

### Amended

#### AGENDA

Thursday, September 30, 2021 – 12:30 PM

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

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

In accordance with the provisions of the Americans with Disabilities Act (ADA), persons in need of a special accommodation in order to participate in this proceeding should, within two (2) days prior to the proceeding, request necessary accommodations by contacting CHW's Executive Assistants at 409-949-3406, or via email at [trollins@gchd.org](mailto:trollins@gchd.org) or [ahernandez@gchd.org](mailto:ahernandez@gchd.org)

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

#### **REGULARLY SCHEDULED MEETING**

##### **Meeting Called to Order Pledge of Allegiance**

- Item #1 .....Comments from the Public
- \*Item #2**ACTION**.....Agenda
- \*Item #3**ACTION**.....Excused Absence(s)
- \*Item #4**ACTION**.....Consider for Approval Minutes from August 26, 2021 Governing Board Meeting
- \*Item #5**ACTION**.....Policies Approved by United Board of Health as Authorized Under the Shared Services Agreement
  - a) Mother Friendly Worksite Policy
- \*Item #6 .....Information
  - a) Who We Serve
- Item #7 .....Executive Director will report on Coastal Health & Wellness/COVID-19 Updates Submitted by Dr. Keiser
  - a) Executive Director
  - b) Dental Director
- Item #8**ACTION**.....Consider for Approval August 2021 Financial Report Submitted by Marlene Garcia
- Item #9**ACTION**.....Consider for Approval Coastal Health & Wellness Care Transitions, Tracking and Follow up Policy Submitted by Martha Vallin
- Item #10**ACTION**.....Consider for Approval Coastal Health & Wellness Title V Child Health & Dental Eligibility Policy Submitted by Kristina Garcia
- Item #11**ACTION**.....Consider for Approval Coastal Health & Wellness Medical Referral Tracking and Care Management Policy Submitted by Martha Vallin

- Item #12**ACTION**.....Consider for Approval the 2020-2021 Annual Risk Management Report Submitted by Richard Mosquera
- Item #13**ACTION**.....Consider for Approval Re-Privileging Rights for Oyetokunbo Ibidapo-Obe, MD, UTMB Contractor Submitted by Ann O’Connell
- Item #14**ACTION**.....Consider for Approval Privileging Rights for UTMB Resident Jayshere Thomas, DO, Submitted by Ann O’Connell
- Item #15**ACTION**.....Consider for Approval Privileging Rights for Deatra Josiah, APRN-CNP, Submitted by Ann O’Connell
- Item #16.....Update on Governing Board Member Vacancies Submitted by Ann O’Connell
- Item #17.....Update on Meeting Between Coastal Health & Wellness and United Board of Health Submitted by Ann O’Connell
- Item #18.....Shared Services Agreement Discussion Submitted by Richard Mosquera
- Item #19.....The Joint Commission Survey Results Submitted by Ann O’Connell
- Item #20.....Comments from Board Members

## **Adjournment**

*Next Regular Scheduled Meeting: October 28, 2021*

### **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  
September 2021  
Item#3  
Excused Absence(s)**

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# **COASTAL HEALTH & WELLNESS**

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## **GOVERNING BOARD**

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

**Governing Board**

**September 2021**

**Item#4**

**Consider for Approval Minutes from August 26, 2021**

**Governing Meeting**

**Coastal Health & Wellness  
Governing Board  
August 26, 2021**

**Board Members**

**Zoom Call:**

Samantha Robinson  
Dr. Southerland  
Virginia Valentino  
Miroslava Bustamante  
Flecia Charles  
Kevin Avery  
Brent Hartzell  
Elizabeth Williams  
Victoria Dougharty  
Dorothy Goodman  
Dr. Thompson

**Staff:**

Philip Keiser, Interim Executive Director (phone)  
Ann O'Connell, Chief Operations Officer  
Richard Mosquera, Chief Compliance Officer (phone)  
Marlene Garcia, Business Director  
Dr. Lindskog, Dental Director  
Tikeshia Thompson-Rollins  
Anthony Hernandez

**Items #1 Comments from the Public**

There were no comments from the public.

**Items #2-5 Consent Agenda**

A motion was made by Virginia Valentino to approve the consent agenda items two through five. Dorothy Goodman seconded the motion, and the Board unanimously approved the consent agenda.

**Item #6 Executive Report**

Dr. Keiser, Executive Director, presented the August 2021 Executive Report to the Board. Dr. Keiser provided an update on COVID-19 informing the Board that we are at the highest number of cases seen in our community. Currently we are getting about 200 new cases per day and hospitals are full. Dr. Keiser informed the Board there is also a county wide program in place to give those who have COVID but not sick enough to be hospitalized antibodies. To sign up go to UTMB website. Those that has been vaccinated and is immune suppressed can receive their booster vaccines 6-8 months from the time they received their first vaccine. Dr. Keiser informed the Board that the 4.2 million budgets from HRSA has been approved so we will be hiring in the clinic.

Ann O'Connell, Chief Operations Officer, informed the Board that we are recruiting for a Nurse Practitioner or Physician Assistant, and currently have some strong candidates and will be offering a job soon. Ann also informed the Board we are recruiting for a Medical Director and if anyone knew of a strong Medical Director who would like to work with the underserved reach out to her.

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

- The Dental clinic continue to wear N95 respirators and face shields for all aerosol generating procedures.
- We are currently providing all dental services in Texas City. In Galveston, we offer all services except for crowns and root canals. The HRSA Expansion grant has been approved so we will be expanding our services in Galveston to offer crowns and root canals at both locations.
- Staffing: We are fully staffed but have one staff member out on FMLA. The recently approved HRSA grant includes the addition of an additional dentist and dental assistant. HR has been contacted to post the dental assistant position. Once all support staff are in place, we will move forward with posting the dentist position.

- We continue to see walk in patients that are in pain and work them in to our schedule if possible
- The dental staff has been assisting with the Vaccination Drive through as well
- Dr. Lindsog has attended College of The Mainland (COM) Dental Hygiene School Advisory Committee meetings and is working to establish a partnership with the school for hygiene student rotations

Dr. Thompson wanted to thank Ann O'Connell for working with family medicine offering the residents, faculty, and staff to make an appointment through the Health District to get their booster shots.

**Item #7 COVID-19 Update from Local Health Authority Submitted by Dr. Keiser**

COVID-19 update was discuss in the Executive Report

**Item #8 Consider for Approval July 2021 Financial Report**

Marlene Garcia, Business Director, presented the July 2021 financial report to the Board. A motion to accept the financial report as presented was made by Dr. Southerland. Brent Hartzell seconded the motion and the Board unanimously approved.

Samantha Robinson, Board Chair, nominated Brent Hartzell to serve on the Chief Financial Officer selection committee with United Board of Health members. Miroslava Bustamante and Dr. Southerland also agreed to be on the committee. Samantha requested that Tikeshia contact Jed Webb to inform him that the Governing Board has members that would like to serve on the selection committee for the new CFO.

**Item #9 Consider for Approval Coastal Health & Wellness Medical Fee Schedule Effective September 1, 2021 Submitted by Marlene Garcia**

Marlene Garcia, Business Director, asked the Board to consider for approval medical fee schedule effective September 1, 2021. A motion to accept medical fee as presented was made by Dorothy Goodman. Virginia Valentino seconded the motion and the Board unanimously approved.

Dr. Southerland, Vice Chair, would like more information on the impact Medicare reimbursement adding dental and potential eye and hearing will have on the Coastal Health & Wellness clinic. Ann O'Connell stated we will make this an item at the next Board meeting and report back to Dr. Southerland.

**Item #10 Consider for Approval Coastal Health & Wellness Dental Fee Schedule Effective September 1, 2021Submitted by Marlene Garcia**

Marlene Garcia, Business Director, asked the Board to consider for approval the dental fee schedule effective September 1, 2021. Marlene informed the Board that the proposed fee schedule is based on the 50% for Texas City's zip code. A motion to accept dental fee schedule as presented was made by Dr. Southerland. Dorothy Goodman seconded the motion and the Board unanimously approved.

**Item #11 Consider for Approval Coastal Health & Wellness Dentures, Crowns, and Root Canal Fee Schedule Effective September 1, 2021 Submitted by Marlene Garcia**

Marlene Garcia, Business Director, asked the Board to consider for approval dentures, crowns, and root canal fee schedule effective September 1, 2021. Marlene informed the Board that the proposed fee schedule is based on the 50% for Texas City's zip code. Brent Hartzell suggested looking at using the county's zip code to see what the cost would be. A motion to accept the fees as presented was made by Dr. Southerland and seconded by Dorothy Goodman. The Board unanimously approved the motion.

**Item #12 Consider for Approval Privileging Rights for Philip Keiser, MD Submitted by Ann O'Connell**

Ann O'Connell, Chief Operations Officer, asked the Board to consider for approval privileging rights for Philip Keiser, MD. Ann informed the Board that the credentialing file has been reviewed by Leonard Nagorski, MD. A

motion to accept privileging rights for Philip Keiser, MD was made by Virginia Valentino and seconded by Dorothy Goodman. The Board unanimously approved the motion.

**Item #13 Consider for Approval Re-Privileging Rights for Yaa Cheremateng, PA-C Submitted by Ann O'Connell**

Ann O'Connell, Chief Operations Officer, asked the Board to consider for approval re-privileging rights for Yaa Cheremateng, PA-C. A motion to accept re-privileging rights for Yaa Cheremateng, PA-C was made by Virginia Valentino and seconded by Dorothy Goodman. The Board unanimously approved the motion.

**Item #14 Consider for Approval Privileging Rights for Zuleica Santiago Delgado, MD, UTMB Contractor Submitted by Ann O'Connell**

Ann O'Connell, Chief Operations Officer, asked the Board to consider for approval privileging rights for Zuleica Santiago Delgado, MD, UTMB Contractor. A motion to accept privileging rights for Zuleica Santiago Delgado, MD, was made by Victoria Dougharty and seconded by Dorothy Goodman. The Board unanimously approved the motion.

**Item #15 Consider for Approval Privileging Rights for UTMB Resident Garrett Levy-Meeks, MD, Submitted by Ann O'Connell**

Ann O'Connell, Chief Operations Officer, asked the Board to consider for approval privileging rights for UTMB resident Garrett Levy-Meeks, MD. A motion to accept privileging rights for Garrett Levy-Meeks, MD, was made by Virginia Valentino and seconded by Victoria Dougharty. The Board unanimously approved the motion.

**Item #16 Consider for Approval Privileging Rights for UTMB Resident Kasiemobi Okonkwo, MD, Submitted by Ann O'Connell**

Ann O'Connell, Chief Operations Officer, asked the Board to consider for approval privileging rights for UTMB resident Kasiemobi Okonkwo, MD. A motion to accept privileging rights for Kasiemobi Okonkwo, MD, was made by Virginia Valentino and seconded by Victoria Dougharty. The Board unanimously approved the motion.

**Item #17 Consider for Approval Re-Privileging Rights for UTMB Resident Travis Livingston, MD, Submitted by Ann O'Connell**

Ann O'Connell, Chief Operations Officer, asked the Board to consider for approval re-privileging rights for UTMB resident Travis Livingston, MD. A motion to accept re-privileging rights for Travis Livingston, MD, was made by Dr. Southerland and seconded by Dorothy Goodman. The Board unanimously approved the motion.

**Item #18 Update on Governing Board Member Vacancies**

Samantha Robinson, Board Chair, informed the Board that we have a potential candidate for the consumer position Ms. Natalia Herrera Camacho. Samantha requested that Tikeshia contact Ms. Camacho-Herrera and set up a meeting with the appointing committee.

**Item #19 Comments from Board Members**

Brent Hartzell would like to express his thanks to Andrea Cortinas. Brent stated it has been great working with Andrea the last year and he will miss her insight.

Samantha Robinson, Board Chair, recommended Brent reaching out to Andrea Cortinas and get her words of wisdom on who would be a good candidate to represent Coastal Health & Wellness effectively.

The meeting was adjourned at 1:41p.m.

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Vice Chair

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Secretary/Treasurer

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Date

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Date

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**Governing Board**

**September 2021**

**Item#5**

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

**a) Mother Friendly Worksite Policy**

# Mother Friendly Worksite Policy

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## **Audience**

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

## **Policy**

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

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

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

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

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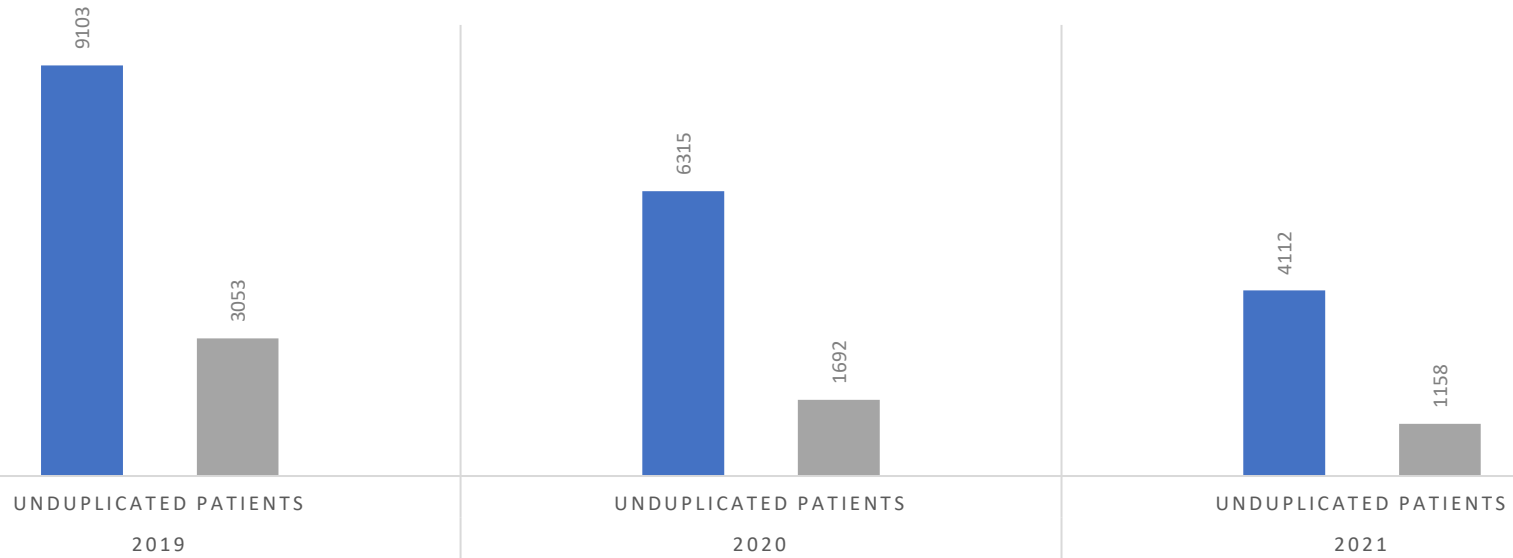
**Governing Board  
September 2021  
Item#6  
Information**

**a) Who We Serve**

## Data collected from 2019 – June 30, 2021

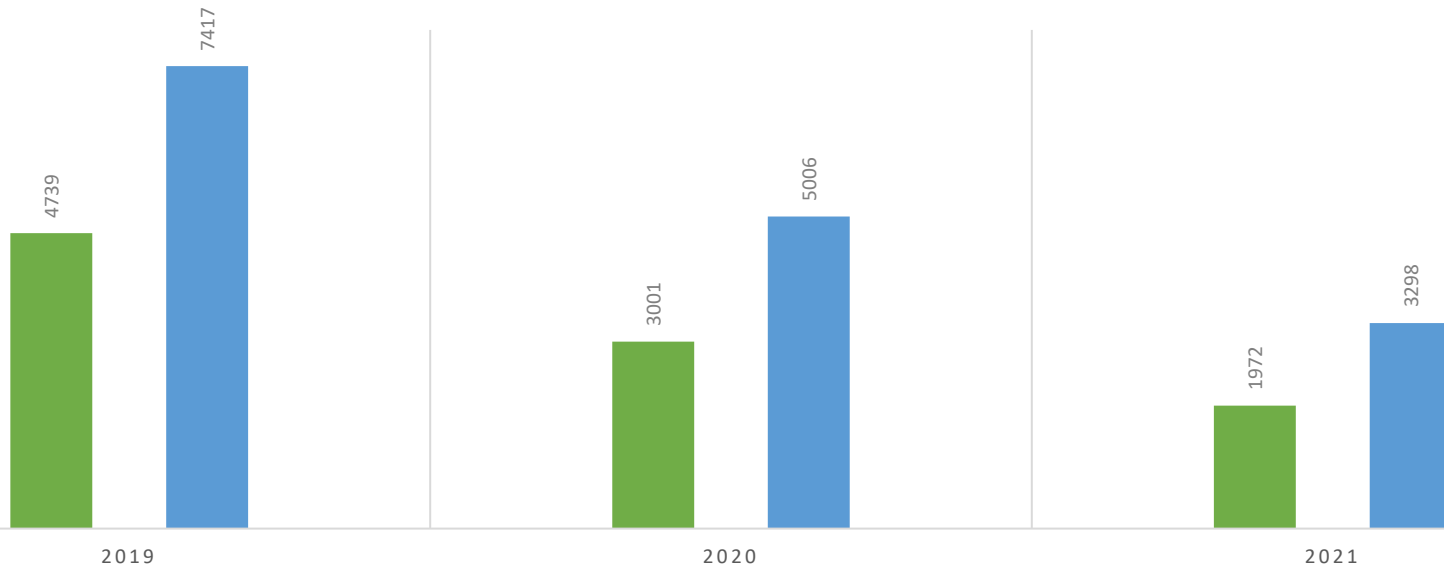
### UNDULICATED PATIENTS

■ Texas City ■ Galveston



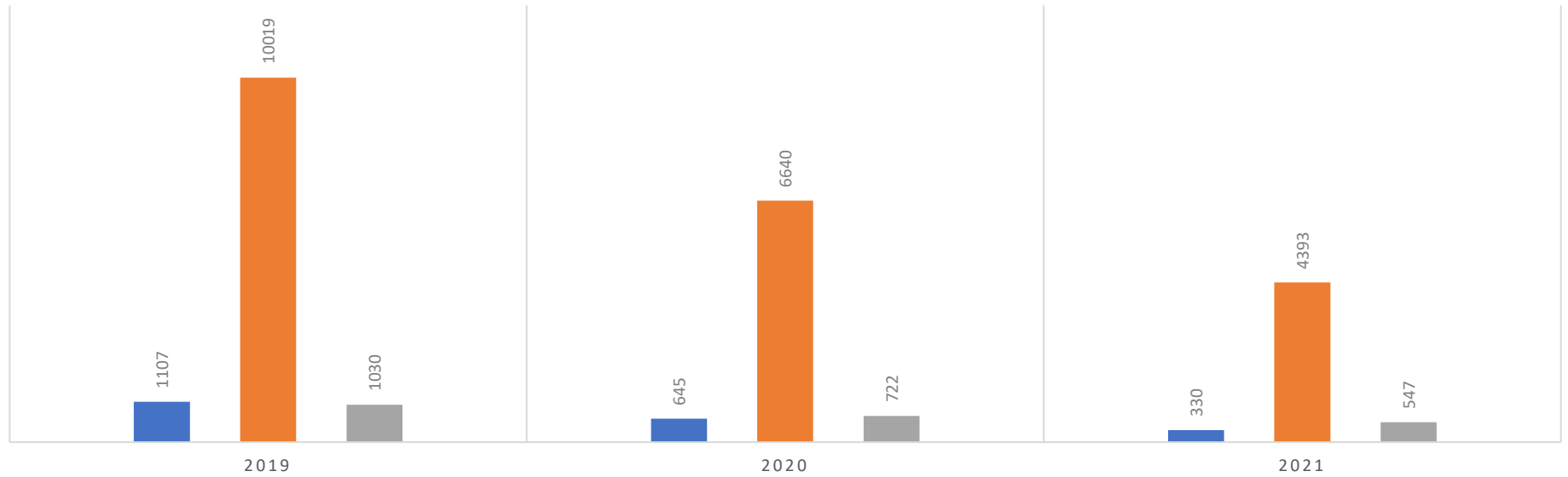
### BY SEX

■ Male ■ Female



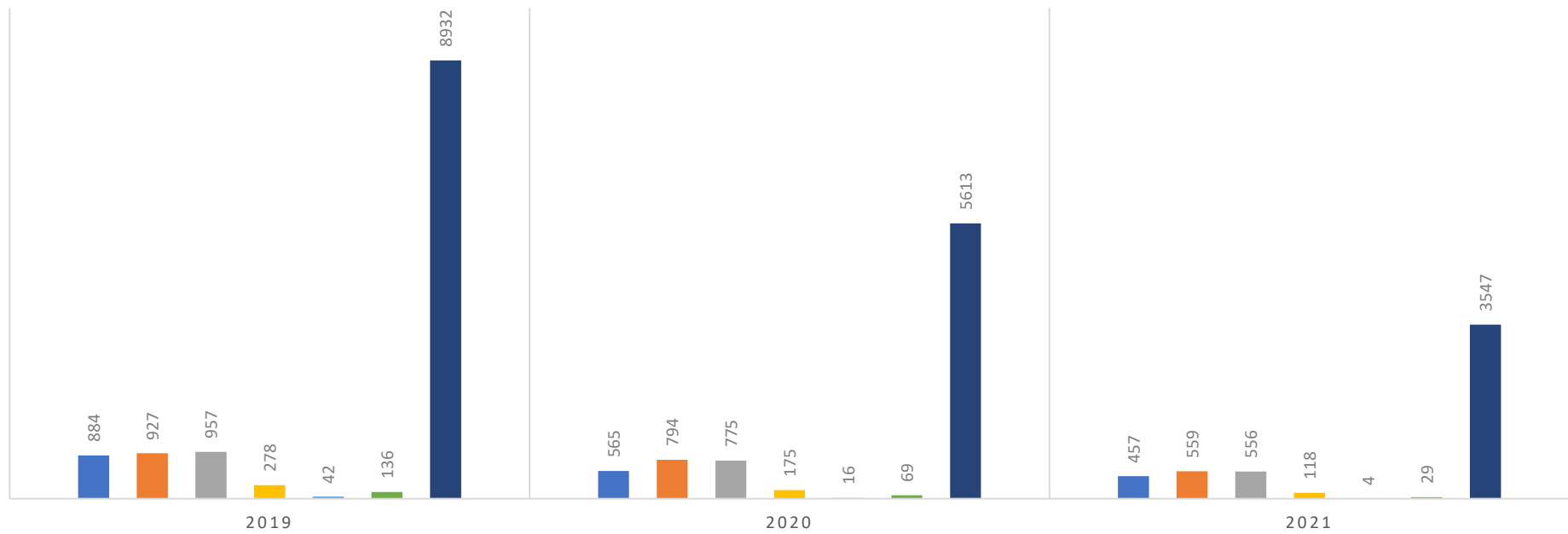
## BY AGE GROUP

0-17 18-64 65+



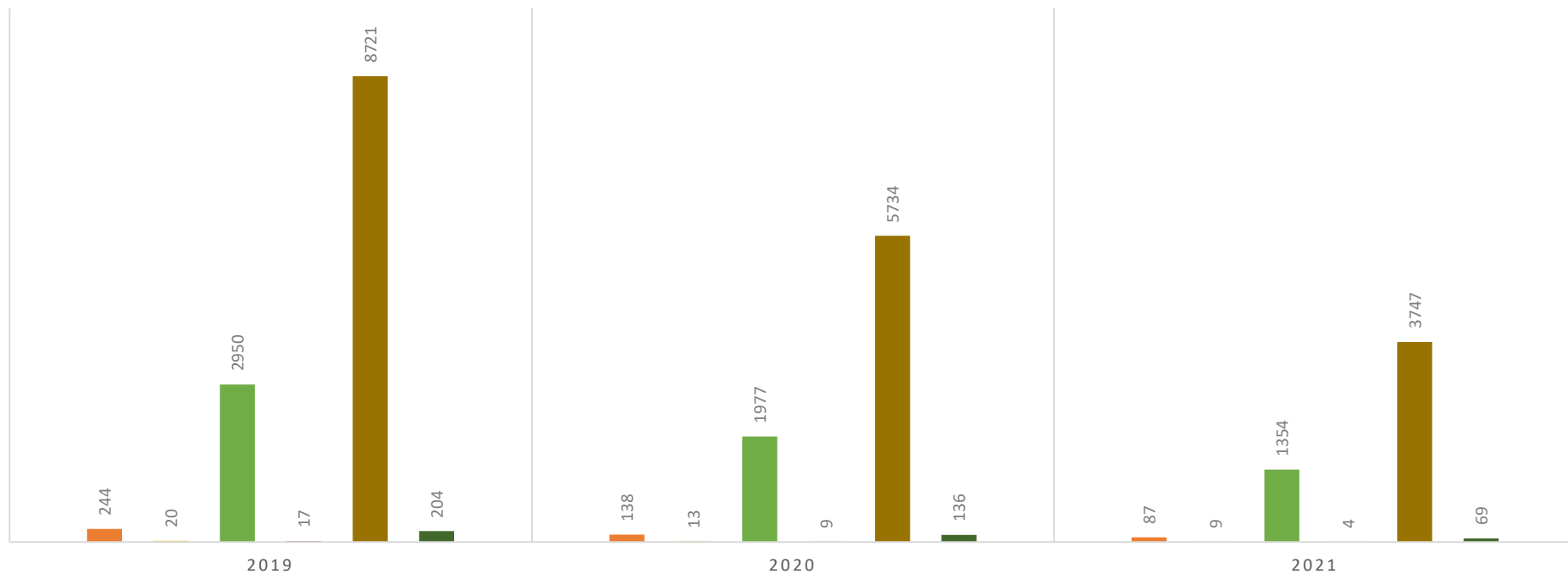
## BY FINANCIAL CLASS

Medicare Medicaid Private Ins Title V Chip Contract Self-Pay



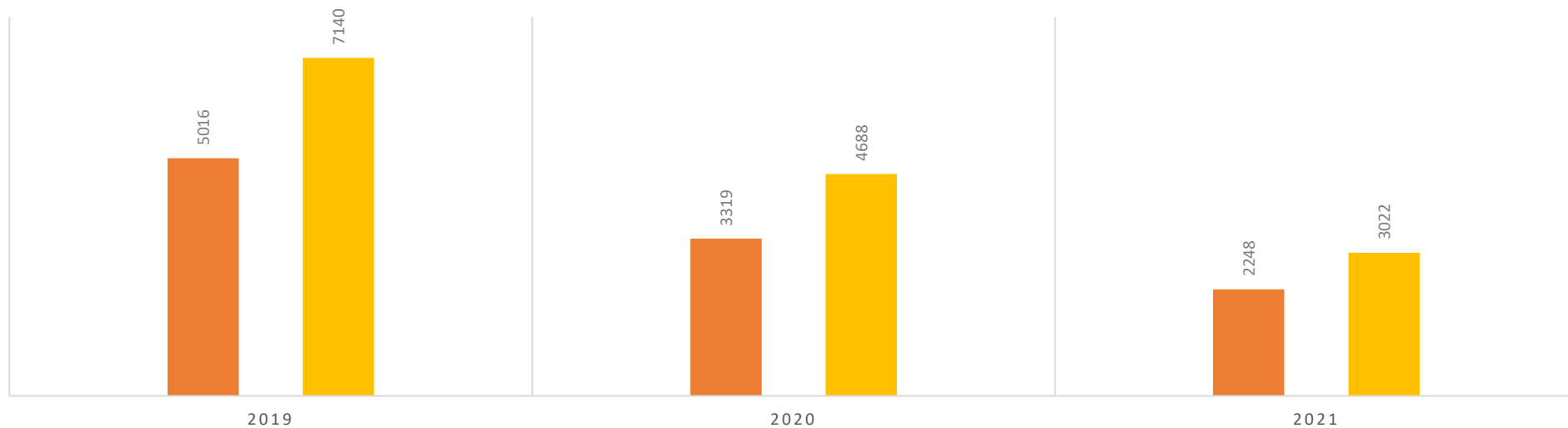
## BY RACIAL BACKGROUND

Asian American Indian / Alaskan Native Black/ African American Native Hawaiian/Other Pacific Islander White More than one Race



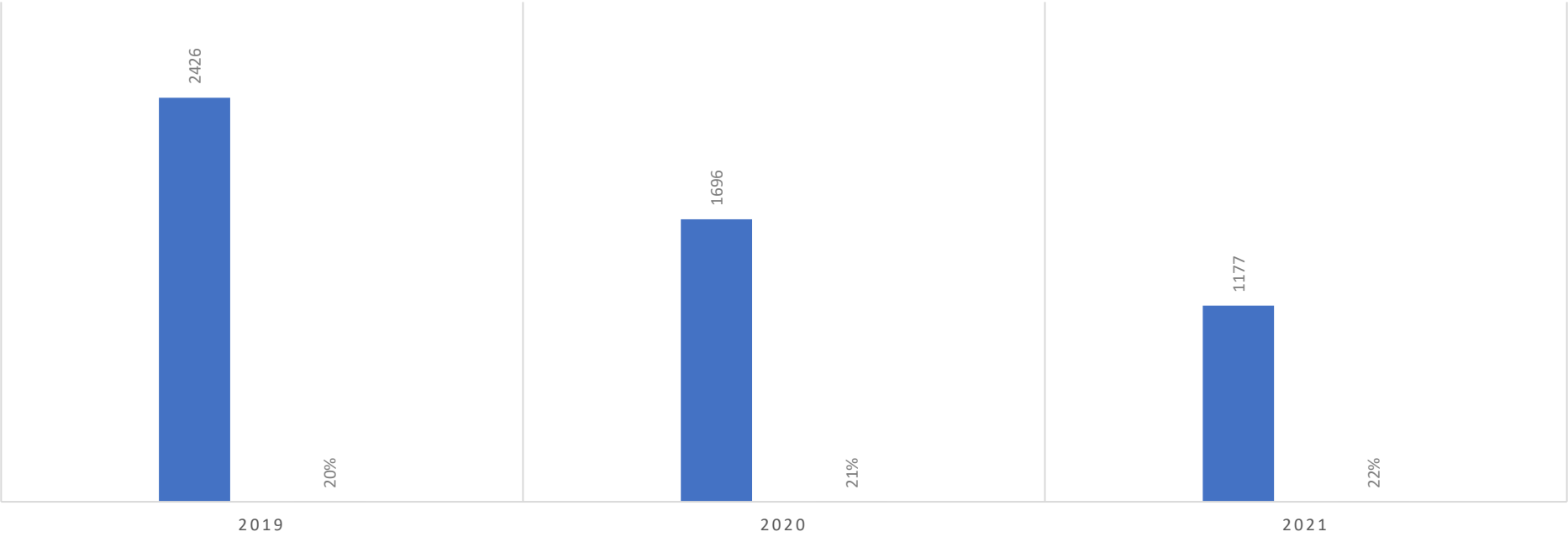
## BY ETHNICAL BACKGROUND

Hispanic/Latino Non - Hispanic/ Latino



BY % WITH LANGUAGE BARRIER

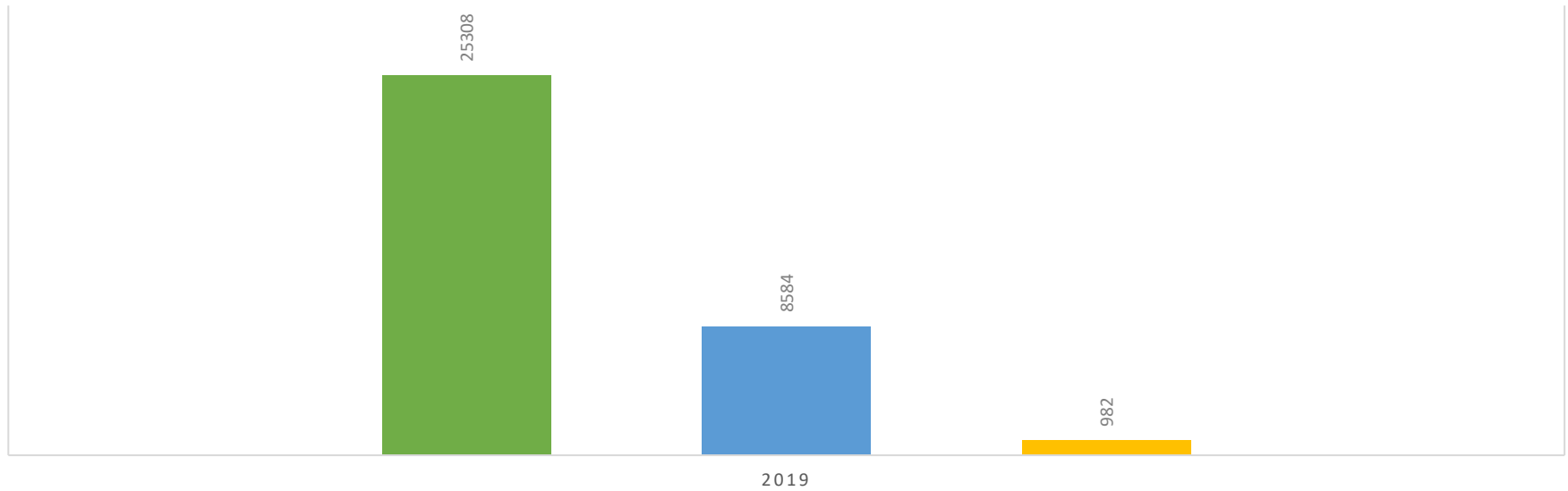
Totals %



Qualifying Visits by Department 2019 – Sept 25, 2021

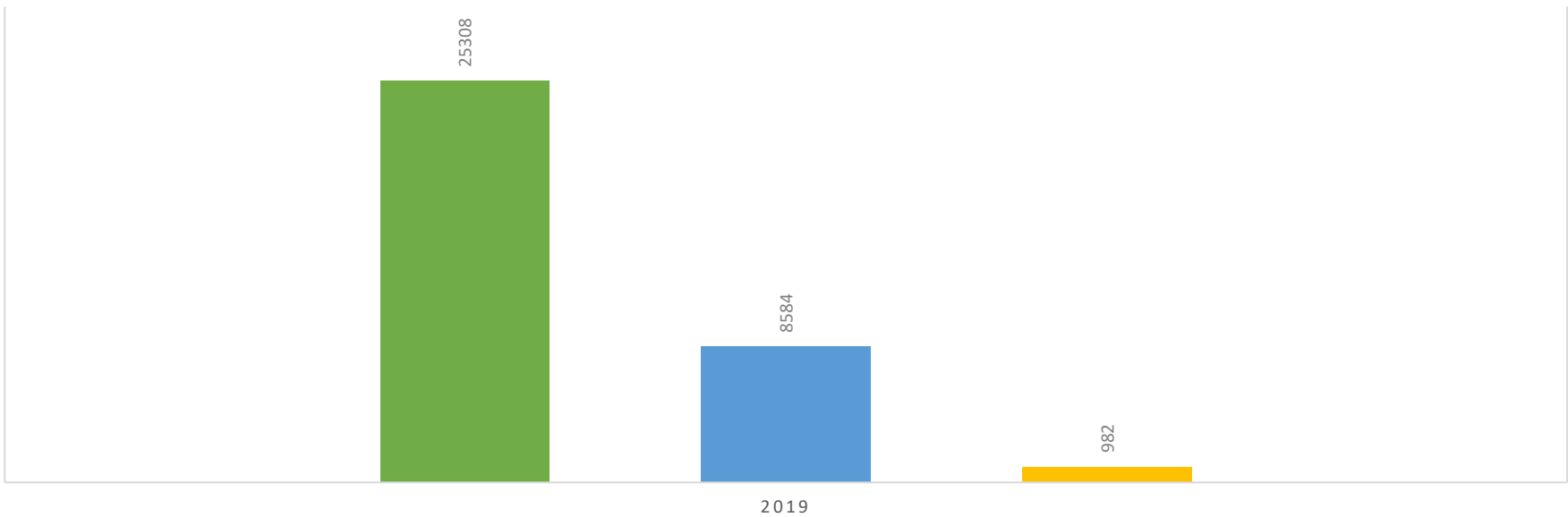
## QUALIFYING VISITS BY DEPARTMENT

■ Medical ■ Dental ■ Behavioral Health



## QUALIFYING VISITS BY DEPARTMENT

■ Medical ■ Dental ■ Behavioral Health





## QUALIFYING VISITS BY DEPARTMENT

■ Medical ■ Dental ■ Behavioral Health

12870

4493

846

2021

## 2019-2021 Qualifying Visit Trend

30000

25000

20000

15000

10000

5000

0

2019

2020

2021

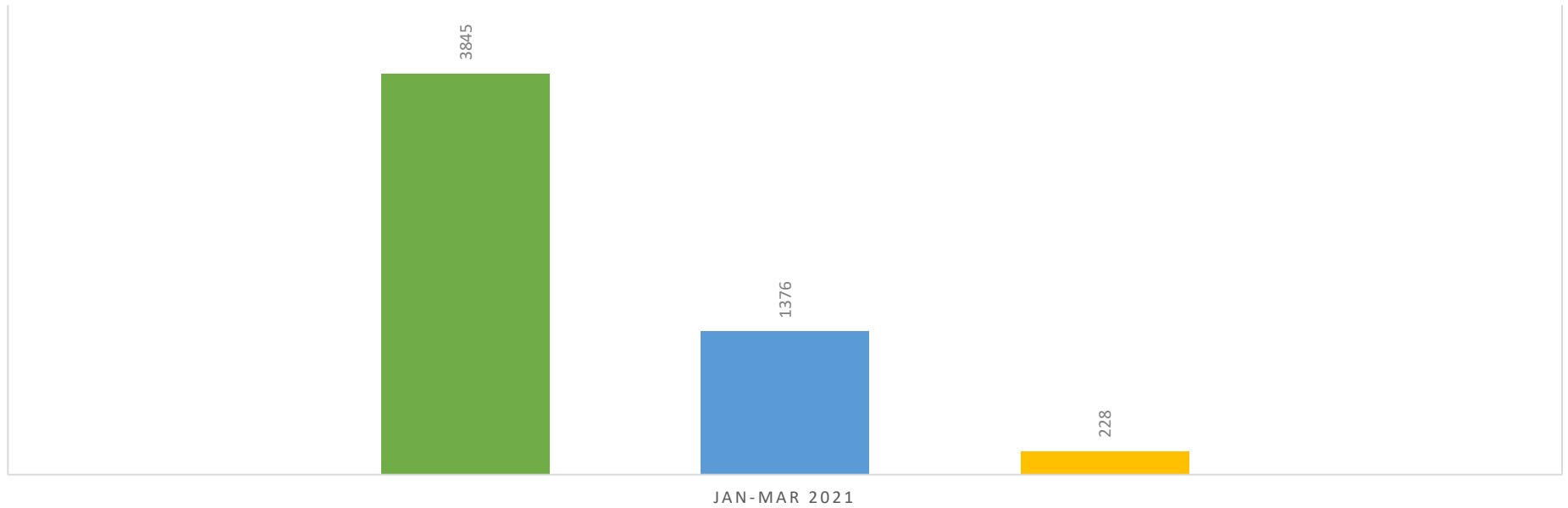
— Medical — Dental — Behavioral Health



Qualifying Visits by Department Jan 2021 – Sept 25, 2021, Quarterly Breakdown

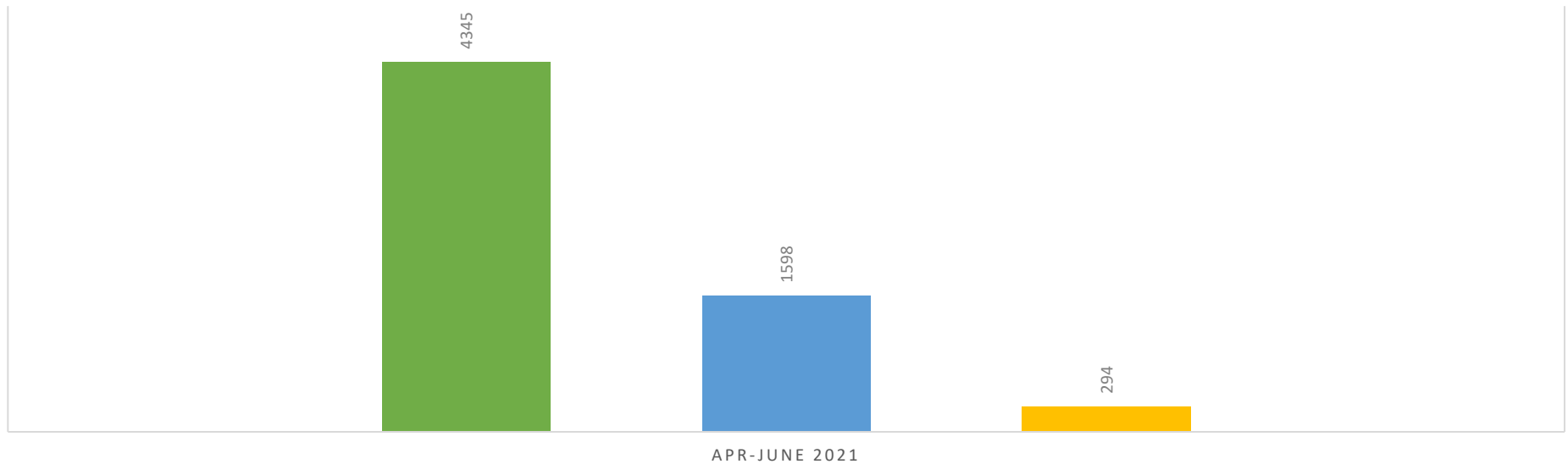
## QUALIFYING VISITS BY DEPARTMENT

■ Series1 ■ Series2 ■ Series3



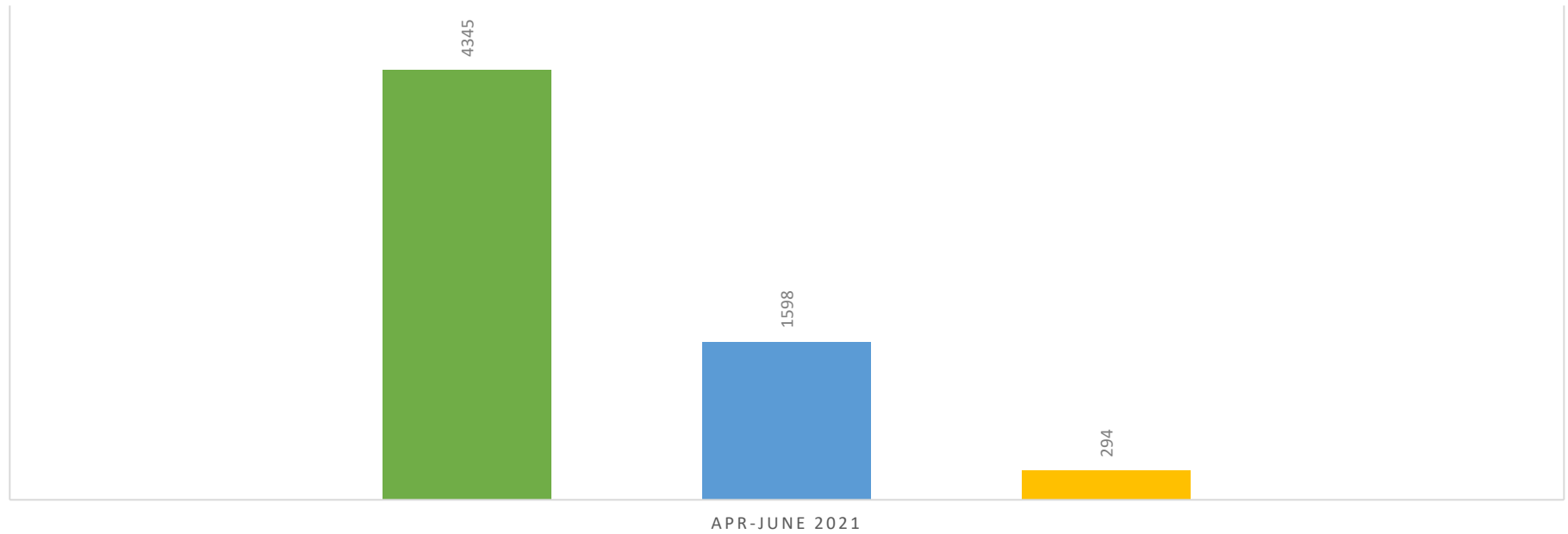
## QUALIFYING VISITS BY DEPARTMENT

■ Medical ■ Dental ■ Behavioral Health

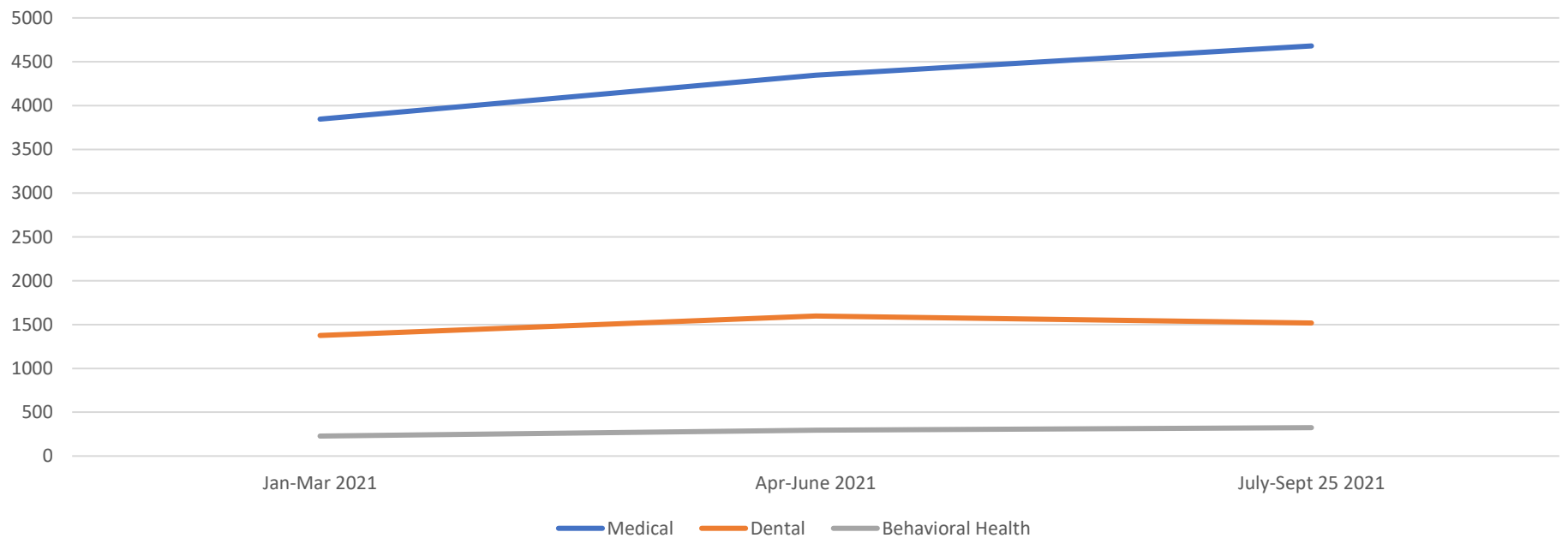


## QUALIFYING VISITS BY DEPARTMENT

■ Medical ■ Dental ■ Behavioral Health



## 2021 Qualifying Visit Trend



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### Governing Board

September 2021

Item#7

**Executive Director will Report on Coastal Health & Wellness/COVID-19  
Update Submitted by Dr. Keiser**

[Coastal Health & Wellness September 2021 Coastal Wave \(govdelivery.com\)](https://govdelivery.com)

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

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**Governing Board**

**September 2021**

**Item#8**

**Consider for Approval August 2021 Financial Report**

**Submitted by Marlene Garcia**

# COASTAL HEALTH & WELLNESS

Governing Board



## FINANCIAL SUMMARY

For the Period Ending

*August 31, 2021*

September 30, 2021

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

## CHW - BALANCE SHEET as of August 31, 2021

### ASSETS

	Current Month Aug-21	Prior Month Jul-21	Increase (Decrease)
Cash & Cash Equivalents	\$7,298,239	\$6,451,274	\$846,965
Accounts Receivable	1,757,258	1,589,590	167,668
Allowance For Bad Debt	(934,745)	(893,202)	(41,543)
Pre-Paid Expenses	150,874	184,321	(33,447)
Due To / From	(145,550)	50,480	(196,030)
<b>Total Assets</b>	<b>\$8,126,076</b>	<b>\$7,382,463</b>	<b>\$743,613</b>

### LIABILITIES

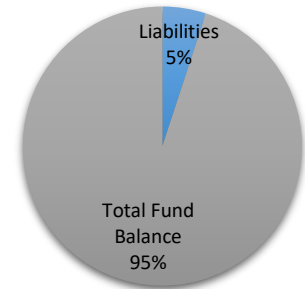
Accounts Payable	\$108,484	\$99,022	\$9,461
Accrued Salaries	257,873	220,101	37,773
Deferred Revenues	43,734	45,085	(1,351)
<b>Total Liabilities</b>	<b>\$410,091</b>	<b>\$364,208</b>	<b>\$45,883</b>

### FUND BALANCE

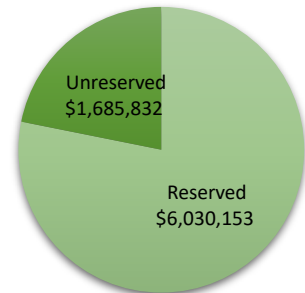
Fund Balance	\$6,426,698	\$6,426,698	0
Current Change	1,289,287	591,557	697,730
<b>Total Fund Balance</b>	<b>\$7,715,985</b>	<b>\$7,018,255</b>	<b>\$697,730</b>

<b>TOTAL LIABILITIES &amp; FUND BALANCE</b>	<b>\$8,126,076</b>	<b>\$7,382,463</b>	<b>\$743,613</b>
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### Current Period Assets



### Total Fund Balance



## CHW - REVENUE & EXPENSES as of August 31, 2021

### REVENUE

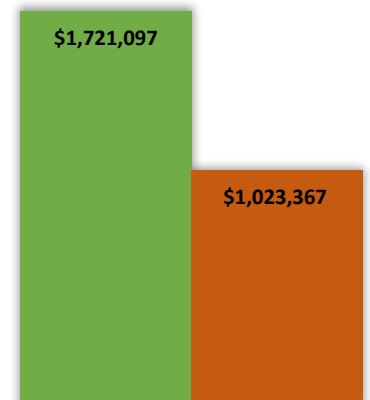
	Actual Aug-21	Budgeted Aug-21	PTD Budget Variance	YTD Budget Variance
County Revenue	\$311,222	\$311,222	\$0	\$0
DSRIP Revenue	765,938	65,833	700,104	614,918
HHS Grant Revenue	369,201	269,783	99,417	281,660
Patient Revenue	269,267	241,682	27,584	(45,386)
Other Revenue	5,470	8,851	(3,381)	9,275
<b>Total Revenue</b>	<b>\$1,721,097</b>	<b>\$897,372</b>	<b>\$823,725</b>	<b>\$860,467</b>

### EXPENSES

Personnel	\$604,141	\$615,556	\$11,415	\$121,195
Contractual	76,665	57,257	(19,408)	(56,672)
IGT Reimbursement	123,865	21,666	(102,200)	(193,684)
Supplies	65,066	80,159	15,093	89,207
Travel	1,440	2,778	1,338	8,935
Bad Debt Expense	41,543	24,674	(16,869)	(59,541)
Other	110,647	95,283	(15,364)	(16,681)
<b>Total Expenses</b>	<b>\$1,023,367</b>	<b>\$897,372</b>	<b>(\$125,995)</b>	<b>(\$107,241)</b>
<b>CHANGE IN NET ASSETS</b>	<b>\$697,730</b>	<b>\$0</b>	<b>\$697,730</b>	<b>\$753,226</b>

### Current Month Actuals

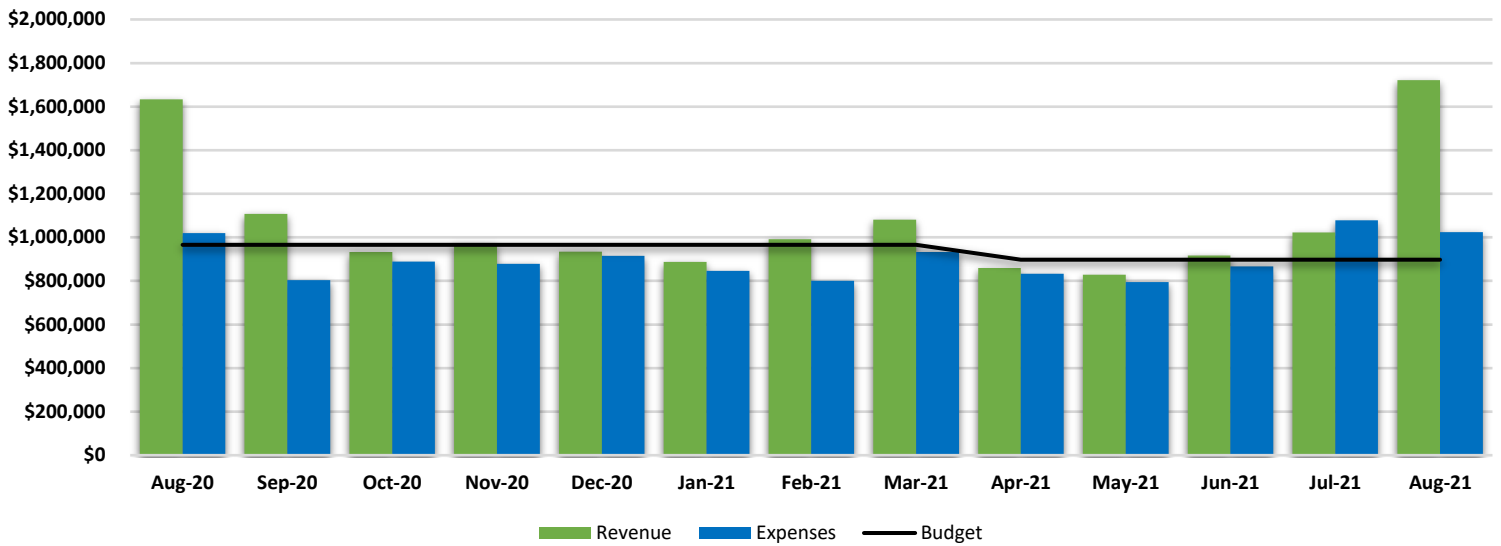
■ Revenue ■ Expenses



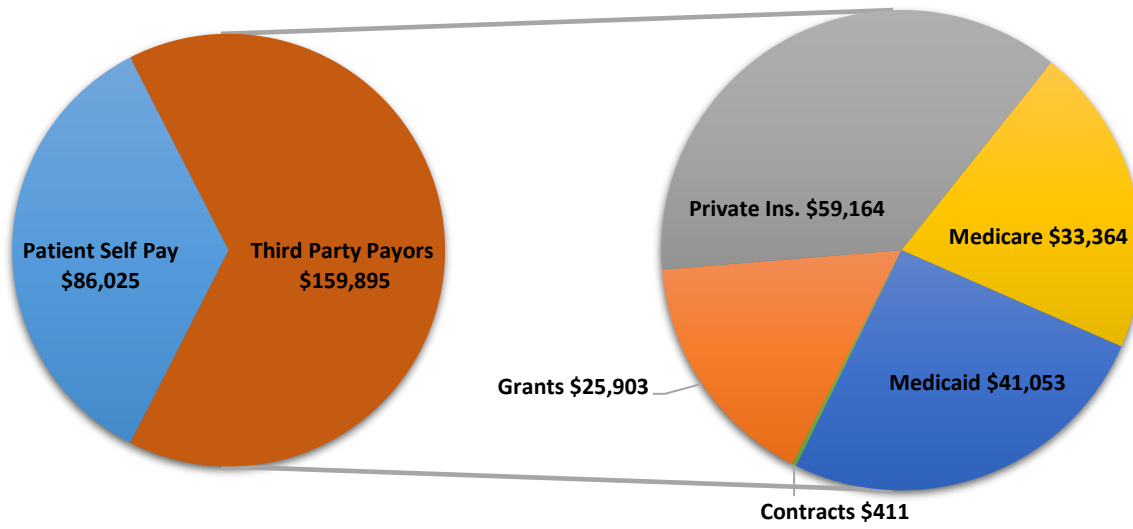
### HIGHLIGHTS

- MTD increase in fund balance of \$697,730.
- MTD revenues were \$896,579 higher than budgeted due to DSRIP revenue received this month, as well as All HHS Grant revenue for Aug 21 was accrued equal to the expenses for the month in the amount of \$369,200.82. In addition, patient revenue was higher in Aug at \$45,386.
- Total Revenue is overbudget for the month by \$823,724.33. HHS HRSA Grant Revenue, Pharmacy Revenue, Medicaid, Medical Record Revenue, Interest Income, and Contract Revenue are all underbudget for Aug 21.
- Pharmacy MTD Revenue is underbudget for Aug by \$51,653.33. The pharmacy revenue (Walgreens 340B) is low because pharmacy expenses which is paid to Cardinal are also low. Cardinal supplies the medications for 340B to Walgreens Rx.
- MTD IGT Expense is overbudget for Aug by \$102,199.45. This is for DSRIP in the amount of \$123,865.45. YTD is overbudget by \$193,683.72.
- Additional expenses overbudget for Aug were for LabCorp \$9,403.29, Locum Tenen \$8,099.12, operating expenses \$10,242.39, Subscriptions for Greater Houston HealthConnect \$10,743, and other smaller ones.

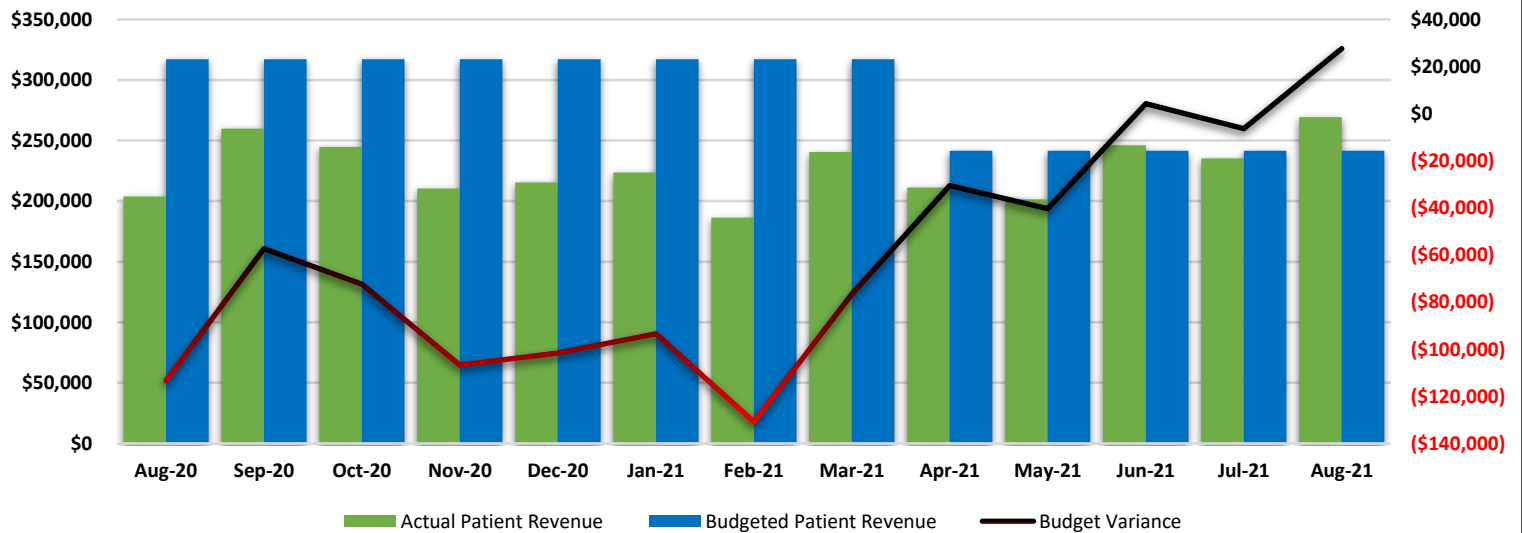
Actual Revenue & Expenses in Comparison to Budget



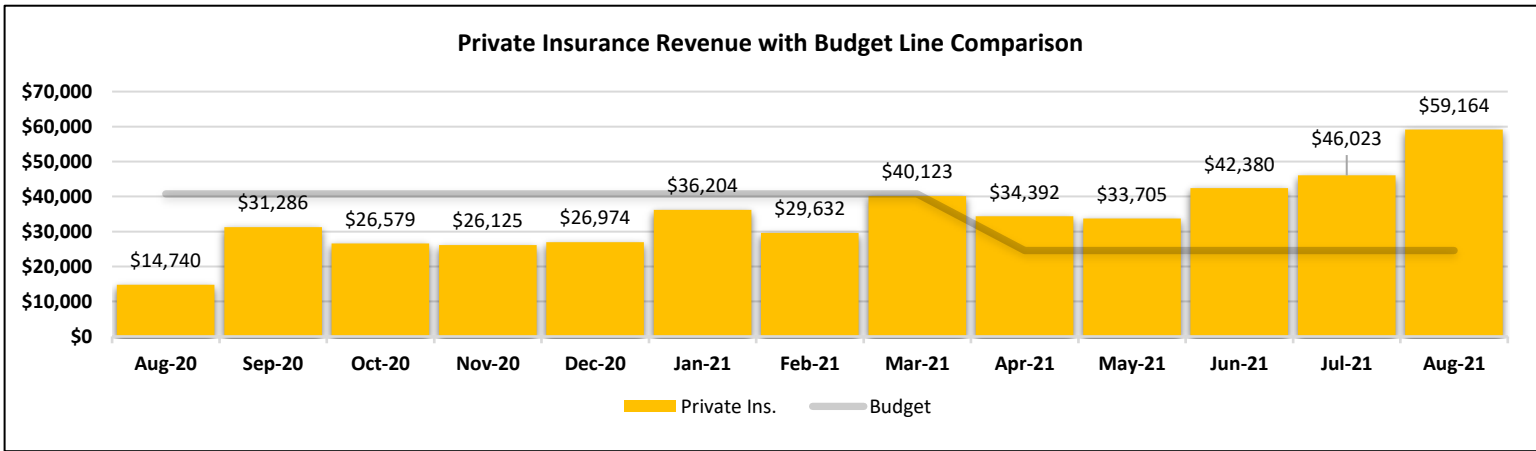
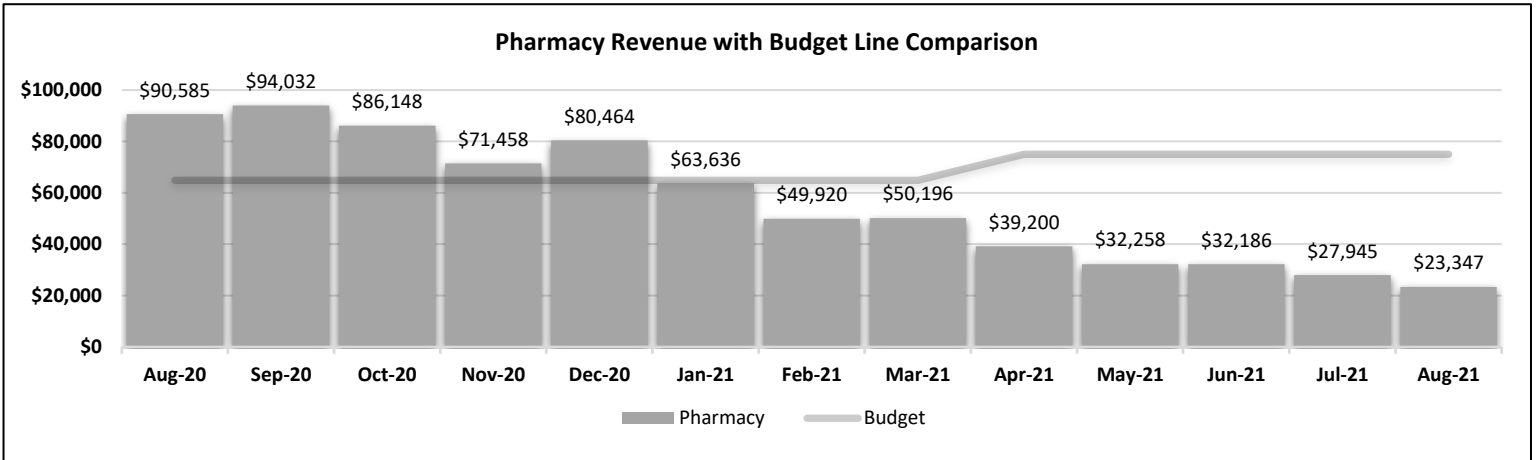
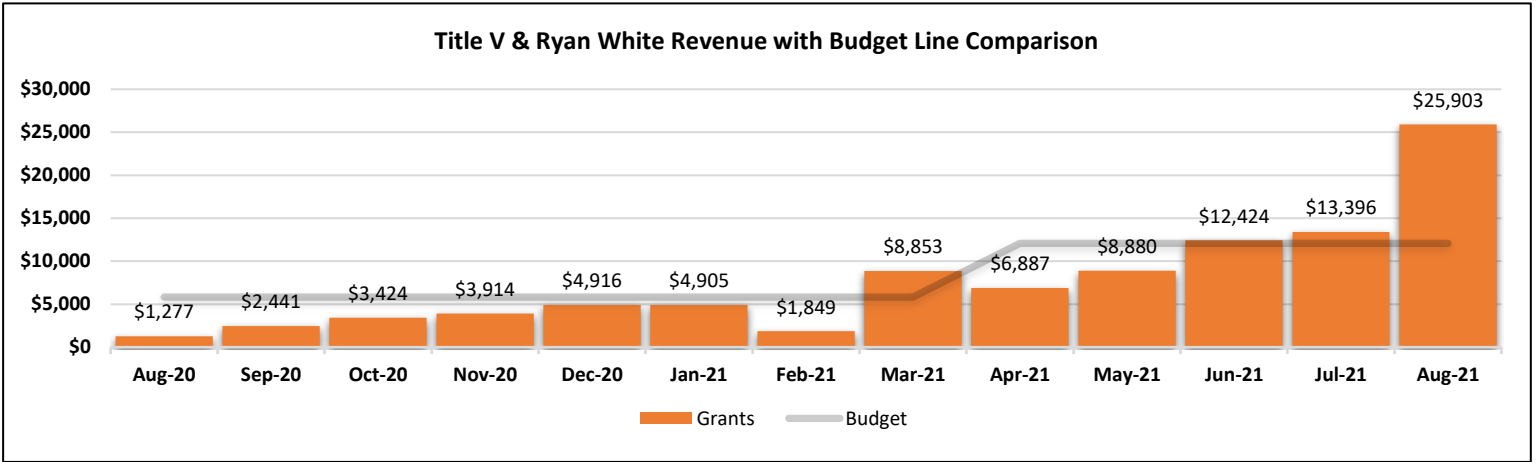
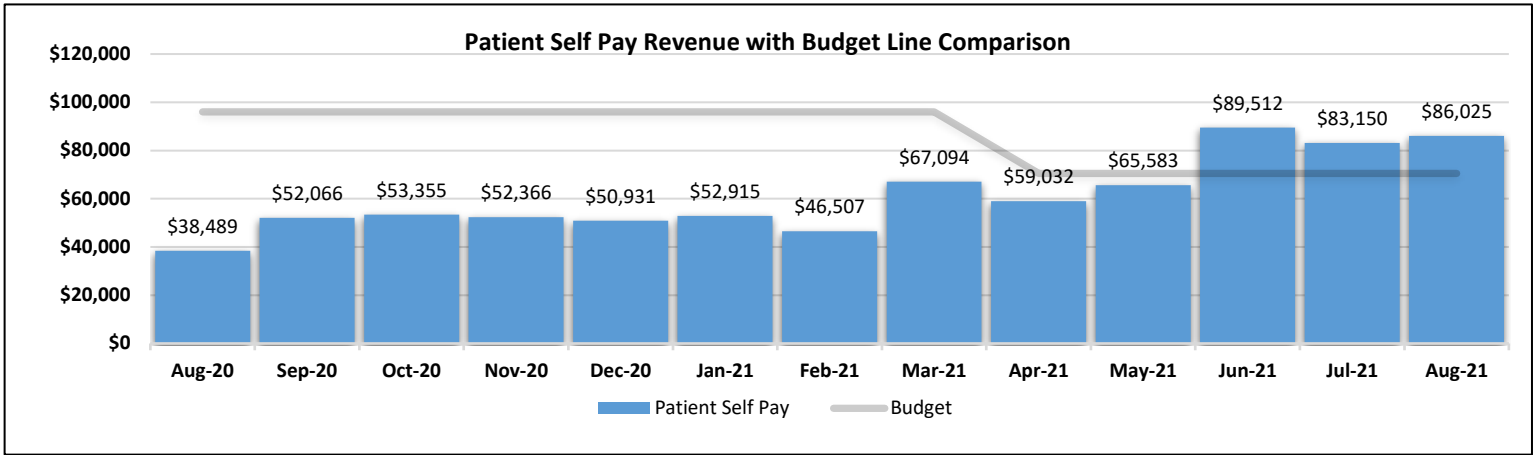
Current Period Patient Revenue with Third Party Payor Contributions Identified



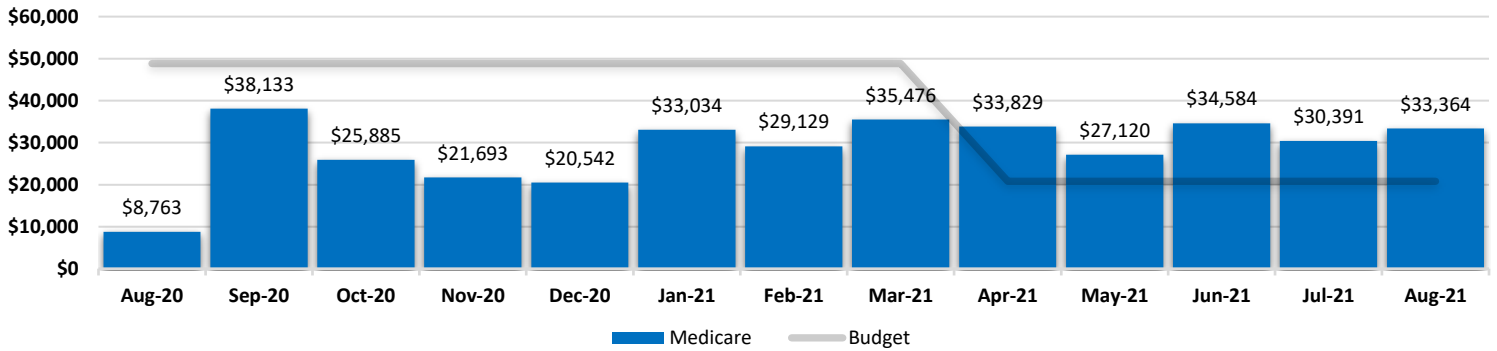
Actual Patient Revenue Rec'd vs Budget with Variance



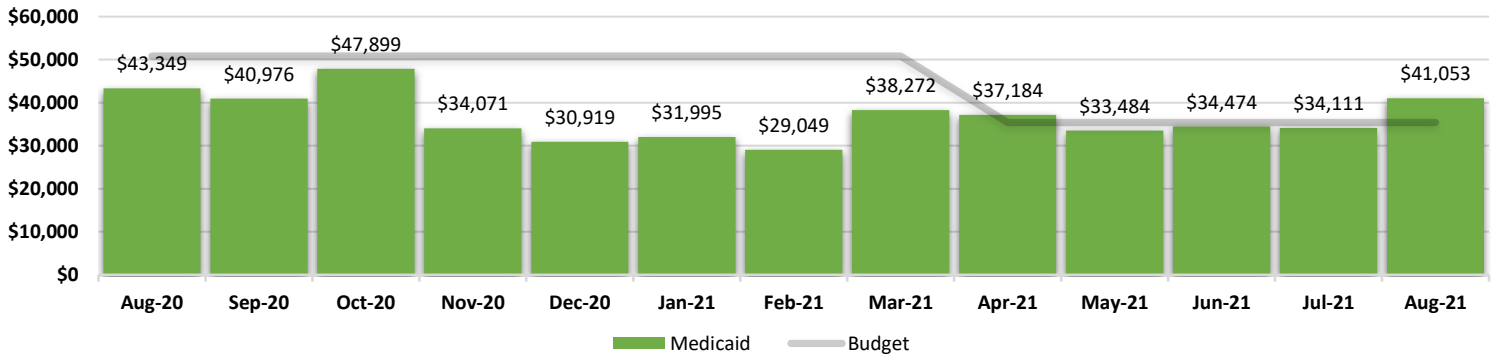




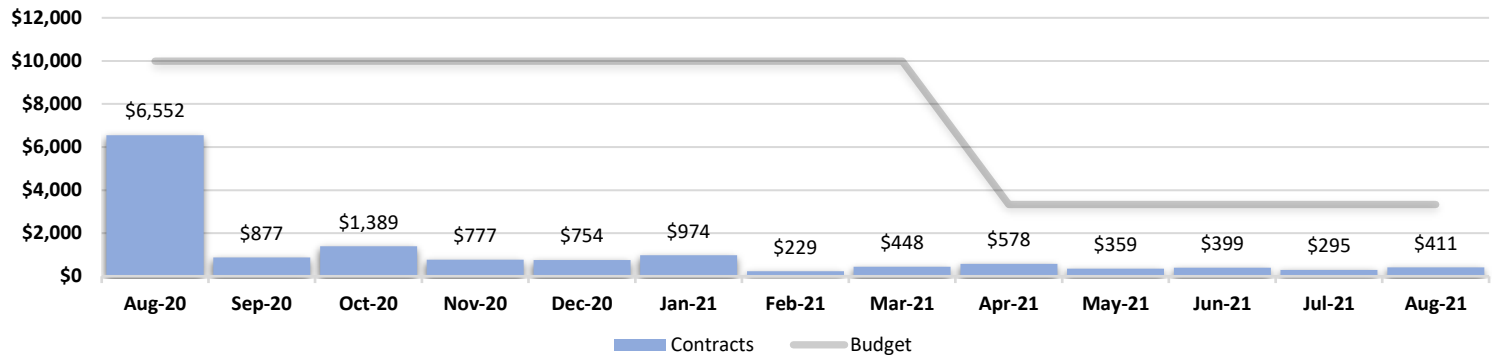
Medicare Revenue with Budget Line Comparison



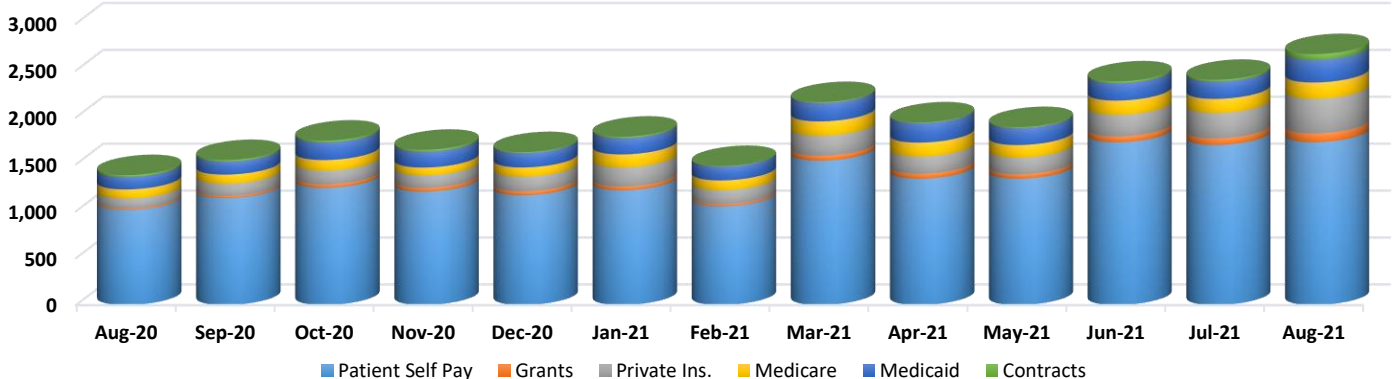
Medicaid Revenue with Budget Line Comparison



Contract Revenue with Budget Line Comparison



Total Number of Patient Visits



**Coastal Health & Wellness**  
**Statement of Revenue and Expenses for the Period ending August 31, 2021**

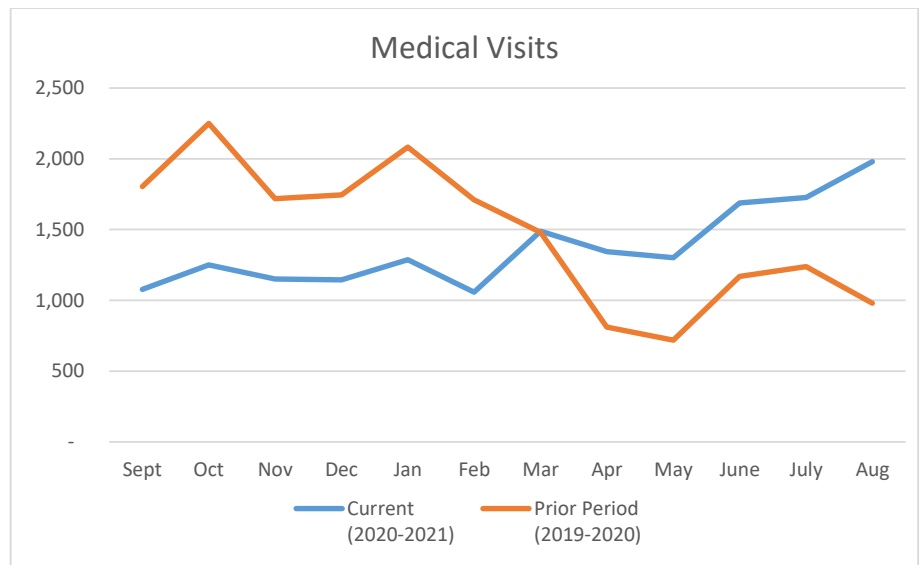
Cost Category	Account Description	Annual Budget	Period Ending 8/31/2021	MTD Budget	MTD Budget Variance	YTD Actual	YTD Budget	YTD Budget Variance
<b><u>Grouping</u></b>	<b><u>Revenue</u></b>							
HHS	HHS Grant Revenue - HRSA	3,237,400	369,201	269,783	99,417	1,603,302	1,348,917	254,385
	Base Funding	3,237,400	242,487	269,783	(27,296)	1,254,275	1,348,917	(94,642)
	HHS QI 19	-	-	-	-	-	-	-
	COVID Supplemental	-	-	-	-	-	-	-
	COVID CARES	-	-	-	-	153,395	-	153,395
	COVID ECT	-	15,829	-	15,829	75,819	-	75,819
	HHS QI 20	-	1,086	-	1,086	8,425	-	8,425
	Hypertension (HTN)	-	-	-	-	1,589	-	1,589
	COVID ARP	-	109,799	-	109,799	109,799	-	109,799
HHS	HHS Grant Revenue - Other	-	-	-	-	27,275	-	27,275
Patient	Grant Revenue (Title V, Ryan White)	144,977	25,903	12,081	13,821	67,489	60,407	7,081
Patient	Patient Fees	845,950	86,025	70,496	15,530	383,302	352,479	30,823
Patient	Private Insurance	294,821	59,164	24,568	34,595	215,663	122,842	92,821
Patient	Pharmacy Revenue - 340b	900,000	23,347	75,000	(51,653)	154,936	375,000	(220,064)
Patient	Medicare	249,596	33,364	20,800	12,565	159,288	103,998	55,290
Patient	Medicaid	424,845	41,053	35,404	5,649	180,305	177,019	3,287
Other	Local Grants & Foundations	16,208	1,351	1,351	0	8,753	6,753	2,000
Other	Medical Record Revenue	15,000	692	1,250	(558)	4,196	6,250	(2,054)
Other	Medicaid Incentive Payments	-	170	-	170	26,899	-	26,899
County	County Revenue	3,734,667	311,222	311,222	-	1,556,111	1,556,111	-
DSRIP	DSRIP Revenue	790,000	765,938	65,833	700,104	944,085	329,167	614,918
Other	Miscellaneous Revenue	-	10	-	10	244	-	244
Other	Gain on Fixed Asset Disposals	-	-	-	-	656	-	656
Other	Interest Income	70,000	2,349	5,833	(3,485)	10,726	29,167	(18,441)
Patient	CHW Contract Revenue	40,000	411	3,333	(2,922)	2,042	16,667	(14,624)
Other	Local Funds / Other Revenue	5,000	899	417	482	2,055	2,083	(29)
	<b>Total Revenue</b>	<b>\$ 10,768,464</b>	<b>\$ 1,721,097</b>	<b>\$ 897,372</b>	<b>\$ 823,725</b>	<b>\$ 5,347,327</b>	<b>\$ 4,486,860</b>	<b>\$ 860,467</b>
	<b><u>Expenses</u></b>							
Personnel	Hourly Pay	5,832,411	476,898	486,034	9,136	2,364,782	2,430,171	65,390
Personnel	Supplemental/Merit Compensation	-	5,000	-	(5,000)	5,000	-	(5,000)
Personnel	Provider Incentives	67,000	750	5,583	4,833	2,250	27,917	25,667
Personnel	Overtime	42,000	2,360	3,500	1,140	13,763	17,500	3,737
Personnel	Part-Time Hourly Pay	202,460	24,665	16,872	(7,793)	90,448	84,358	(6,089)
Personnel	Comp Pay Premium	-	11	-	(11)	11	-	(11)
Personnel	FICA Expense	470,018	38,058	39,168	1,110	183,942	195,841	11,899
Personnel	Texas Unemployment Tax (SUTA)	12,759	1,006	1,063	58	13,806	5,316	(8,490)
Personnel	Life Insurance Expense	14,961	1,395	1,247	(148)	7,094	6,234	(860)
Personnel	Long Term Disability Coverage	13,989	1,072	1,166	93	5,376	5,829	453
Personnel	Employer Paid Health Insurance	494,769	29,686	41,231	11,545	144,252	206,154	61,901
Personnel	Worker's Comp Insurance	18,437	1,399	1,536	138	6,736	7,682	946
Personnel	Cobra Expense	-	53	-	(53)	247	-	(247)
Personnel	Employer Sponsored Healthcare	79,016	6,009	6,585	576	26,965	32,923	5,959
Personnel	Pension/Retirement	138,849	11,598	11,571	(27)	56,057	57,854	1,796
Contractual	Outside Lab Contract	146,448	21,607	12,204	(9,403)	71,727	61,020	(10,707)
Contractual	Outside X-Ray Contract	18,000	1,596	1,500	(96)	7,524	7,500	(24)
Contractual	Misc Contract Services	237,722	27,909	19,810	(8,099)	146,161	99,051	(47,111)
Personnel	Temporary Staffing	-	4,181	-	(4,181)	35,855	-	(35,855)
Contractual	CHW Billing Contract Services	72,000	8,669	6,000	(2,669)	36,730	30,000	(6,730)
IGT	IGT Reimbursement	259,989	123,865	21,666	(102,200)	302,013	108,329	(193,684)
Contractual	Janitorial Contract	168,780	13,926	14,065	139	69,721	70,325	604
Contractual	Pest Control	960	80	80	(0)	401	400	(1)
Contractual	Security	43,176	2,878	3,598	720	10,694	17,990	7,296
Supplies	Office Supplies	82,600	5,085	6,883	1,799	47,325	34,417	(12,908)
Supplies	Operating Supplies	228,132	29,253	19,011	(10,242)	134,751	95,055	(39,696)
Supplies	Outside Dental Supplies	40,200	3,699	3,350	(349)	17,346	16,750	(596)
Supplies	Pharmaceutical Supplies	600,000	20,350	50,000	29,650	101,830	250,000	148,170
Supplies	Janitorial Supplies	5,400	-	450	450	48	2,250	2,202
Supplies	Printing Supplies	5,580	2,072	465	(1,607)	2,322	2,325	3

**Coastal Health & Wellness**  
**Statement of Revenue and Expenses for the Period ending August 31, 2021**

Cost Category	Account Description	Annual Budget	Period Ending 8/31/2021	MTD Budget	MTD Budget Variance	YTD Actual	YTD Budget	YTD Budget Variance
Supplies	Uniform Supplies	-	-	-	-	-	-	-
Supplies	Controlled Assets (i.e. computers)	-	4,606	-	(4,606)	7,968	-	(7,968)
Other	Postage	9,000	1,176	750	(426)	3,291	3,750	459
Other	Telecommunications	64,500	6,190	5,375	(815)	29,139	26,875	(2,264)
Other	Water	372	31	31	1	153	155	3
Other	Electricity	18,000	1,026	1,500	474	6,982	7,500	518
Travel	Travel, Local	3,200	219	267	48	514	1,333	819
Travel	Travel, Out Of Town	-	-	-	-	-	-	-
Travel	Training, Local	30,135	135	2,511	2,376	3,106	12,556	9,450
Travel	Training, Out Of Town	-	1,086	-	(1,086)	1,335	-	(1,335)
Other	Rentals	39,240	6,078	3,270	(2,808)	18,618	16,350	(2,268)
Other	Leases	517,464	43,091	43,122	31	215,454	215,610	156
Other	Maint/Repair, Equip.	81,844	6,459	6,820	361	38,960	34,102	(4,858)
Other	Maint/Repair, Bldg.	2,400	-	200	200	5,450	1,000	(4,450)
Other	Maint/Repair, IT Equipment	-	-	-	-	-	-	-
Other	Insurance, Auto/Truck	108	9	9	0	43	45	2
Other	Insurance, General Liability	11,808	937	984	47	4,686	4,920	234
Other	Insurance, Bldg. Contents	18,372	1,149	1,531	382	5,747	7,655	1,909
Other	Settlements	-	-	-	-	-	-	-
Other	IT Equipment	-	-	-	-	-	-	-
Other	Operating Equipment	-	-	-	-	-	-	-
Other	Building Improvements	-	-	-	-	-	-	-
Other	Newspaper Ads/Advertising	23,600	3,323	1,967	(1,356)	8,142	9,833	1,691
Other	Subscriptions, Books, Etc.	18,623	12,295	1,552	(10,743)	12,464	7,760	(4,704)
Other	Association Dues	34,710	2,792	2,893	101	14,226	14,463	236
Other	IT Software / Licenses	259,929	22,922	21,661	(1,262)	114,809	108,304	(6,505)
Other	Prof Fees/Licenses/Inspections	1,670	1,139	139	(1,000)	1,114	696	(418)
Other	Professional Services	22,800	393	1,900	1,507	844	9,500	8,656
Other	Med/Hazard Waste Disposal	5,400	390	450	60	1,950	2,250	300
Other	Transportation	6,000	237	500	263	2,436	2,500	64
Other	Board Meeting Operations	350	-	29	29	288	146	(142)
Other	Service Charge - Credit Cards	7,200	1,011	600	(411)	5,018	3,000	(2,018)
Other	Cashier Over/Short	-	-	-	-	1	-	(1)
Other	Bad Debt Expense	296,083	41,543	24,674	(16,869)	182,908	123,368	(59,541)
Other	Miscellaneous Expense	-	-	-	-	3,278	-	(3,278)
	<b>Total Expenses</b>	<b>\$ 10,768,464</b>	<b>\$ 1,023,367</b>	<b>\$ 897,372</b>	<b>\$ (125,995)</b>	<b>\$ 4,594,101</b>	<b>\$ 4,486,860</b>	<b>\$ (107,241)</b>
	<b>Net Change in Fund Balance</b>	<b>\$ -</b>	<b>\$ 697,730</b>	<b>\$ -</b>	<b>\$ 697,730</b>	<b>\$ 753,226</b>	<b>\$ -</b>	<b>\$ 753,226</b>

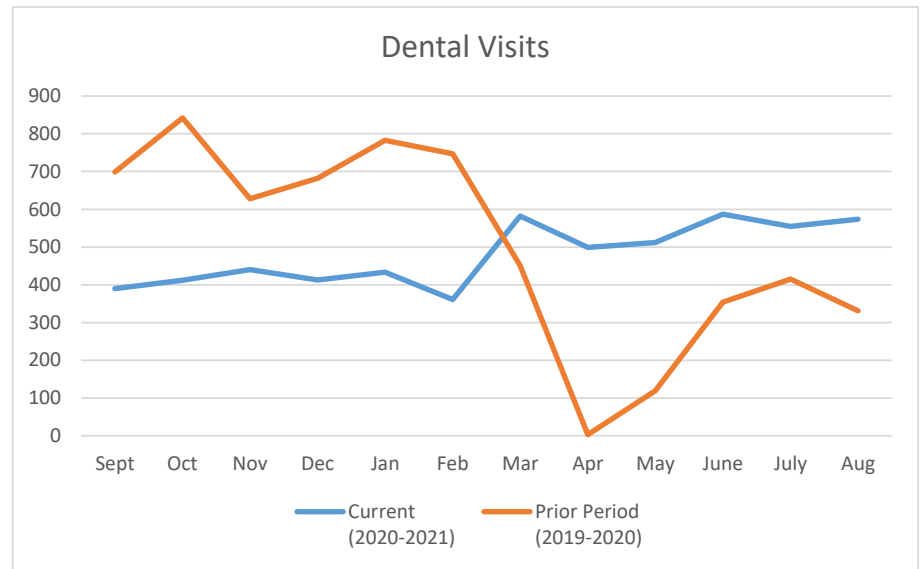
### Medical Visits

	<u>Current</u>	<u>Prior Period</u>
	(2020-2021)	(2019-2020)
Sept	1,077	1,804
Oct	1,251	2,250
Nov	1,150	1,719
Dec	1,145	1,745
Jan	1,288	2,082
Feb	1,058	1,710
Mar	1,488	1,480
Apr	1,345	812
May	1,301	719
June	1,689	1,170
July	1,727	1,238
Aug	1,980	981
	<u>16,499</u>	<u>17,710</u>



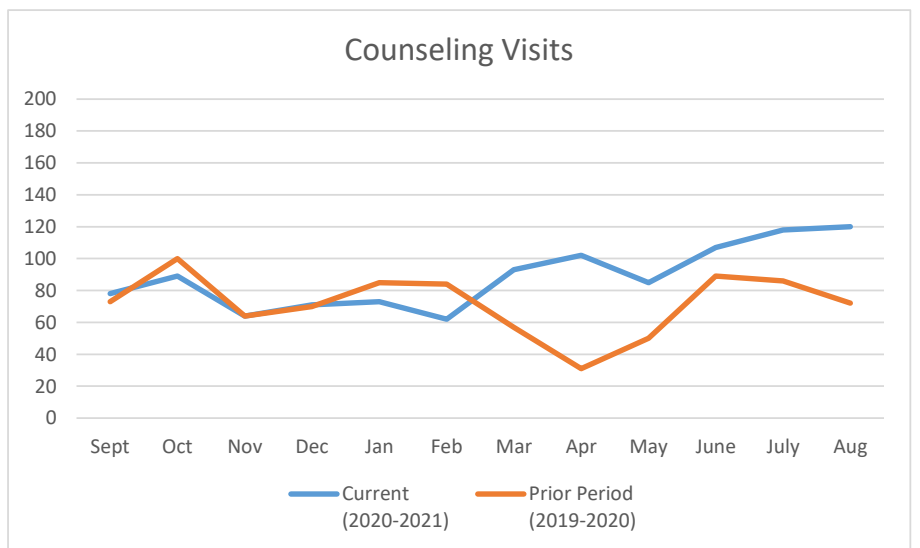
### Dental Visits

	<u>Current</u>	<u>Prior Period</u>
	(2020-2021)	(2019-2020)
Sept	390	699
Oct	412	842
Nov	440	628
Dec	413	682
Jan	433	783
Feb	361	747
Mar	582	451
Apr	499	3
May	512	119
June	587	354
July	555	415
Aug	574	331
	<u>5,758</u>	<u>6,054</u>



### Counseling Visits

	<u>Current</u>	<u>Prior Period</u>
	(2020-2021)	(2019-2020)
Sept	78	73
Oct	89	100
Nov	64	64
Dec	71	70
Jan	73	85
Feb	62	84
Mar	93	57
Apr	102	31
May	85	50
June	107	89
July	118	86
Aug	120	72
	<u>1062</u>	<u>861</u>



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

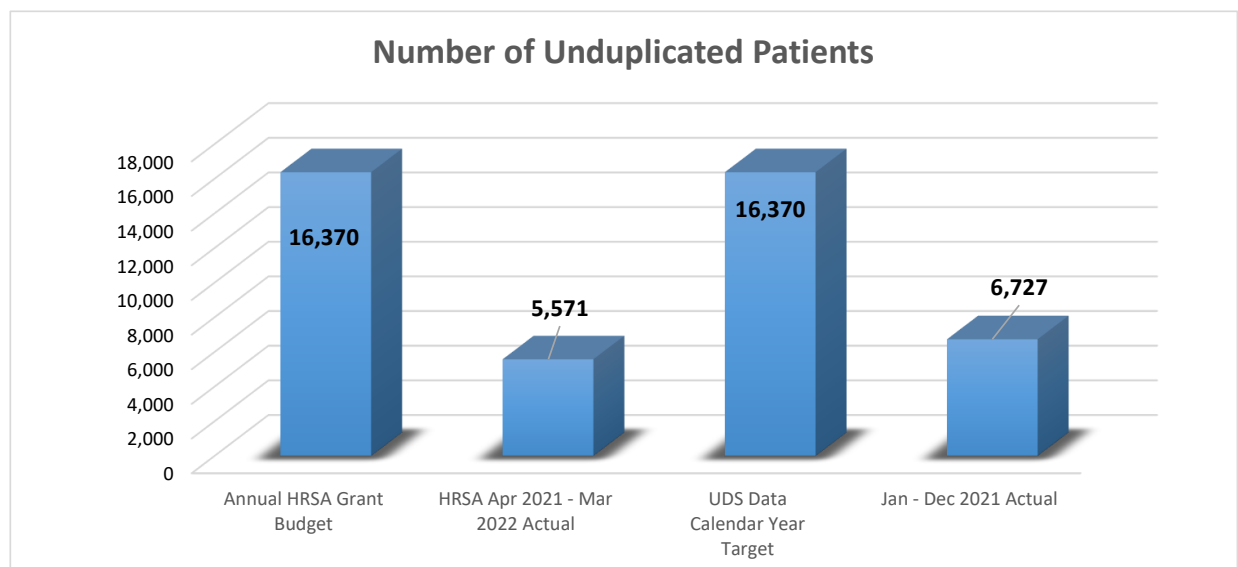
	Annual HRSA Grant Budget	MTD Actual	MTD Budget	Over/(Under) MTD Budget	YTD Actual	YTD Budget	Over/(Under) YTD Budget	% Over/ (Under) YTD Budget
Medicaid	3,147	241	262	(21)	1,072	1,049	23	2%
Medicare	2,713	175	226	(51)	769	904	(135)	-15%
Other Public <i>(Title V, Contract, Ryan White)</i>	1,273	155	106	49	453	424	29	7%
Private Insurance	2,941	368	245	123	1,235	980	255	26%
Self Pay	24,170	1,735	2,014	(279)	7,794	8,057	(263)	-3%
	<b>34,244</b>	<b>2,674</b>	<b>2,854</b>	<b>(180)</b>	<b>11,323</b>	<b>11,415</b>	<b>(92)</b>	<b>-1%</b>

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

	Current Year Annual Target	Jan-Aug 2020 Actual	Jan-Aug 2021 Actual	Increase/ (Decrease) Prior Year	% of Annual Target
Unduplicated Patients	16,370	6,660	6,727	67	41%

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

	Annual HRSA Grant Budget	Apr-Aug 2020 Actual	Apr-Aug 2021 Actual	Increase/ (Decrease) Prior Year	% of Annual Target
Unduplicated Patients	16,370	3,855	5,571	1,716	34%



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**Governing Board**

**September 2021**

**Item#9**

**Consider for Approval Coastal Health & Wellness Care  
Transitions, Tracking and Follow up Policy  
Submitted by Martha Vallin**

## **POLICY & PROCEDURE**

### Care transitions, Tracking, and Follow-Up of **Hospital Admissions**

**PURPOSE:** The purpose of this document is to provide a consistent, orderly process for the tracking of patients known to have had a recent emergency department (ED) visit and/or hospital admission.

#### **DEFINITIONS:**

- A. Established patient:** A patient that has been seen by at least one provider at Coastal Health & Wellness (CHW) clinics within the last three years.
- B. New patient:** A patient who has never received services from a CHW medical or counseling professional within the last three years.
- C. CareLink:** an Epic read-only feature (UTMB's EHR) accessible to all CHW medical providers, nurses, case management, and other CHW staff that summarizes all care provided within the UTMB system including emergency and urgent care visits, hospital admissions, ambulatory subspecialty care, and all diagnostic results.

**POLICY:** It is the policy of CHW to provide appropriate continuity of care for CHW patients incurring emergency department visits or hospital admissions.

#### **PROCEDURE:**

##### **A. Hospital Admissions**

1. When a CHW provider from any of our CHW clinics ascertains that a patient requires admission to the hospital, the patient is sent to the nearest emergency department for stabilization and determination of level of care required.
2. CHW providers will contact the UTMB Patient Placement Center/Transfer Center at 1-800-962-3648 or Mainland Hospital ED at 1-409-938-5112 if appropriate for direct admission.
3. CHW providers will assist the patient in selecting the best and safest method of transport (i.e., private vehicle with non-patient driver or ambulance) to the ED, and/or call 9-1-1 if necessary.
4. Patients calling CHW on-call providers will be directed to the nearest ED if they suspect or have determined that the patient is experiencing an emergency.
5. On-call providers will then assist the patient in selecting the best and safest method of transport (i.e., private vehicle with non-patient driver or ambulance) to the ED, and/or call 9-1-1 if necessary.

##### **B. Hospital Tracking**

1. When CHW sends a patient to the hospital/emergency room, CHW staff take the following steps:
  - a. CHW medical providers instruct patients to identify themselves as CHW patients anywhere they receive care to maintain ongoing communication between all care providers.



- b. The patient's information is added by CHW clinical staff to the Hospital/ED Tracking Log located in the medication rooms in both Texas City and Galveston clinics and emailed daily to the CHW case management team.
  - c. CHW clinical staff will notify the CHW case management team when a patient is sent to the hospital via EMS or personal vehicle for proper follow-up care coordination which may include tracking, obtaining discharge documents, and scheduling follow-up appointments.
2. When hospital staff request clinical information about the CHW patient, the requested information is transmitted by the CHW Electronic Records staff.

**C. Sharing Clinical Information with Hospitals and Emergency Departments**

1. Pertinent information is sent with the patient or given to the Emergency Medical Services personnel (i.e., ambulance staff) which may include EKGs, lab results such as glucose and urinalysis/pregnancy confirmation, an updated medication list, and a summary of care provided in the clinic.
2. Upon hospital discharge, the hospitalist team details the items necessary for follow-up by the CHW providers for the related follow-up visit.
  - a. UTMB will notify CHW via Epic's CareLink when a CHW patient has had any urgent care, ER visits, and/or hospitalizations.
  - b. HCA hospitals will notify CHW via Health Information Exchange (HIE) when a CHW patient has had any urgent care, ER visits, and/or hospitalizations.

**D. Discharge Summaries/ED Report**

1. CHW clinical team will request all records not obtained from CareLink or HIE on CHW patients who have had an ED visit or hospital admission.
2. Any discharge/ED visit summary sent to CHW will be scanned into the patient's chart for review by the patient's primary care provider (PCP).

**E. Post Discharge Visit**

1. CHW referred patients are instructed to report back to CHW and/or are contacted by the CHW case management team for follow-up.
2. Patients discharged from the hospital or those seen in the ED are contacted within 7 days of a known discharge if the patient has not already contacted the clinic for a follow-up visit.
3. Follow-up appointments for patients admitted to the hospital for at least an overnight stay will be scheduled within 14 days of discharge.
  - a. The provider may designate a shorter timeframe as medically appropriate.
  - b. Appointments for follow-up of ED visits with low acuity, lower risk levels will be scheduled at provider discretion.
4. During the post discharge visit, providers will determine if additional referrals are needed to link the patient with community resources such as disease or case management, and/or to self-management support groups.

**F. Other Follow-up Tracking and Appointment Scheduling**

1. UTMB and HCA hospitals also provide limited information about other visits to their respective emergency departments.

- a. UTMB and HCA hospitals send weekly reports of all CHW and/or uninsured patients with no medical home seen through their ED.
  - b. This information is documented in the CHW Hospital/ED Tracking Log.
- 2. The CHW referral management (RM) team will contact these patients to extend ED follow-up care and other CHW services.
  - a. The RM team will print out the reports sent from UTMB and HCA.
  - b. Sorting the service dates from oldest to new, the RM team will check if the patient has an existing CHW record.
  - c. The RM team will also check for any pending follow-up appointments.
  - d. If the patient is a prior CHW patient or a new patient with no known upcoming appointment, then the RM team will:
    - i. Call patient and schedule an ED follow-up appointment.
    - ii. Patient will be transferred to the appointment line, and EMR is documented.
    - iii. If a patient with a CHW record denies to follow-up their ED visit, the EMR is documented of their refusal.
    - iv. If not a patient of CHW and agrees to follow-up, they are transferred to the eligibility department.

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**Governing Board**

**September 2021**

**Item#10**

**Consider for Approval Coastal Health & Wellness**

**Title V Child Health & Dental Eligibility Policy**

**Submitted by Kristina Garcia**

## Coastal Health & Wellness Title V Child Health & Dental Eligibility Policy

### Purpose

Coastal Health & Wellness (CHW) provides Title V Child Health and Dental services. As a Title V Contractor, CHW is required to perform Title V eligibility screening assessments on pediatric clients who present for services at the clinic.

This policy outlines the Title V Child Health & Dental eligibility requirements.

### Definitions

Below are some general definitions of terms or phrases that are used throughout this policy.

- **Case Management** – An individualized approach for each person that involves the integration of personal, social and vocational support services. Case management aims to assist clients to navigate social service systems and attain the highest quality of care.
- **Children Health Insurance Program (CHIP)** – A child health insurance program for non-Medicaid eligible children with family incomes up to 200% Federal Poverty Level (FPL).
- **Children and Adolescents** – A person from his/her 1st birthday through the 21<sup>st</sup> year of age.
- **Client** – An individual who has been screened, determined to be eligible for services, and has successfully completed the eligibility process.
- **Contractor** – Any entity HHSC has contracted with to provide services. The contractor is the responsible entity even if there is a subcontractor involved who implements the services.
- **Department of State Health Services (DSHS)** – The agency responsible for administering physical and mental health-related prevention, treatment, and regulatory programs for the State of Texas.
- **Eligibility Date** – Date the individual submits a completed application to the provider and is deemed eligible. The eligibility expiration date will be twelve months from the eligibility date.
- **Family Composition** – A person living alone or a group of two or more persons related by birth, marriage (including common law) or adoption, who reside together and who are legally responsible for the support of the other person. **Unborn children are also included in family size.**
- **Federal Poverty Level (FPL)** – The set minimum amount of income that a family needs for food, clothing, transportation, shelter, and other necessities. In the United States, this level is determined by the Department of Health and Human Services. FPL varies according to family size. The number is adjusted for inflation and reported annually in the form of poverty guidelines. Public assistance programs define eligibility income limits as some percentage of FPL.

- **Health and Human Services Commission (HHSC)** – The state agency that has oversight responsibilities for designated health and human services agencies, including DSHS, and administers certain health and human services programs.
- **Medicaid** – Title XIX of the Social Security Act; reimburses for health care services delivered to low-income clients who meet eligibility guidelines.
- **Minor** – A person who has not reached his/her 18th birthday and who has not had the classification of minor removed in court, or who is not or never has been married or recognized as an adult by the state of Texas.
- **Payer Source** – Programs, benefits or insurance that pays for the service provided.
- **Provider** – An individual clinician or group of clinicians who provide services.
- **Re-certification** – The process of re-screening and determining eligibility for the next year.
- **Texas Resident** – An individual who resides within the geographic boundaries of the state.

## **Policy**

It is the Policy of Coastal Health & Wellness to perform Title V eligibility screening assessments on individuals from birth up to their 22nd birthday who present for services and meet the Title V eligibility criteria of (1) Texas residency (2) Gross family income at or below 185% Federal Poverty Level (FPL); and (3) Not eligible for other programs/benefits providing the same services (for example Medicaid/CHIP or other payor sources).

## **Title V Child Health and Dental Services performed at CHW**

### **A. Child Health Preventive and Primary Health Services**

Child Health Infant/child/adolescent preventive and primary health services are provided for ages birth to their 22nd birthday. These services include well child checkups with labs, immunizations and minimal sick care and case management.

### **B. Child Dental Services**

Child Dental Infant/child/adolescent dental services are provided for ages birth to their 22nd birthday. These services include comprehensive and periodic oral evaluations, radiographs; preventative services including cleanings, fluoride treatment, placement of dental sealants to any tooth at risk of dental decay; and therapeutic services including restorative treatment.

## **Contractor Responsibilities**

- A. Ensure the eligibility process is complete and include documentation of the following:
  - 1. Applicant/household member's name, current address, date of birth and whether the applicant/household members are currently eligible for Medicaid or other benefits.
  - 2. Health insurance policies, if applicable, providing coverage for the applicant, spouse, and dependent(s).
  - 3. Gross monthly household income of applicant and spouse.
  - 4. Other benefits available to the household or applicant; and
  - 5. Any specified or other supporting documentation necessary for the contractor to determine eligibility.
- B. Ensure the applicant's household income is at or below 185% of the FPL, documented in the client's record.
- C. Assist the applicant with accurately completing the application for screening and eligibility determination.
- D. Ensure the documentation the applicant provides is sufficient to make an eligibility decision.
- E. Accept reasonable documentation provided by the applicant.
- F. Determine eligibility for Title V services based on the required Title V eligibility criteria.
- G. Provide the eligible applicant information regarding the Title V services his/her household is entitled to receive and his/her household's rights and responsibilities.

## **Applicant/Client Responsibilities**

- A. Complete **Form 3029 Office of Primary and Specialty Health Application for Program Benefits** with the assistance of Patient Services.
- B. Provide documents requested by the contractor. Failure to provide all required information will result in denial of eligibility.
- C. Report Changes (within 30-days) to CHW in the following areas: income, family composition, residence, address, employment, types of medical insurance coverage, and receipt of Medicaid and/or other third-party coverage benefits.

## **Texas Health and Human Services Title V Eligibility Screening Forms:**

- A. **Form 3029, Office of Primary and Specialty Health Application for Program Benefits**
- B. **Form 3049, Statement of Self-Employment Income** (with Instructions Form) (English and Spanish)
- C. **Form 3051, Employment Verification** (English and Spanish)

- D. **Form 3056, Request for Information** may be used to assist applicants with requested verification requirements for all programs. (English and Spanish)
- E. **Form 3046, Statement of Applicant's Rights and Responsibilities** (English and Spanish)
- F. **Form 3048, Notice of Eligibility** (English and Spanish)

**Title V- Child Health & Dental Eligibility Process:**

Coastal Health & Wellness will perform an eligibility screening assessment on all clients who present for services at a clinic supported by Title V services. If the client has a Medicaid card, this documents their Medicaid eligibility.

**A. The eligibility process has two steps in determining and maintaining services:**

- 1. Screening and Eligibility Determination:
  - a. Completion of the required screening forms.
  - b. Applicant/Client submission of required verification.
  - c. Determination of eligibility.
  - d. Completion of Statement of Applicant's Rights and Responsibilities.
  - e. Completion of Notice of Eligibility.
  - f. Applicant/Client will be given copies of (1) Statement of Applicant's Rights and Responsibilities and (2) Notice of Eligibility.
- 2. Annual Re-Certification: Individual client eligibility will be determined on an annual basis, prompted by the anniversary the client was deemed eligible. Coastal Health & Wellness will track the clients' status and renewal eligibility through the clients' Electronic Health Record.

**Family Composition**

**A. Documentation of Client's Family Composition–** If family relationship appears questionable, one of the following items shall be provided:

- 1. Birth Certificate
- 2. Baptismal certificate
- 3. School records
- 4. Other documents or proof of family relationship determined valid by the contractor to establish the dependency of the family member upon the client or head of household.

**B. Determine Family Composition/Household size as follows:**

- 1. If married (including common-law marriage), include applicant, spouse, and any mutual or non-mutual children (including unborn).
- 2. If not married, include applicant and children (including unborn).
- 3. If not married and living with a partner with whom applicant has mutual children, include applicant, partner, and children (including unborn).
- 4. A Child who is 18 years of age or older and resides with his/her parent(s)/guardian(s), but is not currently attending high school, GED classes, or vocational or technical training is considered a family of one.

5. The contractor has discretion to document special circumstances in the calculation of family composition. For example, a child may be considered part of a family when living with relatives other than natural parents if documentation can be provided that verifies the relationship.

**C. Documentation of Client's Date of Birth shall include one of the following:**

1. Birth Certificate
2. Baptismal certificate
3. School records
4. Other documents or proof of date of birth valid by the contractor

**Residency**

**A. Texas Residency Requirement:**

An individual must be physically present within the geographic boundaries of Texas and:

1. Has the intent to remain within the state, whether permanently or for an indefinite period.
2. Does not claim residency in any other state or country; and/or
3. Is less than 18 years of age and his/her parent, managing conservator, caretaker, or guardian is a resident of Texas.

**B. There is no requirement regarding the amount of time an individual must live in Texas to establish residency for the purposes of Title V eligibility.**

**C. Although the following individuals may reside in Texas, they are not considered Texas residents for the purpose of receiving Title V services and are considered ineligible:**

1. Persons who move into the state solely for the purpose of obtaining health care services.
2. Student primarily supported by their parents; whose home residence is in another State.

**D. The following individuals are NOT considered Texas residents for the purpose of receiving services and are considered ineligible:**

1. Inmates of correctional facilities.
2. Residents of state schools
3. Patients in state institutions or state psychiatric hospitals

**E. Verification/Documentation of Residency will include one of the following:**

1. Valid Texas Driver's License
2. Current voter registration
3. Rent or utility receipts for one month prior to the month of application
4. Motor vehicle registration
5. School records
6. Medical cards or other similar benefit cards
7. Property tax receipt
8. Mail addressed to the applicant, his/her spouse, or children if they live together
9. Statement from landlord, neighbor, other reliable sources
10. Other documents considered valid by the contractor

**F. Temporary Absences from State – Individuals do not lose their Texas residency status.**



## **Income**

All household income received must be included. Household income is calculated before taxes (gross). Income is reviewed and determined either countable or exempt (based on the source of the income), as defined in Office of Primary and Specialty Health (OPSH) Definition of Income (available via the Provider Portal on the HHS website).

### **A. Documentation of income**

The pay periods must accurately reflect the individual's usual and customary earnings. Proof may include, but is not limited to:

1. Copy(ies) of the most recent paycheck stub (at least 2 consecutive pay periods) or monthly earnings statement(s);
2. Employer's written verification of gross monthly income;
3. Award letters;
4. Domestic relation printout of child support payments;
5. Statement of Support;
6. Unemployment benefits statement or letter from the Texas Workforce Commission;
7. Award letters, court orders, or public decrees to verify support payments;
8. Notes for cash contributions; and
9. Other documents or proof of income determined valid by the contractor.

### **B. Types of income that are Countable:**

1. Earned Income - income a person receives for a certain degree of activity or work— related to employment: counted in the month received
2. Unearned income - payments received without performing work-related activities: counted in the month received.

### **C. Income Countable toward gross family income:**

1. Cash gifts and Contributions
2. Child Support payments
3. Disability insurance benefits
4. Dividends, Interest and Royalties
5. Loans (non-educational)
6. Lump-sum payments—count as income in the month received if the person receives it or expects to receive it more than once a year
7. Military Pay
8. Mineral rights
9. Pensions and annuities
10. Reimbursements
11. RSDI Payments
12. Self-Employment Income—must be annualized if intended for family support.
13. SSDI
14. Unemployment Compensation
15. Veteran's Administration (except Exempt VA special needs payments, such as annual clothing allowances or monthly payments for an attendant for disabled veterans).
16. Wages and Salaries, Commissions
17. Worker's Compensation

**D. Types of income that are Exempt:**

1. Adoption Payments
2. Child's Earned Income
3. Crime Victim's Compensation
4. Educational Assistance
5. Energy Assistance
6. Foster Care Payment
7. In-Kind Income
8. Job Training
9. Lump-Sum Payments –received once a year or less.
- 10.SSI Payments
- 11.TANF
- 12.VA Payments –special needs payments

**Income Determination Procedure**

- A. Count income already received and any income the household expects to receive. If the household is not sure about the amount expected or when the income will be received, Coastal Health and Wellness will use the best estimate.
- B. Coastal Health and Wellness will count terminated income in the month received and use actual income, not the conversion factors if terminated income is less than a full month's income.
- C. Use at least two consecutive, current pay periods to calculate projected monthly income. If client is paid one time per month and receives the same gross pay each month, then one pay period will suffice.
- D. If actual or projected income is not received monthly, convert it to a monthly amount using one of the following methods:
  1. Weekly income is multiplied by 4.33.
  2. Income received every two weeks is multiplied by 2.17.
  3. Income received twice monthly is multiplied by 2.

**Income Deductions**

- A. Dependent childcare or adult with disabilities care expenses shall be deducted from total income in determining eligibility, if paying for the care is necessary for the employment of a member of the household.
- B. Allowable deductions:
  1. Actual expenses up to \$200.00 per child per month for children under age 2
  2. Actual expenses up to \$175.00 per child per month for children age 2 or older, and
  3. Actual expenses up to \$175.00 per adult with disabilities per month
- C. Child support payments made by a member of the household group will also be deducted. Payments made weekly, every two weeks or twice a month must be converted to a monthly amount by using one of the conversion factors in the Income Calculation form.

## Self-Employment Income

- A. If an applicant earns self-employment income, it must be added to any income received from other sources.
- B. Annualize (annual return on investment) self-employment income that is intended for an individual or family's annual support, regardless of how frequently the income is received.
- C. **Determine the costs of producing self-employment income by allowing the following deductions:** Capital asset improvements; Capital asset purchases, such as real property, equipment, machinery and other durable goods (in the last 12 months); Fuel; Identifiable costs of seed and fertilizer; Insurance premiums; Interest from business loans on income producing property; Labor; Linen service; Payments on the principal of loans for income producing property; Property taxes; Raw materials; Rent; Repairs that maintain income-producing property; Sales tax; Stock; Supplies; Transportation costs (50 cents per mile), Utilities.
- D. If the applicant conducts a self-employment business in his home, consider the cost of the home (rent, mortgage, utilities) as shelter costs, not business expenses, unless these costs can be identified as necessary for the business separately.
- E. If the self-employment income is only intended to support the individual or family for part of the year, average the income over the number of months it is intended to cover.
- F. If the individual has had self-employment income for the past year, use the income figures from the previous year's business records or tax forms.
- G. If current income is substantially different from income the previous year, use more current information, such as updated business ledgers or daybooks. Remember to deduct predictable business expenses.
- H. If the individual or family has not had self-employment income for the past year, average the income over the period of time the business has been in operation and project the income for one year.
- I. If the business is newly established and there is insufficient information to make a reasonable projection, calculate the income based on the best available estimate and follow-up at a later date.
- J. A signed Self declaration of Income from individuals who are self-employed and have no documentation of their income will be accepted with manager approval. Title V coverage cannot be extended on subsequent applications without formal verification and documentation of self-employment income.

## Seasonal Employment

Include the total income for the months worked in the overall calculation of income. The total gross income for the year can be verified by a letter from the individual's employer, if possible.

**Statements of Support**

The Statement of Support is used to document income when no supporting documentation is available or when income is irregular. If questionable, the Contractor may document proof of identification such as a Texas Driver's License, Social Security card, or a birth certificate of the supporter.

**Reporting Changes**

- A. Coastal Health & Wellness will advise the client of his/her responsibility to report changes; and determine the effect reported changes have on the client's eligibility by re-screening and completing the eligibility determination process.
- B. Coastal Health & Wellness will explain to the client that they must report changes in the following areas: income, family composition, residence, address, employment, types of medical insurance coverage, and receipt of Medicaid and/or third-party coverage benefits.
- C. Coastal Health & Wellness will encourage client to report changes by mail, telephone, in-person, or through someone acting on the individual's behalf no later than 30 days after the client is aware of the change.

**No Co-pays**

Coastal Health & Wellness will not charge clients co-pays for Title V medical and dental services.

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**Governing Board**

**September 2021**

**Item#11**

**Consider for Approval Coastal Health & Wellness  
Medical Referral Tracking and Care Management Policy  
Submitted by Martha Vallin**

## **Coastal Health & Wellness Medical Referral Tracking and Management Policy**

### **POLICY:**

It is the policy of the CHW Clinics to provide medical referrals and referral management follow-up when deemed medically necessary.

### **PURPOSE:**

Our purpose is to assist patients with referrals for a specific medical service and ensure that the patient is referred to the correct specialist for the correct problem.

**Referrals:** A referral is a written order from a provider to see a specialist, or to receive certain medical services, based on what they feel is necessary for proper patient care. When the provider or policy and procedures indicates that a referral is recommended, the obligation of the health center is to recommend that the patient seek care beyond the capability of the health center. Documentation in the medical record should reflect that a recommendation was made for the patient to seek further care. Depending on the significance of the problem, the provider will determine whether a referral is *Essential*, *Important*, or *Routine*. Referrals may be recommended, and/or facilitated by the health center. The health center will not pressure patients to undergo any consultation or procedure involuntarily or without consent.

**Pharmacy Assistance Programs:** These programs were created by pharmaceutical manufacturers to provide free or discounted medications for people who are unable to afford them. For CHW patients who are unable to afford certain prescriptions, the referral management department will assist any provider referred patient, or any patient that has been unable to fill their prescription within the last 90 days, in obtaining their prescribed medications given that it is a medication that is PAP eligible. The referral department will print the appropriate application, assist the patient in completing the application, and gather any supporting documentation as required by the pharmaceutical company. The application, prescription(s), and any documentation will be faxed or mailed to the pharmaceutical company. Copies will be kept in a patient file for up to three years. Follow-up calls are only made when the referral department is notified of any discrepancy or delay in the application process. Pharmaceutical processing times vary depending on the type of drug being solicited. The pharmacy assistance program is also known as prescription assistance program or pharmaceutical manufacturer patient assistance program.

**Hospital Discharges:** A hospital discharge is when a patient has received treatment from a recent hospitalization or from the emergency department and no longer requires inpatient medical care. Through our current partnerships with UTMB and HCA hospitals, CHW receives a weekly list of patients who were recently discharged from inpatient care and possibly require additional follow-up with a community provider. The referral management team contacts these patients from the weekly discharge lists to offer patients follow-up appointments at CHW. These patients may or may not be existing CHW patients. If patient is an existing CHW patient and agrees to follow-up with CHW, they are transferred to the patient appointment line. If the patient needing follow-up is new to CHW, then they are transferred to the eligibility department to schedule an appointment.

In the event that a CHW patient is sent to the ER, clinical staff will contact the patient the following business day to offer a follow-up appointment with their CHW provider.

**County Indigent Health Care Program (CIHCP):** Pursuant to the Indigent Health Care and Treatment Act (Chapter 61) of the 69<sup>th</sup> legislature of 1985, "counties, hospital districts, and public hospitals are to provide health care to eligible indigent residents" (HHSC, 2018). CHW complies with the state requirement and enrolls such eligible patients into this special program. When providers determine that these patients require additional care outside of the health facility, the CIHCP care coordinator will refer these patients to specialists that accept CIHCP eligible patients. The CIHCP care coordinator will follow the same policy

and procedures as external and internal referrals and will adhere to the same follow-up procedures when updating, cancelling, or completing CIHCP referrals. The CIHCP care coordinator will also document all patient communications within the communication module in NextGen.

## **RESPONSIBILITIES:**

### **A. Providers**

1. Refer patients to specialty care, and/or other care management services regardless of payment or funding source. Providers document specialty type, reason for referral, urgency of referral and pertinent clinical continuity information.
2. Review outside specialist reports, and/or case management documentation for other services through the Provider Approval Queue (PAQ) and sign off on all accompanying records received from specialty clinics and providers regarding clinical information and/or outcomes.
3. Review notifications from the referral management team on all incomplete, closed, and cancelled referrals.
4. Submit request to reopen a closed referral that is dated within one year of the original referral date provided that it is for the same service the patient never received nor completed.
  - a. Provider or medical assistant will contact patient to direct them to complete referral process before submitting request to reopen.  
OR
  - b. Provider or medical assistant will contact patient to explain risks of not completing referral process.

### **B. Referral Management Staff**

1. Manage all referral management services including specialty referrals and radiology orders through NextGen once a provider has placed an order or referral.
2. Obtain any prior authorization required by a patient's insurance.
3. Refer the patient to the appropriate internal or external specialty facility as ordered by provider.
4. Inform patient via phone or letter where their referral was sent and provide facility name, contact information, and instruction for patient to follow-up with facility for appointment.
5. Follow-up will be attempted to determine if the patient complied with the referral process within 30 days of a patient scheduled appointment if the department has not received clinical notes or any test results.
6. An attempt will be made for the referral to be sent to a patient and/or insurance approved facility.
  - a. A referral will be regenerated only when the patient directly requests a certain facility and/or when the insurance company does not approve of the referred facility.
7. If it is determined that the patient cannot complete the referral for whatever reason, then the referral will be closed or cancelled, and the provider will be notified.
8. Any subsequent duplicate referrals will be cancelled if there is a current open referral for the same service.
9. Any documentation received from specialty facilities will be attached to the patient's Electronic Health Record (EHR) for provider review.
10. The referral will be marked as complete and closed when the referral loop is effectuated.
11. Referral management team will document all patient communications within the communication module in NextGen.

## **PROCEDURES:**

### **A. External Referral**

1. All external referrals must be submitted by the ordering provider to the referral management team via NextGen.
  - a. The referral management team will seek provider signature when the referral requires it, i.e., radiology, physical therapy, home health.
  - b. Signed referrals must be scanned into patient's EHR.
2. External (routine) referrals are processed within 3 business days or less.
  - a. Essential referrals are processed within 1 business day or less.
  - b. Important referrals are processed within 2 business days or less.
3. The external referral team will process all referrals appearing in the NextGen Inbox marked in red.
  - a. OB/Gyn referrals will be reassigned to internal referrals if referral is labeled as "in-house."
  - b. External referral team will not process dental, in-house OB/Gyn, prenatal, SUD, or behavioral health.
4. A referral will be generated, and a call will be made to the patient with the facility name, contact information, and instruction for patient to follow-up with facility to schedule an appointment.
  - a. Patient will be asked to notify CHW of their upcoming specialty appointment.
  - b. If unable to contact patient, a letter with referral information will be sent to the patient address on file.
  - c. A follow-up call will be made at 30 days after referral was generated or mailed out to patient if clinic notes have not been received.
    - i. If patient has not made specialty or radiology appointment, patient will be asked if referral is still needed.
    - ii. If patient denies referral after 30 days, referral will be cancelled, and provider notified via NextGen.
    - iii. Reason for cancellation will be notated in NextGen.
5. The referral management team will refer uninsured patients to facilities with the lowest cost when possible.
6. All referrals, with the exception of radiology, must be sent to the specialist with the Master IM or clinical notes, and/or with any x-rays, MRI, ultrasounds, CT, labs, and ECG if available.
7. All referrals will be faxed via NextGen or manually to specialists.
8. The referral team will mark a referral complete when the patient has attended their specialty/radiology appointment and visit notes/reports are received and attached in NextGen.

### **B. Internal Referrals**

1. All internal referrals must be submitted by the ordering provider via NextGen.
2. Internal referrals are those services that are provided within CHW, and include dental, OB/Gyn, prenatal, substance use disorder (SUD), and Behavioral Health.
3. The internal referral team will process all referrals appearing in the NextGen Inbox marked in red
  - a. Only dental, OB/Gyn, prenatal, SUD, and Behavioral Health will be processed.
4. All internal referrals will be processed within 3 business days or less.
  - a. Essential referrals are processed within 1 business day or less.



- b. Important referrals are processed within 2 business days or less.
- 5. A referral is generated, and patients will be contacted to be scheduled an appointment.
  - a. A referral is marked complete when the patient attends their appointment.
  - b. If a patient cannot be reached, a letter will be sent to address on file.
  - c. If a patient cannot be reached or does not respond to mail within 30 days, referral will be closed, and provider notified.
- 6. For SUD referrals, the internal referral team will generate referral and forward to SUD nurse for follow-up.
  - a. SUD nurse schedules and manages the appointments for the SUD program including telemedicine, SUD evaluation, and nurse visit appointments.
  - b. SUD nurse will close referral when patient completes SUD referral process.
- 7. Internal referral team will verify via NextGen if patient completed referral within 30 days.
- 8. Internal referral will be closed and marked complete when patient follows referral process.

### **C. Additional processes:**

- 1. When necessary, referral management team will search for visit summaries, clinic notes, or radiology reports when referral was made to UTMB or HCA.
  - a. UTMB referrals: Referral team will access CareLink to retrieve specialty visit summaries and radiology reports.
  - b. HCA referrals: referral management team will access the HIE to retrieve radiology reports.
  - c. For other facilities, referral management team will contact specialty provider directly, and request visit summaries or clinic notes if the patient states that visit was completed, and CHW has not received results or reports.
  - d. Once specialty visit summaries or radiology reports are received, the referral status is changed from “ordered” to “completed” and marked as “results received.”
  - e. A copy of any records received is forwarded to the electronic records department to be scanned into patient’s chart.

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**Governing Board**

**September 2021**

**Item#12**

**Consider for Approval the 2020-2021 Annual Risk  
Management Report Submitted by Richard Mosquera**

## **Annual Risk Management Report to the Coastal Health & Wellness Governing Board**

Dear Board Members,

Please accept this annual report on the overall Risk Management activities of Coastal Health & Wellness ("CHW") for the July 2020 to June 2021 reporting period. Much of the information provided herein represents a summary of the activities and assessments (including risk management assessments) occurring throughout the year and which have been previously reported to the Board on a quarterly basis, including through Coastal Health & Wellness' Governing Board risk management reports, and through its Governing Board Quality Assurance Committee.

Although much of the information contained in this report has been discussed with the Board throughout the year, the annual report is meant to provide a comprehensive review of risk management activities, including but not limited to Coastal Health & Wellness' progress in reaching its goals, incidents and patient satisfaction information.

The report also includes a summary of patient grievances and complaints received for the 2020 – 2021 reporting period, along with Coastal Health & Wellness' adherence to meeting its risk management goals during this timeframe.

### **Quality Improvement/Quality Assurance Report**

Although this report is meant to provide an overview of Coastal Health & Wellness' risk management activities, the idea of risk management works concurrently with and is a component of its Quality Improvement/Quality Assurance activities, and also intersects with many of CHW's Environment of Care and Infection Control initiatives as required by The Joint Commission.

Coastal Health & Wellness' Quality Improvement/Quality Assurance Program ensures the collection and interpretation of data directly related to the effectiveness of services afforded to Coastal patients. Furthermore, this data is used and relied upon by key personnel and Governing Board members to make informed decisions related to improving work performed at Coastal Health & Wellness and ensuring an optimal environment of safety for both patients and employees.

Over the course of the year, the Quality Assurance Committee systematically compiled relevant data to assess the effectiveness of health care delivery rendered at Coastal.

The sources of information for this data include but are not limited to:

- Quality assessments conducted on a monthly or quarterly basis (depending upon the metric);
- Review of patient complaints/grievances;
- Patient satisfaction survey material;

- Review of patient safety incidents and near misses;
- Provider driven peer reviews; and
- Performance measure data.

### **Quality Assessments**

Quality Assessments were completed on at least a quarterly basis. The Quality Assessments evaluate provider adherence to current evidence based clinical guidelines, standards of care, and standards of practice in the provision of services; and identification of any patient safety and adverse events and implementation of follow-up.

Coastal Health & Wellness medical and dental providers conduct peer reviews on a monthly basis during the organization's in-service sessions, at which time they assess provider obedience to clinical guidelines, standards of care and standards of practice. Results of peer reviews are analyzed and shared with providers during Coastal Health & Wellness' monthly in-service sessions. Please note that in accordance with Section 161 et seq. of the *Texas Health and Safety Code*, peer review notes are deemed privileged and confidential under state law and are therefore not presented to the Governing Board.

### **Risk Management Activities**

#### **Infection Control**

As mentioned, infection control and environment of care are major focuses for Coastal Health & Wellness. The Coastal Health & Wellness Joint Commission Committee, led by the Chief Nursing Officer, met monthly to discuss prominent risk and safety measures paramount to Joint Commission accreditation – notably infection control and environment of care. Infection control initiatives and activities undertaken by Coastal Health & Wellness during this time included, but were not limited, to the following:

- The Infection Control Plan was updated and approved by the Governing Board in February of 2021 as part of the CHW Infection Prevention and Control Program (the "ICP"). The ICP provides guidelines, procedures and practices to reduce the risk of spreading infection, promoting safe work practices and assisting staff in conforming to standards, evidence-based rules to minimize the spread of infectious disease.
- Training on hand hygiene, bloodborne pathogens and personal protective equipment is conducted for all employees at the time of hire and annually thereafter.
- Infection control surveys and hand hygiene audits have been streamlined and are conducted monthly, with results being shared and reviewed by staff during monthly Joint Commission Committee meetings to identify both strengths and weaknesses.
- Ongoing assessments performed by the CHW Infection Control Nurse, with input from other members of Coastal's leadership team, were also reviewed monthly.
- Dental procedures and sterilization protocols were reviewed to ensure they remained consistent with guidelines set forth by the Association for the Advancement of Medical Instrumentation ("AAMI"), and a contracted AAMI sterilization expert facilitated a one-day best practices course for all members of the dental staff.
- Additionally, new initiatives implemented in 2018 and improved upon over the subsequent two years, included the hiring of a new janitorial service knowledgeable about Joint Commission

Infection Control standards; a change to disposable instruments only during medical procedures; and the removal of all curtains, as recommended in a publication by the American Journal of Infection Control ("AJIC"), have proven tremendously effective.

### **Claims Management – Four Pending Cases**

Coastal Health & Wellness has four open claims that are being handled in accordance with the requirements of the Federal Torts Claims Act. Coastal Health & Wellness has cooperated with the U.S. Health and Human Services (HHS) Office of General Counsel in defense of these actions. The issue involves whether Coastal Health & Wellness dental patients treated between March 2015 and February 2018 could have potentially contracted Hepatitis B, Hepatitis C, or HIV during treatment. Three claims with identical fact-patterns were tried and dismissed by a federal judge in March of 2021, and the four open claims which remain do not allege any substantive assertions different from those of which were heard during the March 2021 bench trial.

### **Patient Management - Access to Care and "No Shows"**

Coastal Health & Wellness tracks on a quarterly basis, patient access to care and "no show" rates (patients who fail to present for a scheduled appointment), in order to maximize appointments made available to the community. The information tracked includes the number of available appointments during the quarter in question, percentage of appointments kept, scheduled and unfilled, and the percentage of "no-shows" by clinical department and site. A cumulative "no-show" rate of 20% or less was established as an organizational goal in July 2020. Between July 1, 2020 and June 30, 2021 the cumulative "no show" rate was 20.36% - and Coastal barely missed meeting its goal for this measure. It should be noted however that policies implemented by new leadership in April of 2021 resulted in a "no-show" rate for the April – June 2021 quarter of 18.10% -- a drastic improvement from the prior three quarters.

### **Patient Satisfaction**

Coastal Health & Wellness utilizes a patient satisfaction survey to determine the level of consummation with the services provided. Patient satisfaction survey results have been reported to the Board on a quarterly basis. The patient satisfaction survey questions, offered in both English and Spanish, were initially approved by the Governing Board in October 2018, and have since been slightly modified to capture additional data. During the July 2020 – June 2021 survey period, Coastal set a goal of achieving cumulative patient satisfaction scores of at least 4.8, with 5.0 being the maximum total. Over the course of this reporting period, Coastal Health & Wellness received 1,873 survey responses, with a cumulative score total of 4.77 -- .03 points from its goal, and .01 point lower than the organization saw in the previous year. During this timeframe, most survey comments were overwhelmingly favorable, and many respondents rated services received as "excellent." The majority of unfavorable comments issued during the period stemmed from stricter protocols implemented at check-in and in waiting areas, which were employed to mitigate the spread of COVID. Again, new administration instituted more patient-centric means to address these issues in April of 2021, yielding a last quarter satisfaction score of 4.84.

Enrollment in the patient portal continues to be promoted as a way for patients to more efficiently communicate with Coastal staff, and patient portal enrollment numbers drastically increased during the July 2020 – June 2021 timeframe. In total, 39,757 portal invitations were disseminated during the reporting period, and 3,042 patients established a portal (Medfusion) account – approximately 2,500

more enrollments than were seen in the July 2019 – June 2020 reporting period.

### **Patient Grievances**

Between July 2020 and June 2021, Coastal Health & Wellness received 39 formal complaints, a decrease of 40% from the prior year's reporting period. Below is a table outlining the types of grievances/complaints received, and the respective periods during which they were filed.

<b><u>PATIENT GRIEVANCE/COMPLAINTS</u></b>					
<b>Grievance/ Complaint Topic</b>	<b>July-Sept 2020</b>	<b>Oct – Dec 2020</b>	<b>Jan – Mar 2021</b>	<b>Apr-June 2021</b>	<b>Total</b>
Medical	4	9	1	1	15
Dental	1	2	-	-	3
Lab	-	-	-	-	0
Patient Services	2	6	4	1	13
Medical Records	2	1	1	-	4
Other		3	-	-	3
	<b>19</b>	<b>21</b>	<b>6</b>	<b>2</b>	<b>38</b>

Clinical complaints are handled by their respective department heads, and by the Medical or Dental director if the claim is of a clinical nature. After investigation of the complaint and when appropriate, staff are retrained on the execution of applicable policy for patient care. Grievances are reviewed by the Quality Assurance Committee to help better identify risk management needs. An proposed risk management goal for 2021-2022 is to continue stressing to staff a better patient experience in order to further decrease complaints/grievances of any sort. Coastal Health & Wellness received Patient Centered Medical Home (PCMH) accreditation in April of 2021, which will see the organization emphasize more team-based care, communication and coordination of services to improve *the entirety* of the patient experience.

### **Summary of Trainings**

- Risk management trainings are determined upon review of incidents, grievances, regulatory or other requirements, the nature of the services provided, and inherent risk involved in provided services.
- The Risk Management Training Plan outlines such required trainings.
- Staff undergo risk management trainings pertinent to all aspects of their duties upon hire and at least annually thereafter in accordance with the Coastal Health & Wellness' Risk Management Training Plan, which covers topics including, but not limited to, HIPAA and patient confidentiality; infection control (including hand hygiene and eye wash procedures); OSHA requirements relevant to acute care settings; and, fire, safety and emergency operations plans. Coastal Health & Wellness also provides specific trainings for groups of providers that perform various services which may lead to potential malpractice risks.

- Staff completion of training is monitored by the Safety and Risk Management Coordinator, in collaboration with the Human Resources Department.

### **Risk Management Quarterly Assessments**

Risk management is a component of both the Quality Assurance Committee and the Joint Commission Committee. On a monthly basis, risk management issues were discussed with each of these committees, and quarterly during Governing Board Quality Assurance Committee meetings. Risk management activities and areas are assessed for the purpose of evaluating effectiveness of risk mitigation plans, how effectively defined procedures are reducing the risk of adverse outcomes, and any incidents or trends occurring which merit investigation. The risk management quarterly assessments, facilitated by the Chief Compliance Officer, provide detailed information about the organization's risk and safety plan to the Governing Board's Quality Assurance Committee.

### **Additional Risk Management Activities Completed**

In addition to the information provided herein, the following risk management activities were completed during the 2020-2021 reporting period:

- Financial screening audits were performed on a monthly basis to ensure accurate completion of financial applications/documentation.
- Peer reviews were conducted on a monthly basis by the Medical Director to ensure services were provided that met current evidence-based guidelines, standards of care and standards of practice.
- Provider Champion sessions were held every month during the provider in-service gatherings, at which time a different provider tasked to become intimately familiar with a specific program measures (e.g. anticoagulation) educates colleagues about updated standards and best practices for treating the respective condition.
- Medication audits were conducted on a monthly basis, including 340B and sample medication audits which are reviewed by the Nursing Director for appropriate logging and the Business Director to ensure billing accuracy.
- The Environmental, Risk and Safety Assessment was performed at both clinic locations monthly by the Risk and Safety Coordinator. Each assessment reviews sixty-four (64) different elements derived from the Joint Commission's Environment of Care standards to determine potential safety issues and/or security threats.
- A fifty-six (56) point infection control audit which highlights organizational adherence to infection control guidelines including, but not limited to, sterilization processes, handling of infectious and hazard waste, and hand hygiene is performed monthly at both clinic locations by the Infection Control Nurse, who reports results to both the Joint Commission and Governing Board Quality Assurance Committees.
- At the instruction of the Governing Board Chairperson, all clinical staff was (and will continue to be) educated about identifying, treating and reporting patients suspected of being trafficked, abused or neglected.

- Staff all completed an annual HIPAA and privacy training, which reviewed administrative, technical and physical safeguards implemented by Coastal Health & Wellness for protection of patient data and other proprietary information.
- To mitigate the chances of a systems breach, all staff watched a brief tutorial and was subsequently breached about cybersecurity attacks and how to prevent them, administered via the *Know Be 4* security training.
- During each monthly in-service session, the Public Health Preparedness and Emergency Operations Manager reviewed with staff how they should respond to different plausible emergency situations such as hurricanes and adverse weather threats, refinery/plant explosions, and active shooter scenarios.

### **Status of Coastal Health & Wellness' Performance Relative to its Established 2020 - 2021 Risk Management Goals**

The following risk management goals were approved by the Governing Board Quality Assurance Committee in July 2020. The results of the goals were measured at the conclusion of June 2021.

**Goal:** Promote positive patient service experience with all staff, with a particular emphasis on treating patients in a courteous manner.

**Performance Measure (PM):** Reduce grievances by 30% from the previous year.

**Result:** **MET** – Complaint reduction of 40% from the prior year.

**Goal:** Offer optimal care for all patients throughout the entirety of their visit.

**PM:** Increase weighted results of patient satisfaction survey to 4.8.

**Result:** **NOT MET** – 4.77 cumulative score.

**Goal:** Promote patient appointment confirmations.

**PM:** Reduce the cumulative patient no-show rate to 20%.

**Result:** **NOT MET** – Cumulative total of 20.36%.

**Goal:** For safety and customer service purposes, ensure staff always wear their Coastal Health & Wellness issued identification cards in a readily visible manner.

**PM:** Biennial audits should yield at least 95% of identification cards being worn appropriately.

**Result:** **MET** – 100% of audited staff wore badges.

**Goal:** Minimize preventable injuries to all staff, patients and visitors.

**PM:** Incur zero preventable injuries at all CHW locations.

**Result:** **NOT MET** – Two preventable needlestick injuries occurred during the year.

**Goal:** Train staff on appropriate responses for different emergency scenarios.

**PM:** Facilitate at least six non-required emergency preparedness drills during the year.

**Result:** **MET** – Nine (9) non-required emergency preparedness drills were facilitated (mass vaccination clinics were also deployed at various sites throughout the county).



**Goal:** All staff is trained on SDS material pertinent to his/her work area and responsibilities. All staff is trained on equipment critical to his/her job performance.

**PM:** Ensure documented training rate of 100% within 30 days of hire.

**Result:** **MET** – All staff hired during the reporting period were trained on critical equipment and applicable SDS materials within thirty (30) days of new-hire.

**Goal:** Train staff regarding detection of and follow-up actions for suspected human trafficking victims.

**PM:** Provide training to 100% of employees about how to report suspected human trafficking.

**Result:** **MET** – 100%. All employees hired by Coastal during the reporting quarter completed the new-hire human trafficking training. Annual all-staff training is being conducted in November 2021.

**Goal:** Staff receives safety and incident reporting training.

**PM:** Documentation exhibiting 100% of staff received risk management and safety training.

**Result:** **MET** – 100%. All employees hired by Coastal during the reporting quarter completed the new-hire safety and incident reporting training. Annual all-staff training is being conducted in October 2021.

**Goal:** Continue to promote staff knowledge of hand-hygiene practices and policies.

**PM:** Maintain cumulative hand-hygiene score of at least 95%

**Result:** **MET** – 98%. Data captured by Infection Control Nurse, who performs hand hygiene audits monthly.

***DATA FOR NEXT SEVEN CATEGORIES CAPTURED MONTHLY BY RISK AND SAFETY COORDINATOR DURING MONTHLY ENVIRONMENTAL, RISK, SAFETY AND COMPLIANCE AUDITS.***

**Goal:** Protect patients and staff by ensuring incidents and adverse events are promptly reported.

**PM:** 100% of incident reports should be made within two business days of the incident's occurrence.

**Result:** **MET** – 100%.

**Goal:** Protect staff and patients by promptly reporting issues requiring landlord attention.

**PM:** Report 100% of building and/or maintenance related issues to applicable landlord within 24 business hours of discovery.

**Result:** **MET** – 100%.

**Goal:** Maintain staff and patient safety by keeping equipment properly tested and maintained.

**PM:** 95% of equipment (100% of critical equipment) documented in Equipment Inventory Log should be inspected and calibrated in accordance with manufacturer's recommendations.

**Result:** **MET** – 100%.

**Goal:** Continue to promote staff knowledge of hand-hygiene practices and policies.

**PM:** SDS binders were complete and up-to-date in Medical and Lab; however, three sheets for chemicals no longer used were found in the Dental binder during the Q4 audit.

**Result:** **MET** – 95%. SDS audits performed the second and fourth quarters of each year.

### **Proposed Risk Management Activities for the next 12-month period**

Coastal Health & Wellness has implemented a robust and effective Risk Management Plan. Coastal Health & Wellness performs and will continue to perform risk management activities, including but not limited to the following during the next 12-month period:

- Continuing to monitor incidents and near misses to determine whether there are issues and/or trends that need to be addressed through system improvements to reduce the probability of future related events.
- Review training requirements and make any changes as needed to reflect new or revised requirements, and determine if new trainings should be added based upon incidents or grievances reported, or updated best practice protocols.
- Continue stringent infection control training, auditing and monitoring.
- Ensure patient management activities are implemented, including, but not limited to, continuing to assess whether there is appropriate access to same day appointments and rate of no shows; whether staff appropriately triages patients; whether staff remains in accordance with Infection Control Plan when applicable; that PCMH standards are established; and that medical records be maintained in a confidential manner.

### **2021-2022 Risk Management Goals**

Coastal Health & Wellness' specific risk management goals for 2021-2022 will be devised in conjunction with the Governing Board Quality Assurance Committee during the October QA meeting and brought before Board for approval at the October 2021 Governing Board meeting.

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**Governing Board**

**September 2021**

**Item#13**

**Consider for Approval Re-Privileging Rights for  
Oyetokunbo Ibidapo-Obe, MD, UTMB Contractor  
Submitted by Ann O'Connell**



Date: September 30, 2021

To: CHW Governing Board

From: Ann O'Connell, MS, MSN, RN  
Chief Operations Officer

also Reviewed by:  
Philip Keiser, MD  
Philip Keiser MD

Re: Re-Privileging

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Upon the review of the completed credentialing file of Oyetokunbo Ibidaop-Obe, MD, by Ann O'Connell, Chief Operations Officer, we would like to recommend that the Coastal Health & Wellness Governing Board approve re-privileging for Oyetokunbo Ibidaop-Obe, MD, based on the following information:

- Oyetokunbo Ibidaop-Obe, MD, is a licensed Professional Doctor of Family Medicine who will practice part-time in the Texas City clinic. Oyetokunbo Ibidaop-Obe, MD graduated from Howard University College of Medicine. Dr. Ibidaop-Obe is requesting Medical privileges.

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**Governing Board**

**September 2021**

**Item#14**

**Consider for Approval Privileging Rights for**

**UTMB Resident Jayshere Thomas, DO**

**Submitted by Ann O'Connell**



Date: September 30, 2021

To: CHW Governing Board

From: Ann O'Connell, MS, MSN, RN  
Chief Operations Officer

*Ann O'Connell*

*also reviewed by:  
Dr. Philip Keiser*

*Philip Keiser MD*

Re: Privileging

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After review of the standard credentialing documents by a Coastal Health and Wellness Human Resources representative for resident physician Jayshree Thomas, DO, who will work at all times under the direct supervision of a Board-Certified faculty physician from UTMB, we are requesting credentialing approval by the Governing Board.

In addition, after review by Chief Operations Officer, Ann O'Connell, of the privileging documents submitted by Dr. Thomas, we are requesting privileging approval by the Governing Board.

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**Governing Board**

**September 2021**

**Item#15**

**Consider for Approval Privileging Rights for**

**Deatra Josiah, APRN-CNP**

**Submitted by Ann O'Connell**



Date: September 30, 2021

To: CHW Governing Board

From: Ann O'Connell, MS, MSN, RN  
Chief Operations Officer

*Ann O'Connell*

*also reviewed by:  
Dr. Philip Keiser*

*Philip Keiser MD*

Re: Privileging

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After review of the standard credentialing documents by a Coastal Health & Wellness Human Resources representative for Deatra Josiah, APRN-CNP who is a Nurse Practitioner with an unrestricted license in the State of Texas, we are requesting credentialing approval by the Governing Board.

In addition, after review by Chief Operating Officer, Ann O'Connell, MS, MSN, RN of the privileging documents submitted by Deatra Josiah, we are requesting privileging approval by the Governing Board.

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### Governing Board

September 2021

Item#16

Update on Governing Board Member Vacancies

Submitted by Ann O'Connell

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**Governing Board**

**September 2021**

**Item#17**

**Update on Meeting Between**

**Coastal Health & Wellness and United Board of Health**

**Submitted by Ann O'Connell**

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# **COASTAL HEALTH & WELLNESS**

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## **GOVERNING BOARD**

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

**Governing Board**

**September 2021**

**Item#18**

**Shared Services Agreement Discussion**

**Submitted by Richard Mosquera**

# Coastal Health & Wellness

## A Brief Overview



Public Health Services · Emergency Medical Services · Animal Resource Center · Coastal Health & Wellness  
*Protecting and promoting the optimal health and well-being of Galveston County.*

# What is Coastal Health & Wellness?

- Coastal Health & Wellness (“Coastal”) is a Federally Qualified Health Center (“FQHC”).
- It provides medical, dental, mental health and referral services to all patients, regardless of payer status.
- As a Federally Qualified Health Center, Coastal’s primary patient population is underinsured and uninsured individuals.
- To better understand Coastal, its history and relationship with the Galveston County Health District and United Board of Health, one must first understand the basics of an FQHC.



# What is an FQHC?

- Outpatient clinics funded through Section 330 of the Public Health Service Act, which permits the Health Resources and Services Administration (“HRSA”) to make grants to qualifying entities.
- FQHC accredited health centers are afforded certain governmental benefits that aren’t applicable to traditional healthcare providers, including:
  - Enhanced reimbursement from Medicare and Medicaid;
  - Participation in 340B drug pricing programs which permits Coastal to purchase medications for patients at a drastically discounted rate; and
  - Access to medical malpractice insurance through the Federal Tort Claims Act.



# Coastal's Formation

- In 1970, GCHD in conjunction with UTMB, the Galveston County Commissioner's Court and the City of Galveston's Board of Health successfully filed federal grant application to open Coastal.
- GCHD, under the guidance of the United Board of Health, was tasked with facilitating HRSA required grant deliverables.
- In the mid 1980s a HRSA provision was passed mandating that FQHCs report to an autonomous board comprised of at least 51% of the FQHC's consumer base, regardless of the entity's other stakeholders.



# Coastal's Formation (cont.)

- To accommodate this condition, the UBOH, through its bylaws, stipulated that Coastal's business operations would be delegated to the oversight of the CHW Governing Board.
- Coastal now exists as a “subsidiary-like” organization of GCHD, specifically through language set forth in the UBOH Bylaws stating:

*“...the Governing Board shall have complete authority of oversight and policy-making for Coastal Health & Wellness, a clinic operated by the Galveston County Health District but independent of the United Board of Health. The United Board of Health herein grants exclusive authority to the Governing Board to set policies for and operate Coastal Health & Wellness in accordance with the Governing Board's Bylaws.”*





# The Shared Services Agreement

- In 2016, a HRSA audit yielded that delineation of administrative services performed by GCHD staff, many of whom carry out Coastal functions, were not clearly defined.
- To resolve the issue, HRSA required that Coastal hire an executive director, solely charged with oversight of Coastal's daily operations, and demanded that the documented delineation of shared services personnel was agreed to between the UBOH and GB, and submitted to HRSA.
- In late 2018, the GCHD CEO lobbied HRSA to permit the entity to revert to its prior formation, which saw a single individual tasked with serving both as the CEO of the Health District and Executive Director of Coastal Health & Wellness.

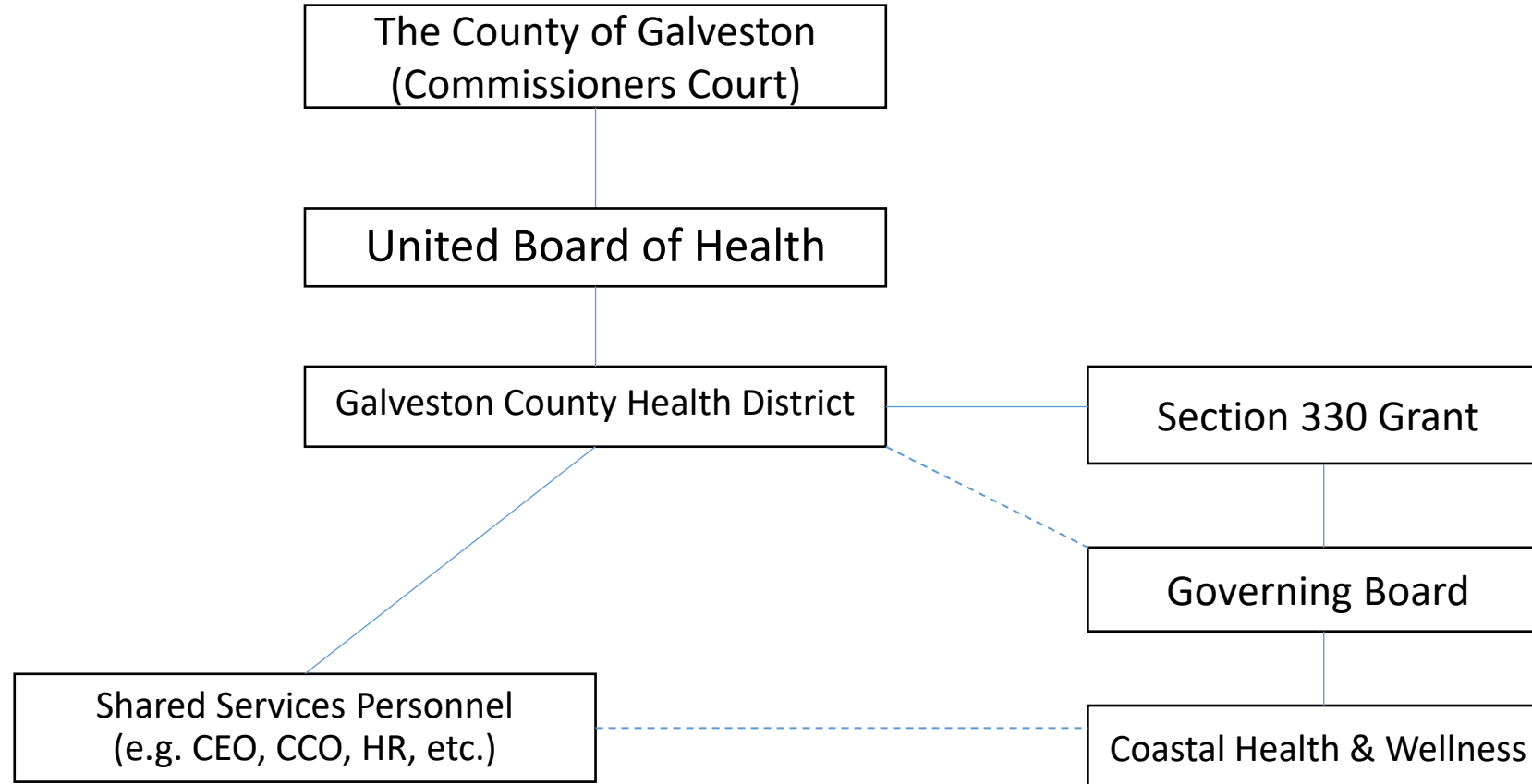


# The Shared Services Agreement (cont.)

- The Shared Services Agreement was drafted immediately following the 2016 site visit and specifically permits Coastal to operate sovereignly but not independent of the United Board of Health.
- Excerpts from the Agreement binding the parties include:
  - *“...the Coastal Health & Wellness Governing Board, through the Galveston County Health District (“District”) has applied for and received a grant from the United States Department of Health and Human Services Health Resources and Services Administration (“HRSA”), pursuant to Section 330 of the Public Health Services Act to support the planning and delivery of services to medically underserved populations.”*
  - *“...the UBOH established the CHWGB to serve as this governing board over the Clinic, and the Parties have agreed that the CHWGB will serve as the Section 330 public entity grantee and in doing so will operate as the “Co-applicant” governing board consistent with the requirements of Section 330, the law’s implementing regulations and the policies of HRSA.”*
  - *“The UBOH shall retain authority to establish any fiscal and personnel policies for both the Galveston County Health District and Coastal Health & Wellness (as they pertain to shared services personnel).”*



# Visual Depiction Relationships



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Public Health Services · Emergency Medical Services · Animal Resource Center · Coastal Health & Wellness  
*Protecting and promoting the optimal health and well-being of Galveston County.*



**Governing Board**

**September 2021**

**Item#19**

**The Joint Commission Survey Results**

**Submitted by Ann O'Connell**



September 23, 2021

Philip Keiser, MD  
Executive Director  
Coastal Health & Wellness  
9850-C, Suite C-103.3 Emmett F. Lowry Expressway  
Texas City, TX 77591

Joint Commission ID #: 243833  
Program: Ambulatory Health Care Accreditation  
Accreditation Activity: Special Unannounced Event  
Accreditation Activity Completed : 9/17/2021

Dear Dr. Keiser:

The Joint Commission thanks Coastal Health & Wellness for participating in the accreditation process.

Your organization received Requirement(s) for Improvement during its recent review. These Requirement(s) for Improvement and follow-up activities have been summarized in the Accreditation Report that is posted on your secure extranet site, The Joint Commission Connect.

Please be assured that The Joint Commission will keep the report confidential, except as required by law. To ensure that our information about your organization is always accurate and current, our policy requires that you inform us of any changes in the name or ownership of your organization or the health care services you provide.

Sincerely,

Mark G. Pelletier, RN, MS  
Chief Operating Officer and Chief Nurse Executive  
Division of Accreditation and Certification Operations



**Final Accreditation Report**

**Coastal Health & Wellness  
9850-C, Suite C-103.3 Emmett F. Lowry Expressway  
Texas City, TX 77591**

**Organization Identification Number: 243833  
Special Unannounced Event: 9/16/2021 - 9/17/2021**

**Programs Surveyed  
Ambulatory  
Primary Care Medical Home**

# The Joint Commission

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## The Joint Commission Executive Summary

Program	Survey Dates	Event Outcome	Follow-up Activity	Follow-up Time Frame or Submission Due Date
Ambulatory	09/16/2021 - 09/17/2021	Requirements for Improvement	<a href="#">Clarification (Optional)</a>	Submit within 10 Business Days from the final posted report date
			Evidence of Standards Compliance (ESC)	Submit within 60 Calendar Days from the final posted report date
Primary Care Medical Home	09/16/2021 - 09/17/2021	Requirements for Improvement	<a href="#">Clarification (Optional)</a>	Submit within 10 Business Days from the final posted report date
			Evidence of Standards Compliance (ESC)	Submit within 60 Calendar Days from the final posted report date



## The Joint Commission

### What's Next - Follow-up Activity

#### Program: Ambulatory

Standard	EP	SAFER™ Placement	Included in the Evidence of Standard Compliance (within 60 calendar days)
<a href="#">HR.02.01.03</a>	<a href="#">1</a>	Low / Limited	✓
<a href="#">PC.02.03.01</a>	<a href="#">30</a>	Low / Widespread	✓
<a href="#">PI.01.01.01</a>	<a href="#">30</a>	Low / Widespread	✓
<a href="#">RC.02.01.01</a>	<a href="#">25</a>	Low / Widespread	✓

**The Joint Commission**  
**SAFER™ Matrix**  
 Program: Ambulatory

**Likelihood to harm a Patient / Visitor / Staff**

ITL			
High			
Moderate			
Low	HR.02.01.03 EP 1		PC.02.03.01 EP 30 PI.01.01.01 EP 30 RC.02.01.01 EP 25
	Limited	Pattern	Widespread
	<b>Scope</b>		

## The Joint Commission Requirements for Improvement

### Program: Ambulatory

Standard	EP	Certification Option	SAFER™ Placement	EP Text	Observation
<a href="#">HR.02.01.03</a>	<a href="#">1</a>		Low Limited	The organization follows a process, approved by its leaders, to grant initial, renewed, or revised privileges and to deny privileges.	1) Observed in Credentialing and Privileging at Coastal Health & Wellness (9850-C Emmett F. Lowry Expressway, Texas City, TX) site . The organization's contracted radiologists were not credentialed/privileged in the same fashion as employed LIPs. The credentialing/privileging files belonging to the three contracted radiologists were incomplete in comparison to the files of employed LIPs. These three files lacked primary source verification of education and training; peer references, and NPDB queries. This was confirmed with the organization leaders attending the Credentialing/Privileging session.
<a href="#">PC.02.03.01</a>	<a href="#">30</a>	PCMH	Low Widespread	For organizations that elect The Joint Commission Primary Care Medical Home option: The interdisciplinary team identifies the patient's health literacy needs. Note: Typically this is an interactive process, the goal of which is to ascertain the patient's capacity to process and understand basic health information needed to make appropriate health decisions.	1) Observed in Record Review at Coastal Health & Wellness (9850-C Emmett F. Lowry Expressway, Texas City, TX) site . A patient record being reviewed with clinical leadership lacked evidence the interdisciplinary team had identified the patient's health literacy needs. Review of the process for evaluating patients' health literacy needs revealed the organization was in the process of designing a health literacy assessment but the process had not yet been implemented at the time of survey. This was confirmed with clinical leadership.
<a href="#">PI.01.01.01</a>	<a href="#">30</a>	PCMH	Low Widespread	For organizations that elect The Joint Commission Primary Care Medical Home option: The organization collects data on the following: - Patient experience and satisfaction related to access to care, treatment, or services and communication - Patient perception of the comprehensiveness of care, treatment, or services - Patient perception of the coordination of care, treatment, or services - Patient perception of the continuity of care, treatment, or services (Refer to PI.01.01.01, EP 14)	1) Observed in Data Session at Coastal Health & Wellness (9850-C Emmett F. Lowry Expressway, Texas City, TX) site . The organization was not collecting data on patient perception of the comprehensiveness, coordination or continuity of care, treatment or services. This was noted during the Data Session and confirmed with clinical leadership.

## The Joint Commission

Standard	EP	Certification Option	SAFER™ Placement	EP Text	Observation
<a href="#">RC.02.01.01</a>	<a href="#">25</a>	PCMH	Low Widespread	For organizations that elect The Joint Commission Primary Care Medical Home option: The clinical record contains the patient's: - Gender, race, and ethnicity - Family history - Work history (including any occupational risk factors or exposures)	1) Observed in Record Review at Coastal Health & Wellness (9850-C Emmett F. Lowry Expressway, Texas City, TX) site . Three of three medical records reviewed lacked work history (including any occupational risk factors or exposures). Discussion with clinical leadership revealed the organization was not yet collecting this information in a uniform fashion at the time of survey.

# The Joint Commission

## Appendix

### Standard and EP Text

#### Program: Ambulatory

Standard	EP	Certification Option	Standard Text	EP Text
HR.02.01.03	1		The organization grants initial, renewed, or revised clinical privileges to individuals who are permitted by law and the organization to practice independently.	The organization follows a process, approved by its leaders, to grant initial, renewed, or revised privileges and to deny privileges.
PC.02.03.01	30	PCMH	The organization provides patient education and training based on each patient's needs and abilities.	For organizations that elect The Joint Commission Primary Care Medical Home option: The interdisciplinary team identifies the patient's health literacy needs. Note: Typically this is an interactive process, the goal of which is to ascertain the patient's capacity to process and understand basic health information needed to make appropriate health decisions.
PI.01.01.01	30	PCMH	The organization collects data to monitor its performance.	For organizations that elect The Joint Commission Primary Care Medical Home option: The organization collects data on the following: - Patient experience and satisfaction related to access to care, treatment, or services and communication - Patient perception of the comprehensiveness of care, treatment, or services - Patient perception of the coordination of care, treatment, or services - Patient perception of the continuity of care, treatment, or services (Refer to PI.01.01.01, EP 14)
RC.02.01.01	25	PCMH	The clinical record contains information that reflects the patient's care, treatment, or services.	For organizations that elect The Joint Commission Primary Care Medical Home option: The clinical record contains the patient's: - Gender, race, and ethnicity - Family history - Work history (including any occupational risk factors or exposures)

# The Joint Commission

## Appendix

### Report Section Information

#### SAFER™ Matrix Description

All Requirements for Improvement (RFIs) are plotted on the SAFER matrix according to the likelihood the issue could cause harm to patient(s), staff, and/or visitor(s), and the scope at which the RFI is observed. Combined, these characteristics identify a risk level for each RFI, which in turn will determine the level of required post-survey follow up. As the risk level of an RFI increases, the placement of the standard and Element of Performance moves from the bottom left corner to the upper right. The definitions for the Likelihood to Harm a Patient/Staff/Visitor and Scope are as follows:

Likelihood to Harm a Patient/Staff/Visitor:

- Low: harm could happen, but would be rare
- Moderate: harm could happen occasionally
- High: harm could happen any time

Scope:

- Limited: unique occurrence that is not representative of routine/regular practice
- Pattern: multiple occurrences with potential to impact few/some patients, staff, visitors and/or settings
- Widespread: multiple occurrences with potential to impact most/all patients, staff, visitors and/or settings

The Evidence of Standards Compliance (ESC) or Plan of Correction (POC) forms with findings of a higher risk will require two additional fields within the ESC or POC. The organization will provide a more detailed description of Leadership Involvement and Preventive Analysis to assist in sustainment of the compliance plan. Additionally, these higher risk findings will be provided to surveyors for possible review or onsite validation during any subsequent onsite surveys, up until the next full triennial survey occurs. The below legend illustrates the follow-up activity associated with each level of risk.

SAFER™ Matrix Placement	Required Follow-Up Activity
HIGH/LIMITED HIGH/PATTERN HIGH/WIDESPREAD	<ul style="list-style-type: none"> <li>Two additional areas surrounding Leadership Involvement and Preventive Analysis will be included in the ESC or POC</li> <li>Finding will be highlighted for potential review by surveyors on subsequent onsite surveys up to and including the next full survey or review</li> </ul>
MODERATE/PATTERN MODERATE/WIDESPREAD	
MODERATE/LIMITED LOW/PATTERN LOW/WIDESPREAD	<ul style="list-style-type: none"> <li>ESC or POC will not include Leadership Involvement and Preventive Analysis</li> </ul>
LOW/LIMITED	

# **The Joint Commission**

## **Appendix**

### **Report Section Information**

#### **Requirements for Improvement Description**

Observations noted within the Requirements for Improvement (RFI) section require follow-up through the Evidence of Standards Compliance (ESC) process. The identified timeframes for submission for each observation are found in the Executive Summary section of the Final Report. If a follow-up survey is required, the unannounced visit will focus on the requirements for improvement although other areas, if observed, could still become findings. The time frame to perform the unannounced follow-up visit is dependent on the scope and severity of the issue identified within Requirements for Improvement.

# The Joint Commission

## Appendix

### Report Section Information

#### Clarification Instructions

##### Documents not available at the time of survey

Any required documents that are not available at the time of survey will no longer be eligible for the clarification process. These RFIs will become action items in the post-survey ESC process.

##### Clerical Errors

Clerical errors in the report will no longer be eligible for the clarification process. The Joint Commission will work with the organization to correct the clerical error, so that the report is accurate. The corrected RFIs will become action items in the post-survey process.

##### Audit Option

There will no longer be an audit option as part of the clarification process. With the implementation of the SAFER™ matrix, the "C" Element of Performance (EP) category is eliminated. The "C" EPs were the subject of Clarification Audits.

The clarification process provides an organization the opportunity to demonstrate compliance with standards that were scored “not compliant” at the time of the survey. The organization has 10 business days from the date the report is published on the extranet site to submit the clarification. *The Evidence of Standards Compliance (ESC) due dates will remain the same whether or not the organization submits a clarification and/or is successful in the clarification process.*

Clarifications may take either of the following forms:

- An organization believes it had adequate evidence available to the surveyor(s) and was in compliance **at the time of the survey**. (Please note that actions taken during or immediately after the survey will not be considered.) The organization must use the clarification form to support their contention.
- The organization has detailed evidence that was not immediately available **at the time of the survey**. The clarification must include an explanation as to why the surveyor(s) did not have access to the information or why it was not provided to the surveyor(s) at the time of the survey. However, any required documents that are not available at the time of survey are not eligible for the Clarification Process. These RFIs will become action items in the post-survey ESC process.
- Please do not submit supplemental documentation unless requested by The Joint Commission. If additional information is requested, the organization will be required to highlight the relevance to the standards in the documentation.

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**Governing Board  
September 2021  
Item#20  
Comments from Board Members**

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