I see it is any new experience is a learning experience, and if you are not learning, then you are not progressing in life. I have never held the role of being on any type of supervisory comittee, or as any type of board member, but I would be honored to accept a role as a board member for Coastal Health and Wellness to gain this experience. I think I can learn from the experience as well as be a valuable asset to the team as my hard work and dedication have proven time and time again.

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Governing Board

May 2021

Item#17

Update on Notification Regarding Joint Commission and HRSA

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Governing Board

May 2021

Item#18

Update on Governing Board Member Vacancies

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Governing Board

May 2021

Item#19

**Discussion Regarding Future Board Meetings Being Held via Zoom or
Returning to In-Person Board Meetings**

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