

### AMENDED

#### AGENDA

Thursday, March 31, 2022 – 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 February 24, 2022 Governing Board Meeting
- \*Item #5**ACTION**..... Consider for Approval Ratification of the Action from the Executive Committee Meeting Friday, March 11, 2022
- \*Item #6 ..... Informational Report
- Notification of Board Resignation
  - Resolution Recognizing Ann O'Connell, MS, MSN, RN, Chief Operations Officer, for her Dedicated Services to the Coastal Health & Wellness and the Citizens of Galveston County
- 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 February 2022 Financial Report Submitted by Marlene Garcia
- Item #9**ACTION**..... Consider for Approval Sliding Fee Policy Submitted by Marlene Garcia
- Item #10**ACTION**..... Consider for Approval 2022/2023 Sliding Fee Scale Submitted by Marlene Garcia

- Item #11**ACTION**.....Consider for Approval Coastal Health & Wellness After Hours Policy  
Submitted by Ami Cotharn
- Item #12**ACTION**.....Consider for Approval Inline Recruitment Services for Clinical Staffing  
Submitted by Chantelle Smith
- Item #13.....Update on Employee Satisfaction Survey Presented by Chantelle Smith
- Item #14.....Update on the Strategic Health Plan Presented by Shelby Evans
- Item #15.....Discussion Regarding Governing Board Committees
- Item #16.....Comments from Board Members

### **Adjournment**

*Next Regular Scheduled Meeting: April 28, 2022*

### **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  
March 2022  
Item#3  
Excused Absence(s)**

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**Governing Board**

**March 2022**

**Item#4**

**Consider for Approval Minutes from February 24, 2022**

**Governing Board Meeting**

**Coastal Health & Wellness  
Governing Board  
February 24, 2022**

**Board Members:**

Samantha Robinson  
Dr. Southerland  
Flecia Charles  
Kevin Avery  
Elizabeth Williams  
Victoria Dougharty

**Staff:**

Ami Cotharn, Chief Operations Officer  
Ann O'Connell, Contracted Support  
Dr. Lindskog, Dental Director  
Chantelle Smith  
Marlene Garcia, Clinic Financial Officer  
Trish Bailey  
Martha Vallin  
Jonathan Jordan  
Pisa Ring  
Kristina Garcia  
Luz Amaro

Kenna Pruitt  
Tiffany Carlson  
Virginia Lyle (phone)  
Debra Howey (phone)  
Shelby Evans (phone)  
Ashley Tompkins (phone)  
Tikeshia Thompson-Rollins  
Anthony Hernandez  
Chris Davis

**Excused Absence:** Dorothy Goodman, Miroslava Bustamante, Virginia Valentino and Dr. Thompson  
**Guest:** Rev. Walter Jones and Sharon Hall

**Items#1 Comments from the Public**

There were no comments from the public.

**Items#2-4 Consent Agenda**

A motion was made by Kevin Avery to approve the consent agenda items two through four. Flecia Charles seconded the motion, and the Board unanimously approved the consent agenda.

**Item#5 Executive Director will Report on Coastal Health & Wellness/COVID-19 Updates Submitted by Dr. Keiser**

Ann O'Connell, Chief Operations Officer, presented an update on Coastal Health & Wellness in the absence of Dr. Keiser, Executive Director. Ann informed the Board we have established a new acute visit type for those patients that have an acute problem and need to be seen right away. Samantha Robinson, Board Chair, asked that we make sure we are meeting HRSA requirements for the assessments on patients. Ann informed the Board she will check the language for HRSA requirements and bring back to the Board. Ann also informed the Board Coastal Health & Wellness has started the Strategic Health Plan planning and had a very successful session with staff on February 9<sup>th</sup>. A draft of the Strategic Health Plan was presented, and staff was asked to engage and come up with additional ideas. On March 9<sup>th</sup> we will meet with all staff and go over the results.

Ashley Tompkins gave a brief update on COVID-19

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

- The dental clinic continues to follow CDC's Interim Infection Prevention and Control Recommendations for Healthcare Personnel which has a section dedicated to Dental Facilities. We are wearing N95 respirators for all patient interactions.
- The Galveston dental clinic is now open 5 days a week as of February

- Staffing: Dr. Bishai is now seeing a full schedule and is doing great. We are expecting a staffing shortage in March due dental assistants scheduled leave and unplanned FMLA. We currently have two dental assistant vacancies.
- There are not any updates regarding the partnership with the College of the Mainland Dental Hygiene Program. They are still searching for a new program director.
- Our health center is participating in the NNOHA Oral Health Workforce Learning Collaborative. This virtual collaborative focuses on developing a recruitment and retention plan for the oral health workforce. We have completed two learning sessions.
- We received our intraoral scanners that were purchased with the ARP grant and completed training on them at the February Inservice meeting. Both Dr. Bishai and I have completed cases using the scanners, and they are working great. The scanners take digital impressions and cut down on the amount of time it takes to receive a case back.
- During March, we will recognize the dental assistants for Dental Assistant Appreciation Week and the dentists for National Dentist Day. Ashley and Matilda have some social media promotions planned.
- We are still working on our wait list. We also have “new” acute appointments available to address immediate needs so that no one in pain is waiting.

**Item#6 Consider for Approval January 2022 Financial Report Submitted by Marlene Garcia**

Marlene Garcia, Chief Financial Officer, presented January 2022 Financial Report. A motion to accept the financial report as presented was made by Dr. Southerland. Victoria Dougharty seconded the motion and the Board unanimously approved.

**Item#7 Consider for Approval Sage Accounting Software Submitted by Trish Bailey**

Trish Bailey, Chief Financial Officer, asked the Board to consider for approval sage accounting software. Trisha informed the Board the sage accounting software will be able to take information from NextGen to Accufund and won't have to input it into other software's. This program also has a great grant, billing, and tracking system which will help with grants, provide a dashboard for all the departments. This program is a split cost and Coastal Health & Wellness portion is 40%. The first year will be \$50, 000 that includes the implementation and first year fee and annually it will be \$25, 000. This program does not have a payroll system but will allow us to get a payroll company that will process the payroll for us. A motion to accept the sage accounting software as presented was made by Kevin Avery and seconded by Victoria Dougharty. The Board unanimously approved the motion.

**Item#8 Consider for Approval Coastal Health & Wellness Infection Control Plan Submitted by Debra Howey**

Debra Howey, Infection Control Nurse, asked the Board to consider for approval the infection control plan. A motion to accept plan as presented was made by Victoria Dougharty and seconded by Elizabeth Williams. The Board unanimously approved the motion.

**Item#9 Consider for Approval Annual Report on Infection Control Goals 2022 Submitted by Debra Howey**

Debra Howey, Infection Control Nurse, presented the annual report on infection control goals for 2022. A motion to accept the goals as presented was made by Victoria Dougharty and seconded by Flecia Charles. The Board unanimously approved the motion.

**Item#10 Consider for Approval Re-Privileging Rights for Unsil Keiser, DDS Submitted by Dr. Hanna Linskog**

Dr. Linskog, Dental Director, asked the Board to consider for approval re-privileging rights for Unsil Keiser, DDS. A motion to accept privileging rights for Unsil Keiser, DDS, was made by Elizabet Williams, and seconded by Victoria Dougharty. The Board unanimously approved the motion.

**Item#11 Consider for Approval Privileging Rights for Lisa Cashiola, FNP Submitted by Dr. Keiser**

Ann O'Connell, Chief Operations Officer, asked the Board to consider for approval privileging rights for Lisa Cashiola, FNP on behalf of Dr. Keiser. A motion to accept privileging rights for Lisa Cashiola, FNP, was made by Victoria Dougharty and seconded by Dr. Southerland. The Board unanimously approved the motion.

**Item#12 Consider for Approval Nominee Rev. Walter L. Jones to fill Community Representative Position**

Samantha Robinson, Board Chair, asked the Board to consider for approval nominee Rev. Walter L. Jones to fill the community representative position. A motion to accept Rev. Walter L. Jones to fill the community representative position was made by Elizabeth Williams and seconded by Kevin Avery. The Board unanimously approved the motion.

**Item#13 Consider for Approval Nominee Sharon Hall, Ph.D, M.A, B.A., to fill Community Representative Position**

Samantha Robinson, Board Chair, asked the Board to consider for approval nominee Sharon Hall, Ph.D, M.A, B.A., to fill the community representative position. A motion to accept Sharon Hall, Ph.D, M.A, B.A., to fill the community representative position was made by Victoria Dougharty and seconded by Flecia Charles. The Board unanimously approved the motion.

**Item#14 Consider for Approval Nominee Cynthia Darby to fill Consumer Representative Position**

Samantha Robinson, Board Chair, asked the Board to consider for approval nominee Cynthia Darby, to fill the consumer position. A motion to accept Cynthia Darby to fill consumer representative position was made by Dr. Southerland and seconded by Victoria Dougharty. The Board unanimously approved the motion.

**Item#15 Plans for Employee Satisfaction Survey Presented by Ann O'Connell and Chantelle Smith**

Chantelle Smith, Chief People Officer, presented plans for employee satisfaction survey. Kevin Avery asked was Bamboo the system we voted on a couple months ago and is this a service provided with the program already or would this be something in addition. Chantelle stated this was negotiated with the system. Samantha Robinson, Board chair, suggested when rolling out with the employee satisfaction survey that leaders meet to discuss findings and come up with an action plan. Ann O'Connell and Chantelle Smith will bring back to the March Board meeting when employee survey will be launched, how long it will take to compile, and how we are going to disseminate the results. Samantha suggested results come from Human Resources and recommended that employees be prepped, and know emails are coming and to also insure them that the survey will be anonymous. Samantha suggested an incentive for completion and encourage staff to get their feedback.

**Item #16 Comments from Board Members**

No comments

The meeting was adjourned at 2:02p.m.

\_\_\_\_\_  
Chair

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

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### **Governing Board**

**March 2022**

**Item#5**

**Consider for Approval Ratification of the Action from the Executive  
Committee Meeting Friday, March 11, 2022**

**Coastal Health & Wellness  
Governing Board  
March 11, 2022**

**Board Members:**

Samantha Robinson  
Dr. Southerland  
Virginia Valentino (phone)

**Staff:**

Ami Cotharn, Chief Operations Officer  
Marlene Garcia, Clinic Financial Officer  
Tikeshia Thompson-Rollins

**Items#1 Consider for Approval TACHC Collaboratives on Social Determinants of Health Platform to Support Data Collection and Reporting, and Value-Based Care Readiness Program Submitted by Ami Cotharn**

Ami Cotharn, Chief Operating Officer, presented the TACHC collaboration on social determination of health platform to support data collection and reporting, and value care readiness program. Dr. Southerland requested looking at the metrics for oral health. Marlene will send requested questions to TACHC and email response to Dr. Southerland and Samantha. A motion to accept the TACHC collaborative as presented was made by Dr. Southerland and seconded by Virginia Valentino. The Executive Committee unanimously approved the motion.

**Items#2 Consider for approval NextGen Interface Software for Sage Intaaact Accounting Software and Consulting Services for the NextGen Interface Submitted by Marlene Garcia**

Marlene Garcia, Chief Financial Officer, presented the Nextgen interface software for sage intaact accounting software and consulting services for Nextgen. A motion to accept the TACHC collaborative as presented was made by Virginia Valentino and seconded by Dr. Southerland. The Executive Committee unanimously approved the motion.

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**Governing Board  
March 2022  
Item#6  
Informational Report**

- a) Notification of Board Resignation**
- b) Resolution Recognizing Ann O'Connell, MS, MSN, RN, Chief Operations Officer, for her Dedicated Services to the Coastal Health & Wellness and the Citizens of Galveston County**

Due to various illnesses of myself and family I must leave the board as of March 31, 2022.

Thank you for lots of wonderful years together.

Virginia Valentino (Ginger)

**Resolution Recognizing  
Ann O’Connell, MS, MSN, RN  
CHW Chief Operations Officer  
For Her Contributions to Coastal Health & Wellness and the  
Citizens of Galveston County**



WHEREAS, Ann O’Connell, was hired as the COVID Vaccine Program Manager by the Galveston County Health District in April 2021;

WHEREAS, in June 2021, she was promoted to the CHW Chief Operations Officer of the Coastal Health & Wellness clinic;

Galveston County Health District and Coastal Health & Wellness thank Ann O’Connell for her vigilant dedication to serving her community and the Coastal Health & Wellness patients during her time employed. Ann has been instrumental in the County COVID response, reopening the Coastal clinic, and bolstering patient access to care.

NOW, THEREFORE, BE IT RESOLVED by action of the United Board of Health on March 30, 2022, and the Coastal Health & Wellness Governing Board on April 13, 2022, that Ann O’Connell, MS, MSN, RN, has retired from full time employment with Costal Health & Wellness however, will lend services PRN on a contract basis.

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Jed Webb  
Chair, United Board of Health

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

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### Governing Board

March 2022

Item#7

[Coastal Health & Wellness March 2022 Coastal Wave \(govdelivery.com\)](https://govdelivery.com)

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**Governing Board**

**March 2022**

**Item#8**

**Consider for Approval February 2022 Financial  
Report Submitted by Marlene Garcia**

# COASTAL HEALTH & WELLNESS

Governing Board



## FINANCIAL SUMMARY

For the Period Ending

*February 28, 2022*

March 31, 2022

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

## CHW - BALANCE SHEET as of February 28, 2022

### ASSETS

	Current Month Feb-22	Prior Month Jan-22	Increase (Decrease)
Cash & Cash Equivalents	\$7,350,341	\$7,249,426	\$100,915
Accounts Receivable	2,209,606	2,271,189	(61,583)
Allowance For Bad Debt	(1,133,624)	(1,097,731)	(35,893)
Pre-Paid Expenses	119,364	124,704	(5,340)
Due To / From	71,712	43,133	28,579
<b>Total Assets</b>	<b>\$8,617,400</b>	<b>\$8,590,722</b>	<b>\$26,678</b>

### LIABILITIES

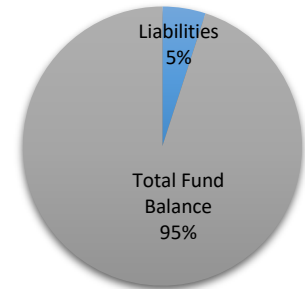
Accounts Payable	\$109,788	\$225,540	(\$115,752)
Accrued Salaries	295,755	293,418	2,337
Deferred Revenues	25,992	36,981	(10,988)
<b>Total Liabilities</b>	<b>\$431,536</b>	<b>\$555,939</b>	<b>(\$124,403)</b>

### FUND BALANCE

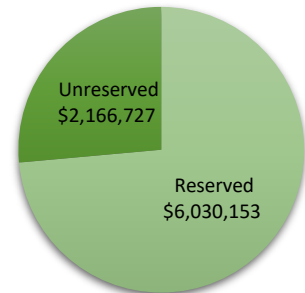
Fund Balance	\$6,426,698	\$6,426,698	0
Current Change	1,770,181	1,628,738	141,443
<b>Total Fund Balance</b>	<b>\$8,196,880</b>	<b>\$8,055,437</b>	<b>\$141,443</b>

<b>TOTAL LIABILITIES &amp; FUND BALANCE</b>	<b>\$8,628,415</b>	<b>\$8,611,375</b>	<b>\$17,040</b>
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### Current Period Assets



### Total Fund Balance



## CHW - REVENUE & EXPENSES as of February 28, 2022

### REVENUE

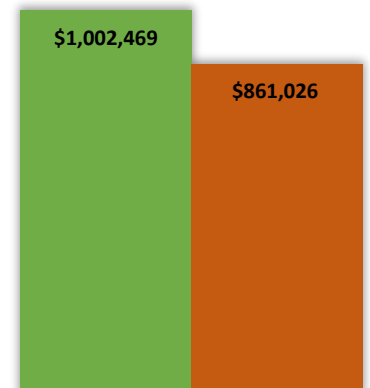
	Actual Feb-22	Budgeted Feb-22	MTD Budget Variance	YTD Budget Variance
County Revenue	\$311,222	\$311,222	\$0	\$0
DSRIP Revenue	95,000	65,833	29,167	314,918
HHS Grant Revenue	371,912	269,783	102,129	1,270,183
Patient Revenue	219,312	241,682	(22,370)	(161,562)
Other Revenue	5,022	8,851	(3,829)	(5,325)
<b>Total Revenue</b>	<b>\$1,002,469</b>	<b>\$897,372</b>	<b>\$105,097</b>	<b>\$1,418,214</b>

### EXPENSES

Personnel	\$597,780	\$615,556	\$17,776	\$73,981
Contractual	53,364	57,257	3,893	(77,325)
IGT Reimbursement	31,350	21,666	(9,684)	(95,039)
Supplies	44,460	80,159	35,699	169,225
Travel	567	2,778	2,211	11,291
Bad Debt Expense	35,953	24,674	(11,280)	(110,438)
Other	97,552	95,283	(2,270)	(176,440)
<b>Total Expenses</b>	<b>\$861,026</b>	<b>\$897,372</b>	<b>\$36,346</b>	<b>(\$204,746)</b>
<b>CHANGE IN NET ASSETS</b>	<b>\$141,443</b>	<b>\$0</b>	<b>\$141,443</b>	<b>\$1,213,468</b>

### Current Month Actuals

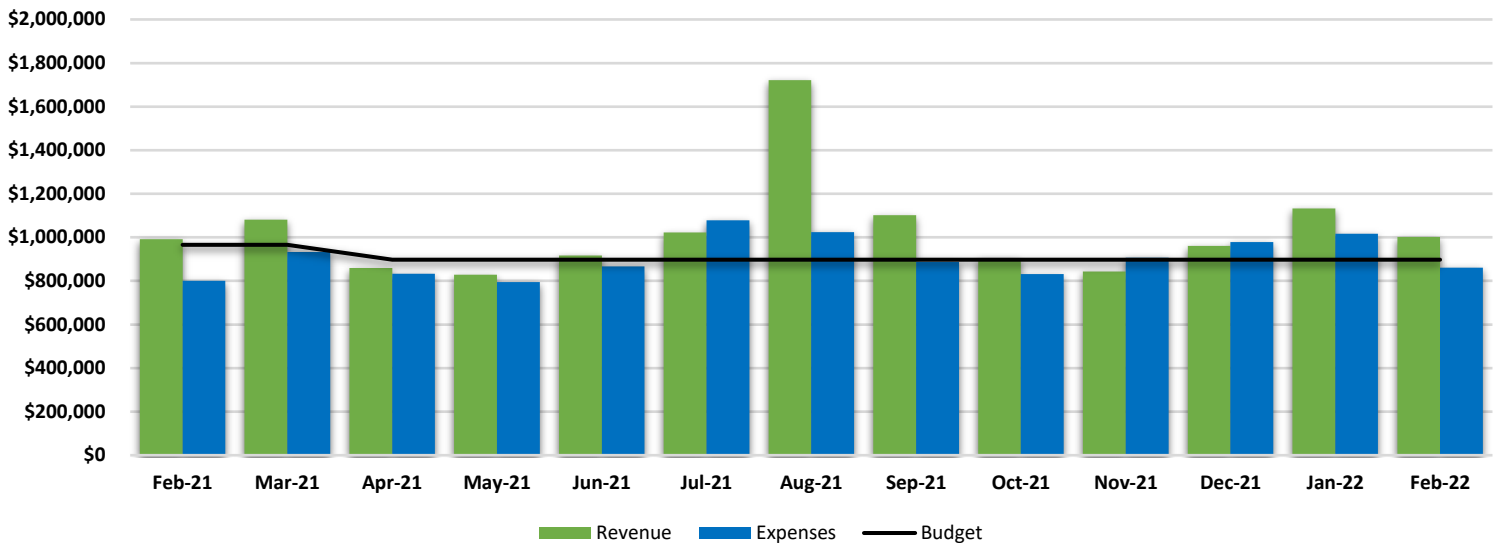
Revenue Expenses



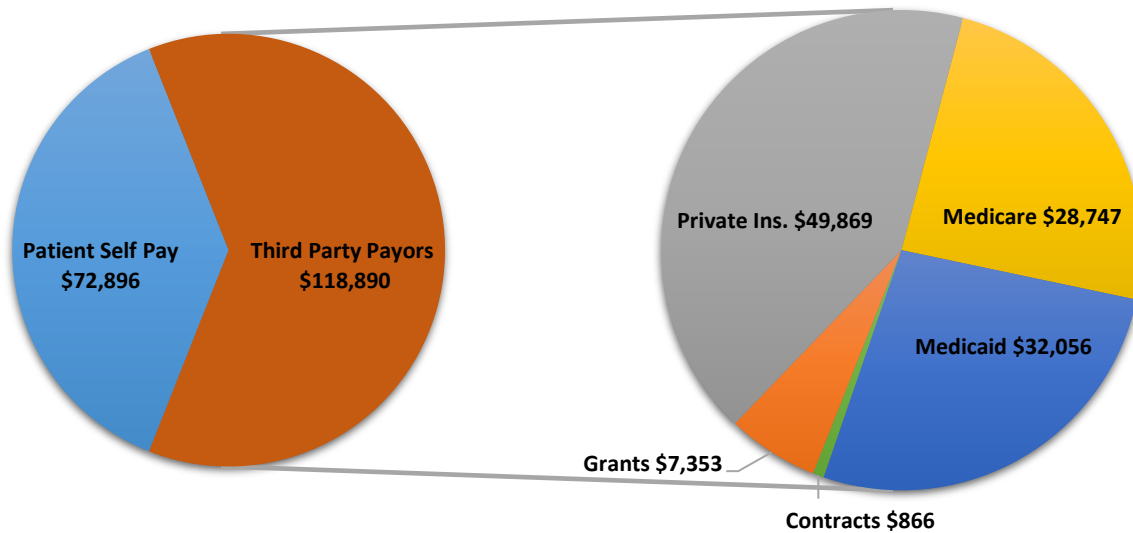
### HIGHLIGHTS

- MTD increase in fund balance of \$141,443.
- HHS Grant revenue for February was overbudget for the month in the amount of \$102,129.
- Total Revenue is overbudget for the month by \$105,097. DSRIP (1115 Waiver) payment received was \$95,000. Patient Fees, Private Ins., and Medicare Revenue were overbudget. Grant/Contract Revenue, Pharmacy, Medicaid, Interest Income, and Medical Records Revenue were underbudget for Feb.
- Interest Revenue is underbudget \$3,655 due to the annual percentage yield earned drop to 0.40% since March 2021. The APY earned for the other month before March was 1.41%.
- Expenses overbudget for Feb 2022 include: Part-time hourly pay, outside lab contract, janitorial contract, operating supplies (dental supplies), outside dental supplies, Travel for out of town, IT (EMR Clearinghouse and OTTO Health), and bad debt expenses.
- Total Expense for Feb 2022 is underbudget by \$36,347.17.

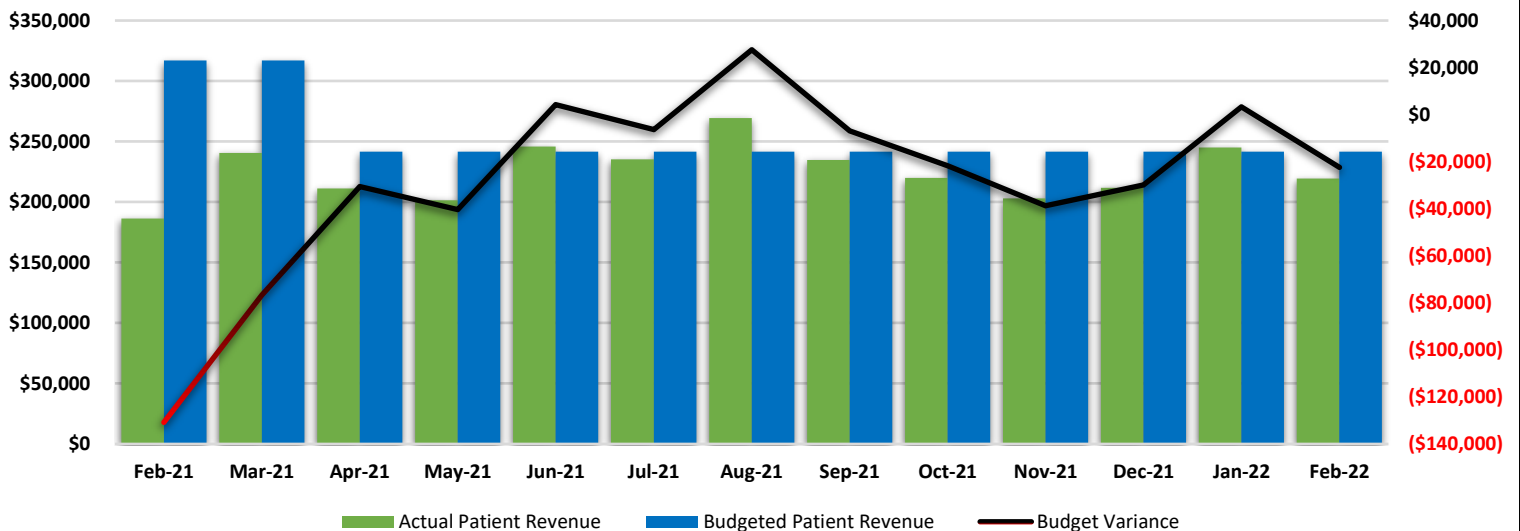
Actual Revenue & Expenses in Comparison to Budget

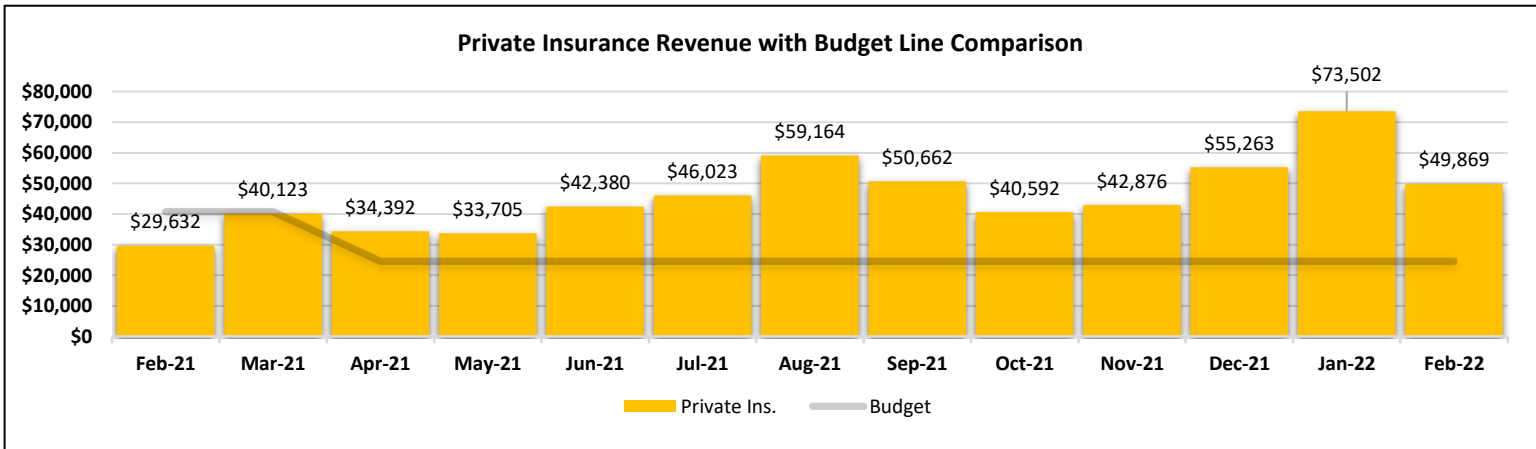
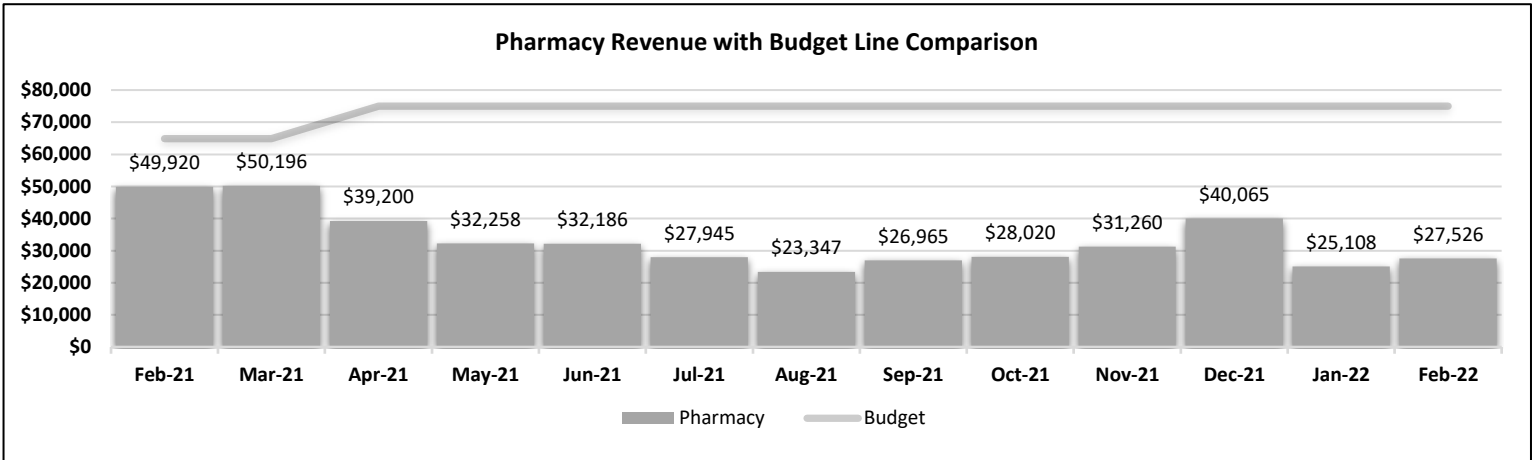
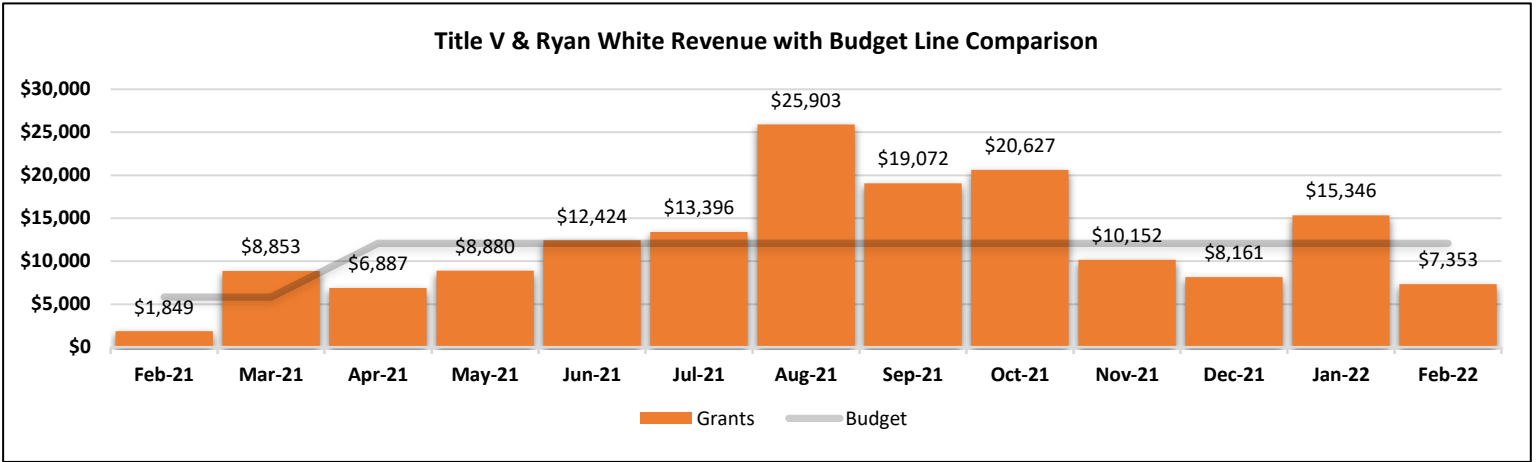
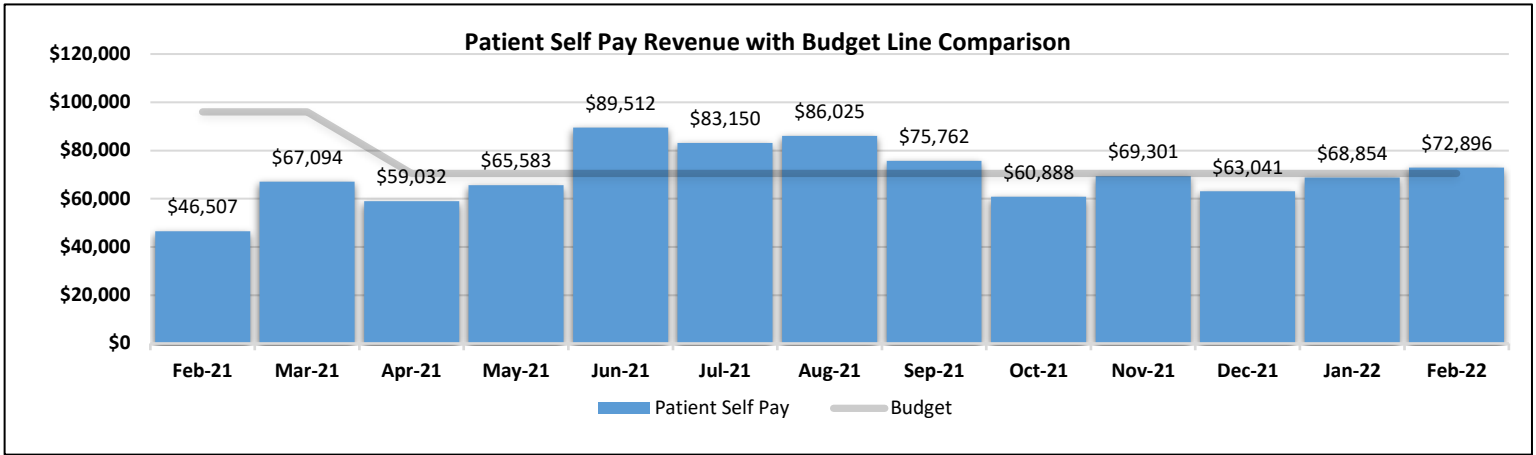


Current Period Patient Revenue with Third Party Payor Contributions Identified

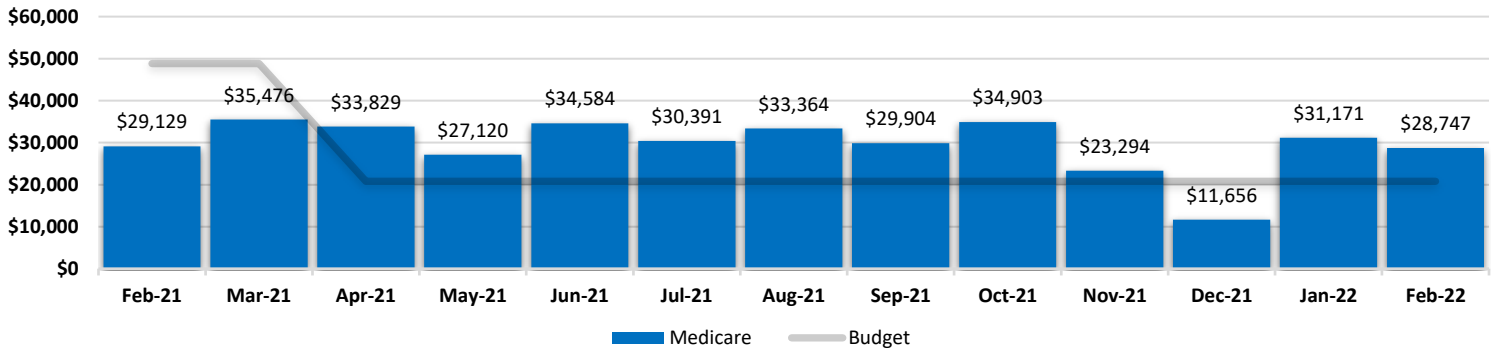


Actual Patient Revenue Rec'd vs Budget with Variance

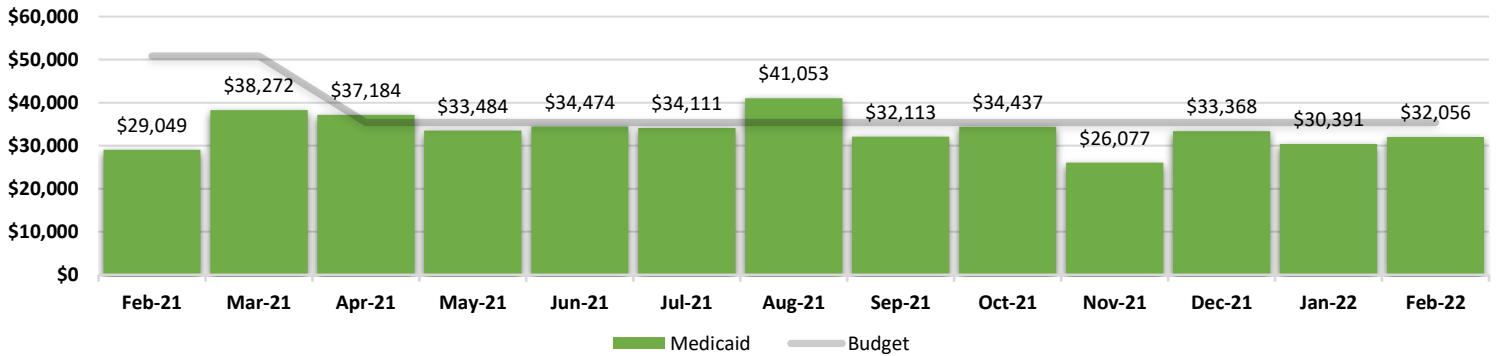




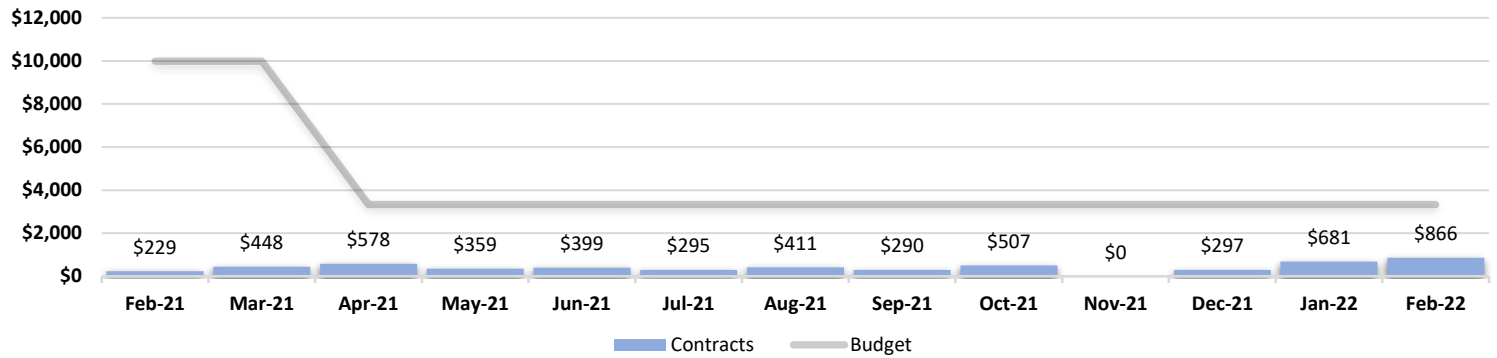
Medicare Revenue with Budget Line Comparison



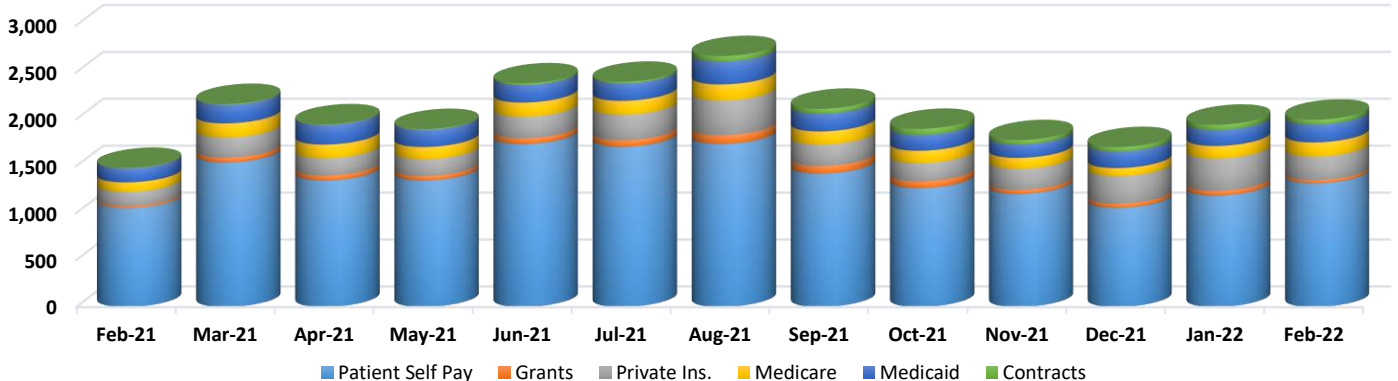
Medicaid Revenue with Budget Line Comparison



Contract Revenue with Budget Line Comparison



Total Number of Patient Visits



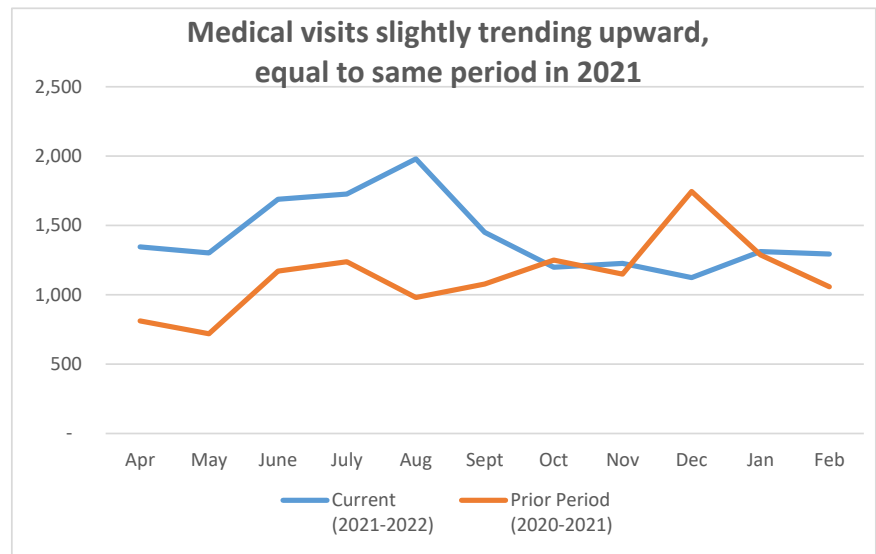
**Coastal Health & Wellness**  
**Statement of Revenue and Expenses for the Period ending February 28, 2022**

Cost Category	Account Description	Annual Budget	Period Ending 2/28/2022	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	371,912.39	269,783	102,129	4,210,524	2,967,617	1,242,908
	Base Funding	3,237,400	261,564.03	269,783	(8,219)	3,065,327	2,967,617	97,710
	HHS QI 19	-	-	-	0	-	-	-
	COVID Supplemental	-	-	-	0	-	-	-
	COVID CARES	-	-	-	0	153,395	-	153,395
	COVID ECT	-	506.09	-	506	92,681	-	92,681
	HHS QI 20	-	-	-	0	8,425	-	8,425
	Hypertension (HTN)	-	-	-	0	1,589	-	1,589
	COVID ARP	-	109,842.27	-	109,842	889,107	-	889,107
HHS	HHS Grant Revenue - Other	-	0.00	-	0	27,275	-	27,275
Patient	Grant Revenue (Title V, Ryan White)	144,977	7,352.80	12,081	(4,729)	148,199	132,896	15,303
Patient	Patient Fees	845,950	72,896.26	70,496	2,400	794,045	775,454	18,591
Patient	Private Insurance	294,821	49,868.86	24,568	25,300	528,185	270,253	257,932
Patient	Pharmacy Revenue - 340b	900,000	27,525.62	75,000	(47,474)	333,879	825,000	(491,121)
Patient	Medicare	249,596	28,746.78	20,800	7,947	318,962	228,796	90,166
Patient	Medicaid	424,845	32,055.67	35,404	(3,348)	368,748	389,441	(20,694)
Other	Local Grants & Foundations	16,208	1,350.67	1,351	0	20,857	14,857	6,000
Other	Medical Record Revenue	15,000	902.50	1,250	(348)	7,193	13,750	(6,557)
Other	Medicaid Incentive Payments	-	340.00	-	340	34,421	-	34,421
County	County Revenue	3,734,667	311,222.25	311,222	0	3,423,445	3,423,445	-
DSRIP	DSRIP Revenue	790,000	95,000.00	65,833	29,167	1,039,085	724,167	314,918
Other	Miscellaneous Revenue	-	76.79	-	77	587	-	587
Other	Gain on Fixed Asset Disposals	-	0.00	-	0	656	-	656
Other	Interest Income	70,000	2,178.50	5,833	(3,655)	24,669	64,167	(39,498)
Patient	CHW Contract Revenue	40,000	866.35	3,333	(2,467)	4,684	36,667	(31,982)
Other	Local Funds / Other Revenue	5,000	173.43	417	(243)	3,892	4,583	(691)
	<b>Total Revenue</b>	<b>\$ 10,768,464</b>	<b>1,002,468.87</b>	<b>\$ 897,372</b>	<b>105,097</b>	<b>\$ 11,289,306</b>	<b>\$ 9,871,092</b>	<b>\$ 1,418,214</b>
	<b><u>Expenses</u></b>							
Personnel	Hourly Pay	5,832,411	475,473.68	486,034	10,561	5,318,271	5,346,377	28,106
Personnel	Supplemental/Merit Compensation	-	0.00	-	0	43,500	-	(43,500)
Personnel	Provider Incentives	67,000	1,250.00	5,583	4,333	8,500	61,417	52,917
Personnel	Overtime	42,000	1,970.60	3,500	1,529	27,543	38,500	10,957
Personnel	Part-Time Hourly Pay	202,460	18,157.03	16,872	(1,285)	233,757	185,588	(48,169)
Personnel	Comp Pay Premium	-	0.00	-	0	11	-	(11)
Personnel	FICA Expense	470,018	36,841.00	39,168	2,327	413,372	430,850	17,478
Personnel	Texas Unemployment Tax (SUTA)	12,759	6,046.06	1,063	(4,983)	40,514	11,696	(28,818)
Personnel	Life Insurance Expense	14,961	1,472.63	1,247	(226)	15,730	13,714	(2,016)
Personnel	Long Term Disability Coverage	13,989	1,151.53	1,166	14	12,051	12,823	772
Personnel	Employer Paid Health Insurance	494,769	30,210.09	41,231	11,021	322,953	453,538	130,586
Personnel	Worker's Comp Insurance	18,437	1,345.78	1,536	191	9,573	16,901	7,328
Personnel	Cobra Expense	-	460.37	-	(460)	2,023	-	(2,023)
Personnel	Employer Sponsered Healthcare	79,016	4,661.05	6,585	1,924	57,865	72,431	14,566
Personnel	Pension/Retirement	138,849	18,739.82	11,571	(7,169)	145,518	127,278	(18,239)
Contractual	Outside Lab Contract	146,448	14,749.74	12,204	(2,546)	182,735	134,244	(48,491)
Contractual	Outside X-Ray Contract	18,000	1,176.00	1,500	324	14,760	16,500	1,740
Contractual	Misc Contract Services	237,722	14,274.80	19,810	5,535	248,041	217,912	(30,129)
Personnel	Temporary Staffing	-	0.00	-	0	45,952	-	(45,952)
Contractual	CHW Billing Contract Services	72,000	4,715.44	6,000	1,285	70,017	66,000	(4,017)
IGT	IGT Reimbursement	259,989	31,350.00	21,666	(9,684)	333,363	238,323	(95,039)
Contractual	Janitorial Contract	168,780	16,395.29	14,065	(2,330)	168,094	154,715	(13,379)
Contractual	Pest Control	960	80.10	80	(0)	881	880	(1)
Contractual	Security	43,176	1,972.52	3,598	1,625	22,626	39,578	16,952
Supplies	Office Supplies	82,600	5,690.19	6,883	1,193	87,173	75,717	(11,457)
Supplies	Operating Supplies	228,132	25,398.27	19,011	(6,387)	306,237	209,121	(97,116)
Supplies	Outside Dental Supplies	40,200	4,457.50	3,350	(1,108)	44,997	36,850	(8,147)
Supplies	Pharmaceutical Supplies	600,000	8,469.58	50,000	41,530	223,983	550,000	326,017
Supplies	Janitorial Supplies	5,400	0.00	450	450	4,880	4,950	70
Supplies	Printing Supplies	5,580	42.52	465	422	2,614	5,115	2,501
Supplies	Uniform Supplies	-	0.00	-	0	-	-	-
Supplies	Controlled Assets (i.e. computers)	-	0.00	-	0	21,588	-	(21,588)

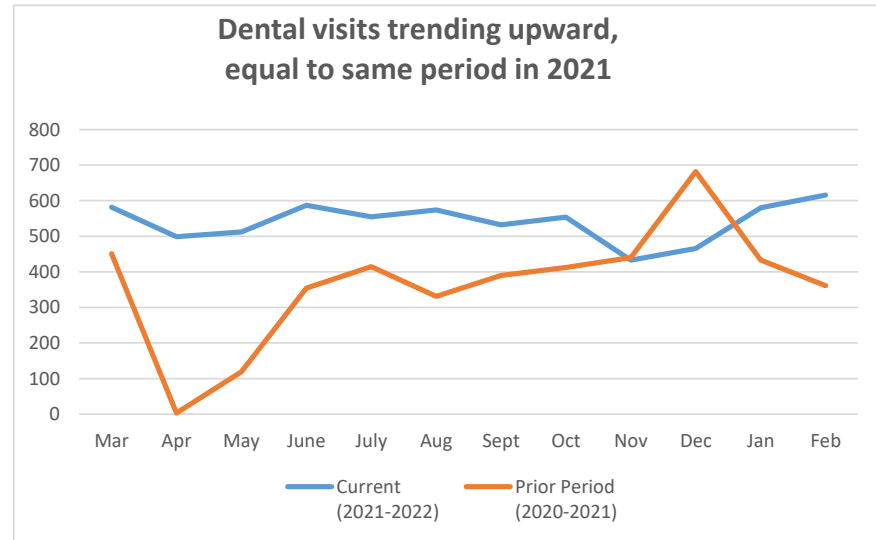
**Coastal Health & Wellness**  
**Statement of Revenue and Expenses for the Period ending February 28, 2022**

Cost Category	Account Description	Annual Budget	Period Ending 2/28/2022	MTD Budget	MTD Budget Variance	YTD Actual	YTD Budget	YTD Budget Variance
Other	Postage	9,000	401.94	750	348	5,716	8,250	2,534
Other	Telecommunications	64,500	5,481.59	5,375	(107)	61,122	59,125	(1,997)
Other	Water	372	30.50	31	1	336	341	6
Other	Electricity	18,000	1,176.60	1,500	323	14,317	16,500	2,183
Travel	Travel, Local	3,200	53.83	267	213	905	2,933	2,028
Travel	Travel, Out Of Town	-	512.97	-	(513)	3,235	-	(3,235)
Travel	Training, Local	30,135	0.00	2,511	2,511	9,557	27,624	18,066
Travel	Training, Out Of Town	-	0.00	-	0	5,570	-	(5,570)
Other	Rentals	39,240	3,365.93	3,270	(96)	39,719	35,970	(3,749)
Other	Leases	517,464	43,326.84	43,122	(205)	475,179	474,342	(837)
Other	Maint/Repair, Equip.	81,844	6,502.32	6,820	318	85,667	75,024	(10,644)
Other	Maint/Repair, Bldg.	2,400	126.86	200	73	9,681	2,200	(7,481)
Other	Maint/Repair, IT Equipment	-	0.00	-	0	-	-	-
Other	Insurance, Auto/Truck	108	7.68	9	1	90	99	9
Other	Insurance, General Liability	11,808	865.45	984	119	9,951	10,824	873
Other	Insurance, Bldg. Contents	18,372	1,170.58	1,531	360	12,749	16,841	4,092
Other	Settlements	-	0.00	-	0	-	-	-
Other	IT Equipment	-	0.00	-	0	-	-	-
Other	Operating Equipment	-	0.00	-	0	106,885	-	(106,885)
Other	Building Improvements	-	0.00	-	0	-	-	-
Other	Newspaper Ads/Advertising	23,600	1,051.55	1,967	915	26,207	21,633	(4,574)
Other	Subscriptions, Books, Etc.	18,623	420.00	1,552	1,132	14,809	17,071	2,262
Other	Association Dues	34,710	0.00	2,893	2,893	22,647	31,818	9,171
Other	IT Software / Licenses	259,929	31,713.43	21,661	(10,053)	306,673	238,268	(68,404)
Other	Prof Fees/Licenses/Inspections	1,670	351.00	139	(212)	7,823	1,531	(6,292)
Other	Professional Services	22,800	576.00	1,900	1,324	2,440	20,900	18,460
Other	Med/Hazard Waste Disposal	5,400	409.58	450	40	4,427	4,950	523
Other	Transportation	6,000	192.70	500	307	4,062	5,500	1,438
Other	Board Meeting Operations	350	67.57	29	(38)	1,085	321	(764)
Other	Service Charge - Credit Cards	7,200	697.72	600	(98)	10,057	6,600	(3,457)
Other	Cashier Over/Short	-	(5.00)	-	5	(5)	-	5
Bad Debt	Bad Debt Expense	296,083	35,953.19	24,674	(11,280)	381,847	271,409	(110,438)
Other	Miscellaneous Expense	-	23.41	-	(23)	3,313	-	(3,313)
	<b>Total Expenses</b>	<b>\$ 10,768,464</b>	<b>\$ 861,026</b>	<b>\$ 897,372</b>	<b>36,346</b>	<b>\$ 10,055,185</b>	<b>\$ 9,871,092</b>	<b>\$ (184,093)</b>
	<b>Net Change in Fund Balance</b>	<b>\$ -</b>	<b>\$ 141,443</b>	<b>\$ -</b>	<b>141,443</b>	<b>\$ 1,234,121</b>	<b>\$ -</b>	<b>\$ 1,234,121</b>

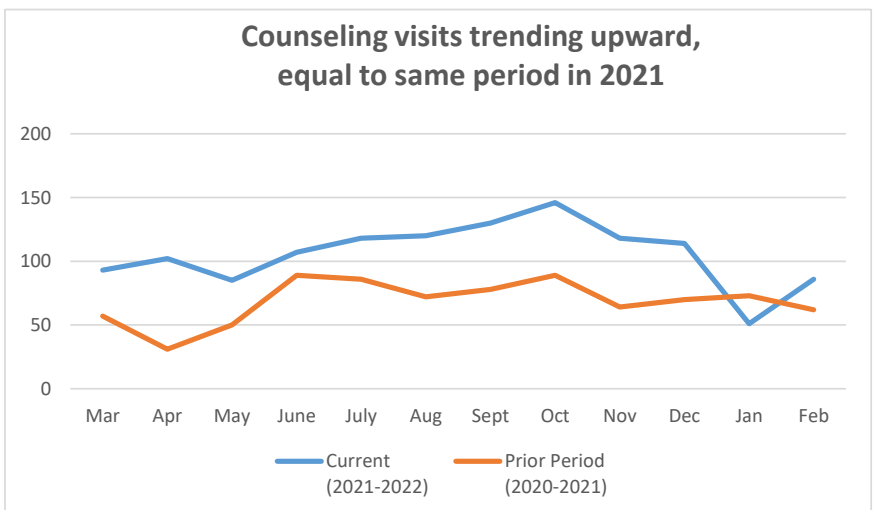
	<b>Medical Visits</b>	
	<b>Current</b>	<b>Prior Period</b>
	<i>(2021-2022)</i>	<i>(2020-2021)</i>
Mar	1,488	1,480
Apr	1,345	812
May	1,301	719
June	1,689	1,170
July	1,727	1,238
Aug	1,980	981
Sept	1,450	1,077
Oct	1,198	1,251
Nov	1,227	1,150
Dec	1,124	1,745
Jan	1,311	1,288
Feb	1,294	1,058
	<b>17,134</b>	<b>13,969</b>



	<b>Dental Visits</b>	
	<b>Current</b>	<b>Prior Period</b>
	<i>(2021-2022)</i>	<i>(2020-2021)</i>
Mar	582	451
Apr	499	3
May	512	119
June	587	354
July	555	415
Aug	574	331
Sept	532	390
Oct	554	412
Nov	433	440
Dec	466	682
Jan	580	433
Feb	616	361
	<b>6,490</b>	<b>4,391</b>



	<b>Counseling visits</b>	
	<b>Current</b>	<b>Prior Period</b>
	<i>(2021-2022)</i>	<i>(2020-2021)</i>
Mar	93	57
Apr	102	31
May	85	50
June	107	89
July	118	86
Aug	120	72
Sept	130	78
Oct	146	89
Nov	118	64
Dec	114	70
Jan	51	73
Feb	86	62
	<b>1270</b>	<b>821</b>



Note: Jan. '22 & Feb. '22, One Counselor

**Vists by Financial Class - Actual vs. Budget**  
**As of February 28, 2022 (Grant Year 4/1/2021 -3/31/2022)**

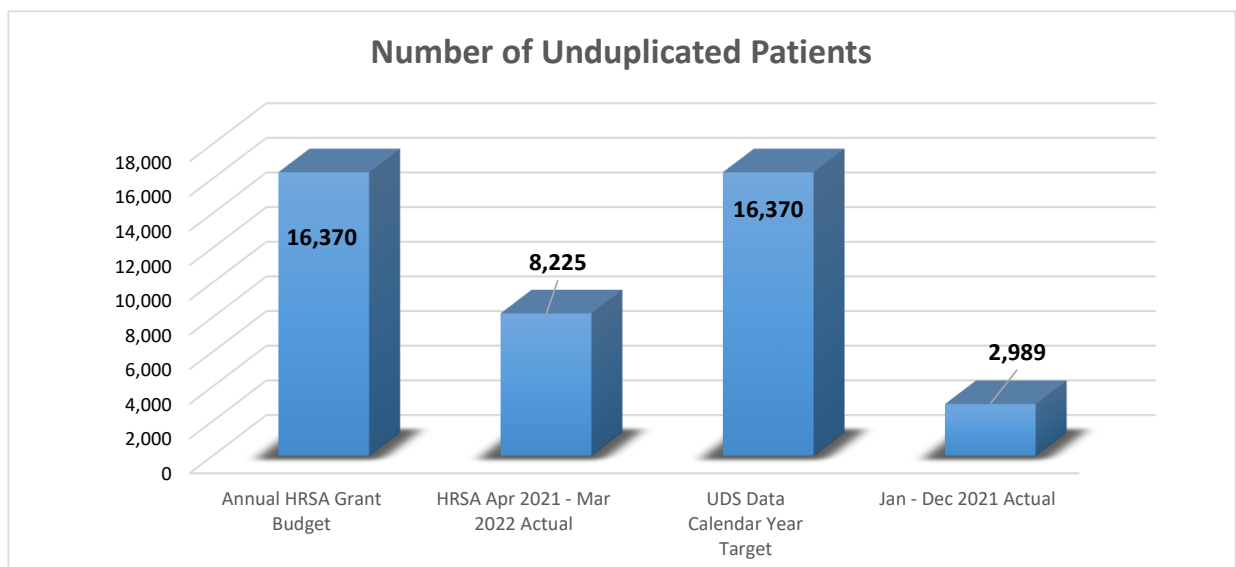
	Annual HRSA Grant Budget	MTD Actual	MTD Budget	Over/(Under) MTD Budget	YTD Actual	YTD Budget	Over/(Under) YTD Budget	% Over/ (Under) YTD Budget
Medicaid	3,147	189	262	(73)	2,158	2,885	(727)	-25%
Medicare	2,713	155	226	(71)	1,566	2,487	(921)	-37%
Other Public <i>(Title V, Contract, Ryan White)</i>	1,273	85	106	(21)	1,106	1,167	(61)	-5%
Private Insurance	2,941	251	245	6	2,778	2,696	82	3%
Self Pay	24,170	1,316	2,014	(698)	15,278	22,156	(6,878)	-31%
	<b>34,244</b>	<b>1,996</b>	<b>2,854</b>	<b>(858)</b>	<b>22,886</b>	<b>31,390</b>	<b>(8,504)</b>	<b>-27%</b>

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

	Current Year Annual Target	Jan-Feb 2021 Actual	Jan-Feb 2022 Actual	Increase/ (Decrease) Prior Year	% of Annual Target
Unduplicated Patients	16,370	2,318	2,989	671	18%

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

	Annual HRSA Grant Budget	Apr 2020-Feb 2021 Actual	Apr 2021-Feb 2022 Actual	Increase/ (Decrease) Prior Year	% of Annual Target
Unduplicated Patients	16,370	6,515	8,225	1,710	50%



[Back to Agenda](#)

**Governing Board**

**March 2022**

**Item#9**

**Consider for Approval Sliding Fee Policy**

**Submitted by Marlene Garcia**

## Coastal Health & Wellness Sliding Fee Schedule Policy

### Purpose

This policy applies to operations in the Coastal Health & Wellness (CHW) Clinics and all Coastal Health & Wellness employees.

### Definitions

- FPG – Federal Poverty Guidelines
- SFDS – Sliding Fee Discount Schedule
- Family Member (size) - Family members who are considered for the eligibility criteria for the sliding fee program include the following individuals who live in the same household:
  - Patient.
  - Spouse (including same sex marriage recognized by U.S. Jurisdiction).
  - Children up to age 18 or up to age 21 if a high school or college student.
  - Elderly patients that are dependent on their children for support and are claimed as a dependent on their income taxes will be placed on a sliding fee level based on the income of their children.
  - Court-ordered guardianships of incapacitated adults and/or minors living in the household.
  - Minors living in the household which have been court-ordered or placed in the household through Child Protective Services (CPS) in custody orders.
- Income - It is CHW's policy to use the U.S. Census Bureau's standard definition of income which can be found at <https://www.census.gov/programs-surveys/cps/data/data-tools/cps-table-creator-help/income-definitions.html> Income includes but is not limited to the following:
  - Total cash receipts before taxes, money wages and salaries before any deductions, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources. Income is calculated before taxes and does not include noncash benefits (such as food stamps and housing subsidies). Capital gains or losses are excluded from the income calculation. When determining family income, add up the income of all family members (non-relatives, such as housemates, do not count).

### Policy

It is the policy of Coastal Health & Wellness (CHW) to remove income as a barrier to care by offering a Sliding Fee Discount Schedule (SFDS) to all individuals and families with income levels between 101% and 200% of the Federal Poverty Guidelines (FPG). Each year when the federal poverty guidelines are published in the Federal Register, the procedure will be updated with the current information.

## **Sliding Fee Program**

CHW will offer to all eligible patients a sliding fee discount based on income and family size and no other factor. The definition of income and family size will be based on the established current Federal Poverty Guidelines (FPG). The Federal Poverty Guidelines are a version of the income thresholds used by the U.S. Census Bureau to estimate the number of people living in poverty. Individuals and families with annual income above two hundred percent (200%) of the FPG are not eligible for the sliding fee discount program. The Sliding Fee Schedule Policy is reviewed and approved annually by the Governing Board.

## **Sliding Fee Discount Schedule (SFDS)**

The FPG will be updated annually (typically published in January or early February in the Federal Register) and approved at the next month's board meeting with an effective date of the subsequent month in order to allow time to train staff and update systems. See Appendix A for the current year sliding fee scale.

## **Sliding Fee Notification**

Information regarding the Sliding Fee Program will be made known to patients, through one or more of the following formats:

- 1) Notices/signage in waiting room and/or reception and/or service areas.
- 2) Staff discussions/notification.
- 3) CHW published patient brochures.
- 4) Promotional materials.
- 5) As part of the patient's registration process (assessment for income) unless the patient declines/refuses to be assessed.
- 6) CHW Website.

The communication to patients will be provided in the appropriate language and literacy levels for CHW's patient population (at a minimum English and Spanish).

## **Procedure**

### **A. Application**

The patients will be required to complete an Application for Discounted Services in addition to the income verification documentation. At such time, the staff will process the sliding fee application and income verification documentation directly into the patient's account in NextGen and determine the patient's eligibility and pay category for the sliding fee program based on the following information on the application form and proof of income documentation:

- 1) Patient's income - It is CHW's policy to use the U.S. Census Bureau's standard definition of income (See definition above).
- 2) Patient family size (dependents only) – Family size is defined by the patient completing the application. Family members who are considered for the eligibility criteria for the sliding fee program include individuals who live in the same household (See definition above).

Based on these two factors, the patient will be notified of their eligibility and sliding fee discount classification (pay category). CHW staff will "assign" the SFDS in the patient's NextGen account using the date the application was processed. CHW staff will be trained on other funding sources for patients, such as the county indigent program, Medicaid, and Title V, so they can encourage patients, or parents whose children or dependents may be eligible for these programs, to apply for them. This eligibility

determination process will be conducted in an efficient, respectful, and culturally appropriate manner to assure that the administrative operating procedures for such determination do not present a barrier to care.

## **B. Proof of Income**

The sliding fee program proof of income documentation to determine eligibility will require the patient to provide one of the following:

- 1) The Modified Adjusted Gross Income (MAGI) amount from the most current tax return.
- 2) Last payroll check stub(s) (gross income), one month's worth of pay (consecutively last 30 days of check stubs).
- 3) Social Security earnings.
- 4) Letter from employer may be accepted as proof of income if a patient does not file income tax returns and does not get paid with a check.
- 5) Self declaration – for those who do a self-declaration, eligibility will be verified and updated every one year. Individuals will also be required to fill out a form if they are self-declaring household income to be zero and provide a statement of support (See Appendix B). If applicant appears to be eligible for Medicaid, a written denial of coverage by Medicaid may also be required.

Some patients may choose not to provide information that the health center requires for assessing income and family size, even after being informed that they may qualify for a sliding fee discount. These patients are considered by CHW as declining to be assessed for eligibility for sliding fee discounts. These patients will be charged at full rates.

## **C. Eligibility Period**

The patient's eligibility will be valid for one (1) year including those that have self-declared their income. Eligibility on those who self-declare their income will be verified and updated every year. The eligibility period begins on the date the application was processed. The beginning and ending date of eligibility are entered into the patient's account in NextGen. Proof of income and the application are scanned and maintained directly into the NextGen system. This process will allow management to perform QA reviews for compliance and evaluate the effectiveness of the sliding fee program.

## **D. Services Covered**

The sliding fee discount will apply to all services within the CHW HRSA-approved scope of project, for all CHW locations. CHW has multiple SFDS's based on services/mode of delivery (see SFDS below).

## **E. Schedule of Fees**

CHW's fee schedule is intended to generate revenue to cover the costs associated with providing services and assist in ensuring the financial viability and sustainability of the clinics. Additionally, the fee schedule will be the basis for seeking reimbursement from patients as well as third party payers. CHW's fee schedule will address all required and additional in-scope services.

CHW maintains one schedule of fees (charge master) for all patients and this fee schedule is designed to cover reasonable costs of providing services in the approved scope of project using Relative Value Units (RVU's) and adjusting as needed for consistency with locally prevailing rates. This fee schedule is approved by the Governing Board and evaluated annually to ensure it is consistent with locally prevailing rates and CHW's cost structure. (See also Fee Schedule/Charge Master formula in the Billing and Collections policy.)

#### **F. Structure of Sliding Fee Discount Schedule (SFDS)**

The Sliding Fee Discount Schedule is designed by CHW in a manner that adjusts based on ability to pay. To accomplish this, CHW has designed five discount pay classes above 100% and at or below 200% of the FPG. A nominal fee will be charged for individuals and families with annual income at or below 100% of the FPG. This nominal fee is a fixed amount and does not reflect the true value or cover costs of the services but is rather applied in order for patients to invest in their care and to minimize the potential for inappropriate utilization of services. This nominal fee is also less than the fee paid by a patient in the first “sliding fee discount pay class” beginning above 100% of the FPG. The sliding fee discount will apply to all services within the CHW HRSA-approved scope of project.

<b>% of Federal Poverty Guidelines</b>	<b>% of Charges Paid</b>	<b>% of Discount</b>	<b>Payment</b>
At or below 100% of federal poverty level	0%	100%	Nominal fee \$20
101 to 125% of federal poverty level	20%	80%	Deposit \$25.00
126 to 150% of federal poverty level	40%	60%	Deposit \$30.00
151 to 175% of federal poverty level	60%	40%	Deposit \$35.00
176 to 200% of federal poverty level	80%	20%	Deposit \$45.00

The Sliding Fee Schedule for Dental Contract Services is applied to the fees for services which require outside supplies for completion of patient care, such as dentures, crowns, space maintainers, or occlusal guards. Such supplies are provided by an outside laboratory and are custom made for each patient. This fee schedule is designed to cover reasonable costs of providing these services in the approved scope of project using Relative Value Units (RVU's) and adjusting as needed for consistency with locally prevailing rates. Locally prevailing rates are obtained annually based on the National Dental Advisory Pricing Guide's current year 50<sup>th</sup> percentile for our area. For Dental Contract Services, the fees for those patients who screen at a 100% discount are calculated to cover the cost of the appliances. Those who screen at over 200% of the income threshold will be charged at the full rate. The change of the fees between each category A, B, C, D, E and F is approximately 17% to equally distribute the discount for services, but still cover the costs of devices.

<b>Dental Contract Services</b>						
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
<b>Income Threshold for Sliding Fee (FPG)</b>	100%	101-125%	126-150%	151-175%	176-200%	Over 200% Must be paid in full

The above SFDS's are applied to all services CHW provides for which CHW has established charges, regardless of service type (required or additional) or the mode of delivery (directly or through contract) for which CHW is financially liable (Form 5A, Columns I & II HRSA Grant). For services that we do not provide directly but that CHW has a formal written referral arrangement (as specified in our Form 5A, Column III HRSA Grant), it is our policy to ensure the formal agreement includes language the entity/provider being referred to offers our patients a sliding fee discount that is equal or better than ours and complies with the criteria requirements outlined in the HRSA Compliance Manual. All formal agreements will be amended to include such language and all new referral agreements will automatically include the language to ensure compliance. The organization will also monitor this through a combination of patient inquiries as referrals are made and/or through annual certification by the referral provider. For referring providers that offer a discount that is better than the one provided by CHW, compliance with the HRSA Compliance manual is not required.

### **G. Evaluating the Sliding Fee Schedule**

This sliding fee discount schedule is evaluated by the CHW Governing Board at least once every three years, to ensure it is not a barrier to care from the patient's perspective. This is accomplished by CHW using one or more of the following methods:

- 1) Patient focus groups and board members' feedback.
- 2) Advisory committees that include consumer board members.
- 3) Input from patient satisfaction surveys regarding evaluations of operating procedures and cost of health center services received as compared to the value received/affordability assumptions of the patient.
- 4) Review of co-pay amounts associated with Medicare and Medicaid for patients with comparable incomes.
- 5) Collection of utilization data that allows it to assess the rate at which patients within each of the discount pay classes, as well as those at or below 100 percent of the FPG, are accessing health center services.
- 6) Other methods as considered appropriate.

The method(s) used to evaluate the effectiveness of CHW's sliding fee program from the perspective of reducing patient financial barriers to care will be shared with the Governing Board in order to assist them in determining the appropriateness of CHW's sliding fee policy. This will occur annually in conjunction with the update of the FPG.

### **H. Patients with Third party coverage who are eligible for SFDS**

CHW's sliding fee policy is based on income and family size only. There may be patients with third party insurance that does not cover, or only partially covers, fees for certain health center services that may be eligible for CHW's sliding fee program. In such cases, subject only to potentially legal and contractual limitations, the charge for each SFDS pay class is the maximum amount an eligible patient in that pay class is required to pay for a certain service, regardless of insurance status. Patients with third party coverage must complete an application to determine if they are eligible for a sliding fee discount for non-covered services.

### **I. Applying the Policy and Training Staff**

These policies and procedures will be uniformly applied across all CHW patient population. Staff will be trained to assist with the uniform implementation of the process and systems will be updated as the policy is updated to assist with compliance. Staff will be trained when hired and each time the policy is updated.

## Sliding Fee Discount Program

Programa de Descuento de Tarifas deslizantes

## STATEMENT OF SUPPORT

DECLARACIÓN DE APOYO

Instructions: This form is to be completed by the individual or organization providing support to the applicant and/or applicant's dependent(s).

Instrucciones: Este formulario debe ser completado por la persona u organización que brinde apoyo al solicitante y/o dependiente(s) del solicitante.

Financial Supporter	Partidario(a) Financiera
<p>I _____ (Full Name) provide support to the following individual(s) in order to help with essential living needs and expenses.</p> <p>I understand Coastal Health &amp; Wellness staff will contact me at ( ) _____.</p> <p>My mailing address is _____ (City) _____ (State) _____ (ZIP) _____.</p>	<p>Yo _____ (Nombre Completo) apoyo a la (s) siguiente (s) persona (s) con su(s) necesidades y gastos esenciales de vida.</p> <p>Yo verifico la información que he proporcionado, el personal de Coastal Health &amp; Wellness se comunicará conmigo al ( ) _____.</p> <p>Mi dirección de correo es _____ (Ciudad) _____ (Estado) _____ (Codigo Postal) _____.</p>

Individual(s) Supported / Individuo(a) Apoyados	
<p><b>Name /Nombre</b></p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p>	<p><b>Date of Birth /Fecha de Nacimiento</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**Applicant /Solicitante**

**Does the above individual(s) live with you at your residence or at your organization?**

¿Vive con usted la(s) persona(s) anterior(es) en su residencia o en su organización?

☐ YES/Si ☐ NO

Identify the Type of Support (provided to applicant) / Identificar el tipo de apoyo (proporcionando al solicitante)			
<input type="checkbox"/> <b>Food</b> Comida	<input type="checkbox"/> <b>Toiletries</b> Artículos de aseo	<input type="checkbox"/> <b>Transportation</b> Transporte	<input type="checkbox"/> <b>\$ Amount/Cash</b> _____ Cantidad en \$/efectivo
<input type="checkbox"/> <b>Housing</b> Vivienda	<input type="checkbox"/> <b>Cell phone</b> Telefono Movil	<input type="checkbox"/> <b>Utilities (Electric/Gas/Water)</b> Utilidades(electricidad/gas/agua)	<input type="checkbox"/> <b>Other</b> _____ Otro

### DISCLOSURE:

The information provided in this form is **ONLY USED** to determine the applicant's eligibility of discounted health services at Coastal Health & Wellness. As a Financial Supporter, you **WILL NOT** be personally responsible for any of the healthcare expenses.

However, any intentional misleading or falsified information, and/or omissions may subject you to penalties under the laws of the State of Texas which may include fines and/or imprisonment.

I understand this disclosure and certify the information above is **TRUE, ACCURATE** and **COMPLETE** to the best of my knowledge.

Financial Supporter/Organization (signature)

Date \_\_\_\_\_

### DIVULGACIÓN:

La información provista en este formulario **SÓLO SE UTILIZA** para determinar la elegibilidad del solicitante de servicios de salud con descuento en Coastal Health & Wellness. Como Partidario financiero, **NO SERÁ** personalmente responsable de ninguno de los gastos de atención médica.

Sin embargo, cualquier información engañosa o falsa intencional, y / o omisiones pueden estar sujetos a sanciones bajo las leyes del Estado de Texas, que pueden incluir multas y / o prisión.

Entiendo esta divulgación y certifico que la información anterior es **VERDADERA, EXACTA** y **COMPLETA** a mi leal saber.

Partidario(a) Financiera/organización (Firma)

Fecha \_\_\_\_\_

**Governing Board**

**March 2022**

**Item#10**

**Consider for Approval 2022/2023 Sliding Fee Scale**

**Submitted by Marlene Garcia**

APPENDIX A

Coastal Health & Wellness  
9850-C Suite C 103 E. F. Lowry Expressway  
Texas City, Texas 77591  
H80CS00344

I. CHW's DISCOUNT ELIGIBILITY SCHEDULE

2022/2023

% OF POVERTY PAY CODE:		GROSS ANNUAL INCOME															
		100%		125%		150%		175%		200%		100					
		0	20	40	60	80	100										
		From	To	From	To	From	To	From	To	From	To	Over					
FAMILY SIZE	1	0	13,590	13,591	16,988	16,989	20,385	20,386	23,783	23,784	27,180	27,180 +	3398	13590			
	2	0	18,310	18,311	22,888	22,889	27,465	27,466	32,043	32,044	36,620	36,620 +	4578	18310			
	3	0	23,030	23,031	28,788	28,789	34,545	34,546	40,303	40,304	46,060	46,060 +	5758	23030			
	4	0	27,750	27,751	34,688	34,689	41,625	41,626	48,563	48,564	55,500	55,500 +	6938	27750			
	5	0	32,470	32,471	40,588	40,589	48,705	48,706	56,823	56,824	64,940	64,940 +	8118	32470			
	6	0	37,190	37,191	46,488	46,489	55,785	55,786	65,083	65,084	74,380	74,380 +	9298	37190			
	7	0	41,910	41,911	52,388	52,389	62,865	62,866	73,343	73,344	83,820	83,820 +	10478	41910			
	8	0	46,630	46,631	58,288	58,289	69,945	69,946	81,603	81,604	93,260	93,260 +	11658	46630			
For each added family member add: (to max. income)			4,720		5,900		7,080		8,260		9,440						
		Effective Date 4/1/2022															

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**Governing Board**

**March 2022**

**Item#11**

**Consider for Approval Coastal Health & Wellness After Hours Policy**

**Submitted by Ami Cotharn**



-Approved: 10/01/2020  
By: Governing Board  
-Effective:

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

### **Purpose**

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

### **Policy**

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

### **Procedure**

Coastal Health & Wellness patients seeking to speak with a healthcare professional for an urgent health problem after normal business hours will

- dial the main line at (409) 938-2234
- hear a recorded message notifying the caller that the clinic is closed and if this is an emergency to call 911.
- The after-hours message will offer the caller the option to connect directly to the Answering Service for an urgent health matter
- For urgent health matters the Answering Service calls the on-call provider and:
  - States the callers' name and reason for the call and
  - Connects the on-call provider with the caller
- Patients calling for non-urgent matters such as refills on medications, appointment requests, and other non-urgent health questions will be directed to call back the following business day.

Medical and Dental providers qualified to triage patient clinical situations are scheduled to rotate on call duties during times the center is closed. The Answering Service is provided an up to date schedule of on-call providers and their contact numbers

A log of all calls received is kept in a shared electronic spreadsheet maintained by the on-call providers.

Information logged will include the following and will also be documented in the medical or dental record of the patient:

- Name of the patient or representative making the call
- Phone number of the caller
- Name and birth date of the patient
- Reason(s) for the call
- Assessment/triage findings
- Disposition of the call encounter

The following business day, an administrative staff person will compare the Answering Service logs with the provider log to assure that all calls were addressed by the on-call provider.

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**Governing Board**

**March 2022**

**Item#12**

**Consider for Approval Inline Recruitment Services for Clinical Staffing  
Submitted by Chantelle Smith**



## Coastal Health & Wellness\_Galveston County Health District

Platform Essential

Statement of Work

Feb 8, 2022

Coastal Health & Wellness\_Galveston County Health District (Client) is engaging The Inline Group, LLC (Agency), located at 1826 Lakeway Drive, Lewisville, TX 75057, as an independent contractor for the specific purpose of providing candidate sourcing services (hereinafter referred to as the "Project").

### SCOPE & DELIVERABLES

Agency will provide Candidate sourcing services, platform access, Candidate screening, and ongoing marketing efforts to support Candidate acquisition. Key activities include:

- a. Sourcing Services
  - i. Introductory call with all applicable Client representatives. Set expectations and document parameters for Candidate screening for jobs located within a 50 mile radius of central location.
  - ii. Creation of a mobile-ready, customized recruiting web page to allow Candidates to self-educate on job details, facility information, and community details.
  - iii. Posting of jobs to job boards, social media, and internal recruiting system used by the Candidate Advising Team. (Job boards used and rotation is determined by Account Manager.)
  - iv. Posting of jobs on proprietary platform modules (such as tigma®) when/as available and/or as provisioned by license subscription type.
- b. Ongoing Marketing
  - i. Direct emails are sent to the appropriate Candidates on a schedule determined by the Account Manager.
  - ii. Daily calls, emails, and texts to Candidates from the Candidate Advising Team, including database and cold calls, and response monitoring.
  - iii. Screening of identified Candidates based on the parameters agreed upon in the introductory call, including skill set analysis, desired practice setting, timing of availability, and geographical preference.
- c. Screened Candidates
  - i. Profiling of matched Candidates and preparation of a summary of their contact information, education, background, and practice information.
  - ii. Presentation of each matched Candidate directly to Client.
  - iii. Monthly call to discuss activity report and delivery of monthly activity report.
  - iv. Ongoing assistance with Candidate contact, job changes, parameter adjustments, etc.

### FEE FOR SERVICE

#### Estimated Cost, Timing & Payment Schedule

Any added effort or scope beyond what is listed above may result in a change order to cover additional cost and effort.

Agency will receive written approval from Client for any work beyond the project estimate.

Payments will be invoiced throughout the execution of this project based on the billing schedule below. Each payment will be invoiced accordingly.

BILLING SCHEDULE	
6 Month Platform Subscription - Billed Monthly	\$2,750
<b>TOTAL TO BE BILLED</b>	<b>\$16,500</b>

### Payment Terms

Payments must be made within 15 days ("Net 15") of invoicing date. In case collection proves necessary, the Client agrees to pay all fees incurred by that process (including all attorney's fees and court costs). *Work will begin only upon the mutual execution of this Statement of Work contract.*

Billing notices to Client shall be delivered by email to the email address listed below for accounts payable.

All fields below are required and must be completed.

Client: \_\_\_\_\_

Attn: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

#### **TERM & TERMINATION OF AGREEMENT**

**1. Term**

This agreement shall have an initial term of 6 months, beginning on February\_\_\_\_\_, 2022 (The Effective Date), and shall end after the initial commitment term.

**2. Jurisdiction & Venue**

The parties agree and consent that exclusive venue and jurisdiction for any dispute between the parties hereto shall be in Denton County, Texas and shall be governed by the laws of the state of Texas.

**3. Termination**

This agreement may be terminated without penalty in the event Agency fails to materially perform its obligations under this agreement, and Agency fails to remedy such breach within thirty (30) days written notice from Client specifying the nature of such breach. Upon termination under this section, Client shall not be liable to Agency for monthly payments from the date of termination but will agree to pay any outstanding fees, in arrears, associated with service to that point.

This agreement may be terminated immediately for cause by a party on written notice to the other party in the event that the other party: (i) ceases to function as an ongoing concern or to conduct its operations in the normal course of business; or (ii) is in default of its obligations under this agreement and fails to cure such default within thirty (30) days after written notice thereof. Upon any such expiration or termination of this agreement, Client shall be obligated to pay for services performed and expenses incurred prior to expiration or termination.

#### **AGREED TO BY:**

Client: \_\_\_\_\_

Agency: The Inline Group, LLC

By: \_\_\_\_\_

By: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

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**Governing Board**

**March 2022**

**Item#13**

**Update on Employee Satisfaction Survey**

**Present by Chantelle Smith**

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**Governing Board**

**March 2022**

**Item#14**

**Update on the Strategic Health Plan**

**Presented by Shelby Evans**

# CHW and GCHD Strategic Health Plan Update

Presented by Shelby Evans

Governing Board

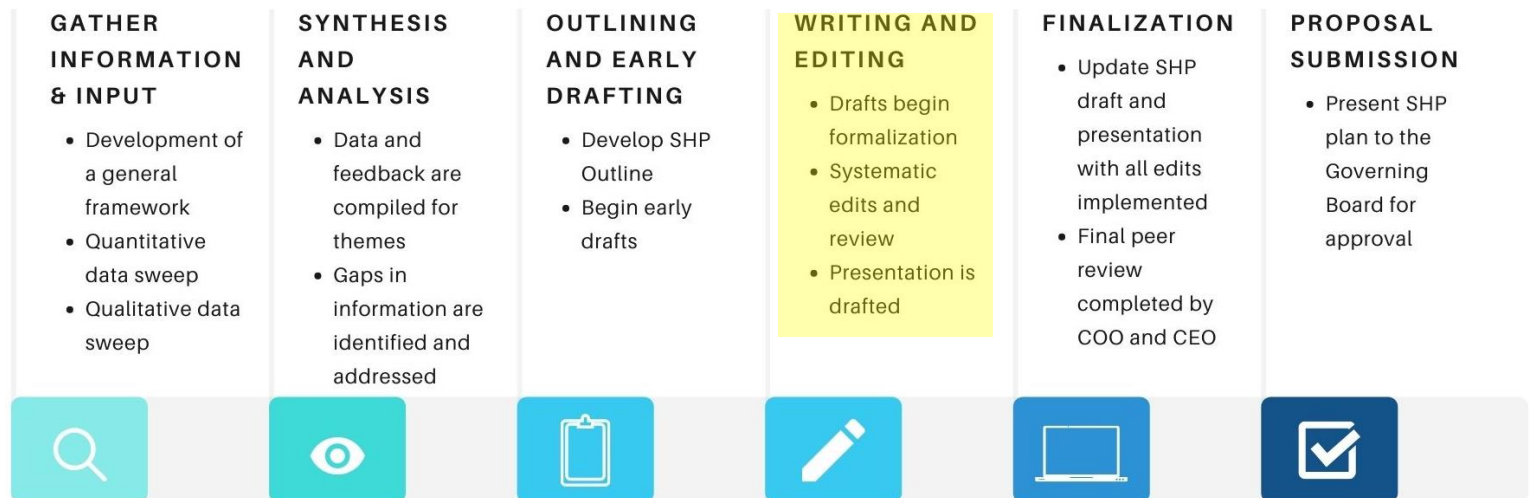
3/31/22

# CHW SHP

- Staff feedback session
- Patient interviews
- Governing Board surveys
- Feedback analysis
- Data scan
- Outlining
- Drafting

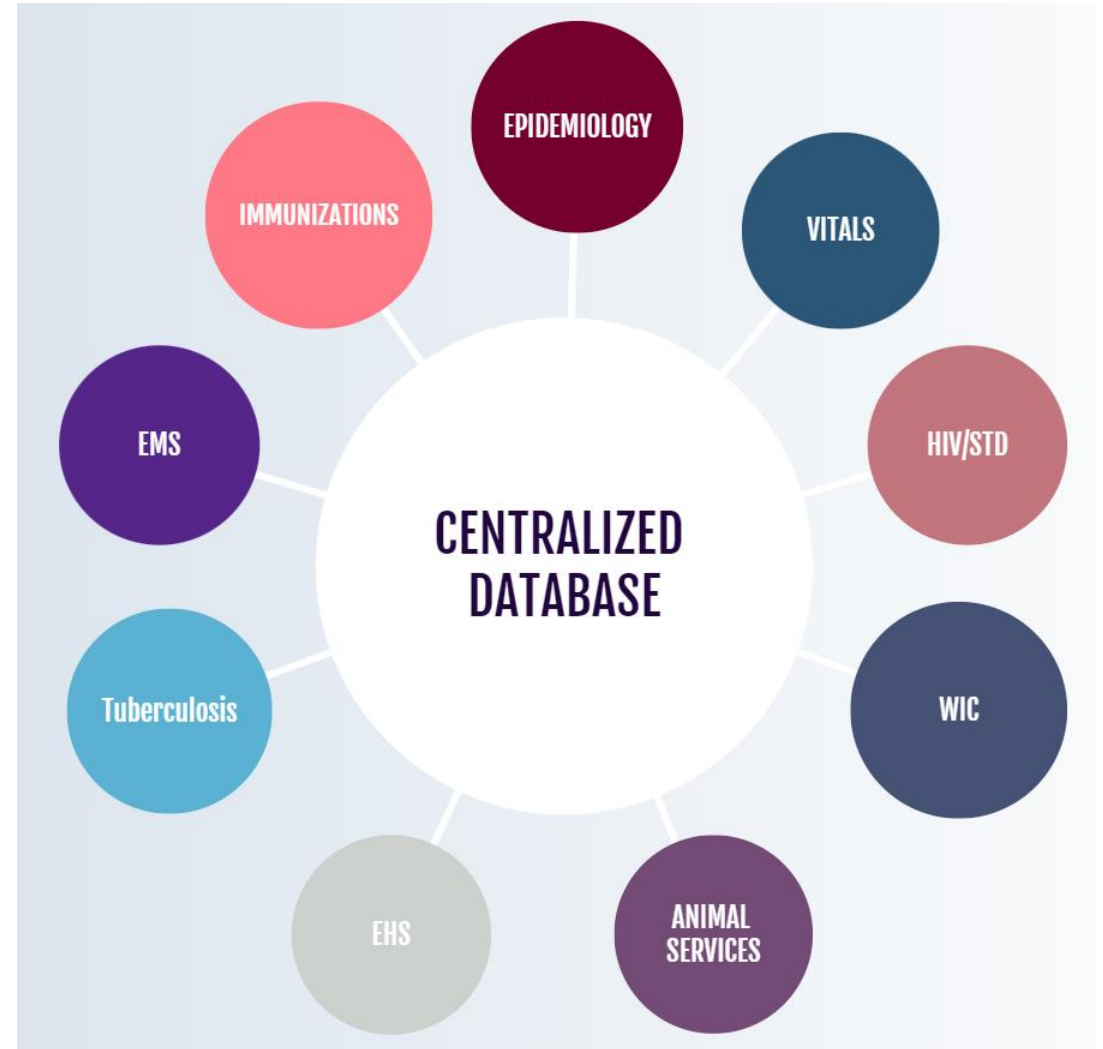
## 2022-2025 CHW SHP

Planning Process Timeline



# GCHD SHP

- Data scan for needs assessment informs SHP
- CHW SHP planning process informs SHP
- Data Project
  - Interviews
  - Data cataloging
  - Establish priorities for database
  - Build database



## CHW In-Service Survey Results

Coastal Health and Wellness staff participated in a Strategic Health Plan (SHP) information and feedback session during an in-service held February 9<sup>th</sup>, 2022. A general overview of progress since the last SHP, the SHP planning process, CHW's mission, vision, and values, and ideas to address the five organizational pillars (people, service, quality, finance, and growth) were presented.

Employees were given opportunities to give feedback and ask questions. Employees completed a gallery walk activity where ideas were written anonymously on post-its and collected per each organizational pillar. Employees also completed an anonymous online survey with additional questions. Due to COVID-19 concerns, some employees completed both activities through online anonymous surveys.

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The pillars activity received 99 unique entries of feedback and the online survey received 40 responses.

---

These responses were transcribed into SurveyMonkey and coded for themes. A word-count analysis was also conducted for all entries. All responses were read and will be used to inform the SHP. Information about the feedback is summarized below, the visual provided measures coded themes. One response may contain multiple tagged themes if the content reflected multiple themes.

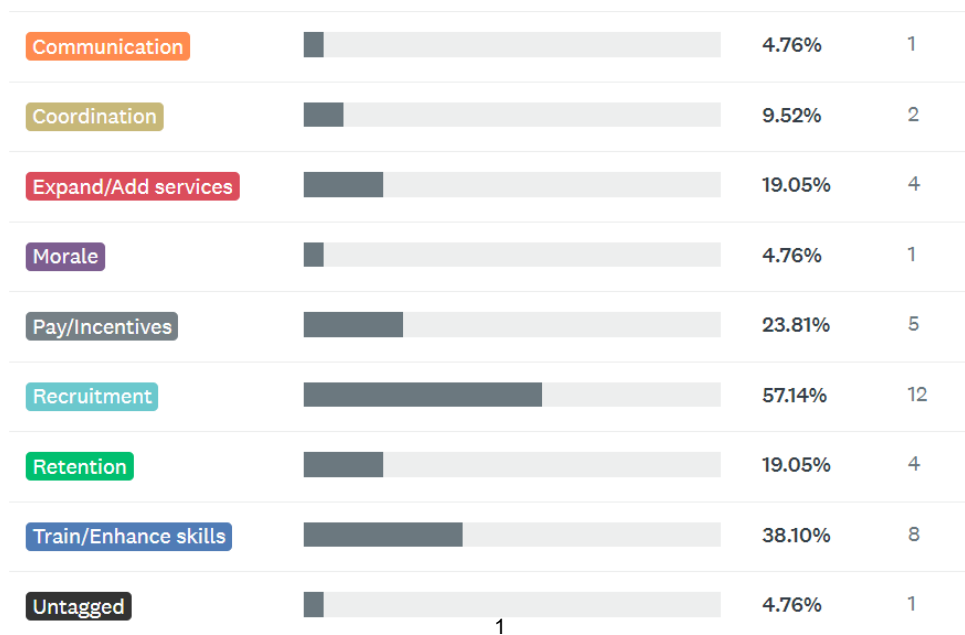
### Pillars

#### 1. People

Over half of the 21 respondents noted recruitment in their answer. Almost 40% requested training or skill-enhancing opportunities. Respondents conveyed a desire to recruit, retain, and enhance staff.

Example response: *"Focus on retention and staff growth. strong base and core for the long run"*

Figure 1 Tagged Themes

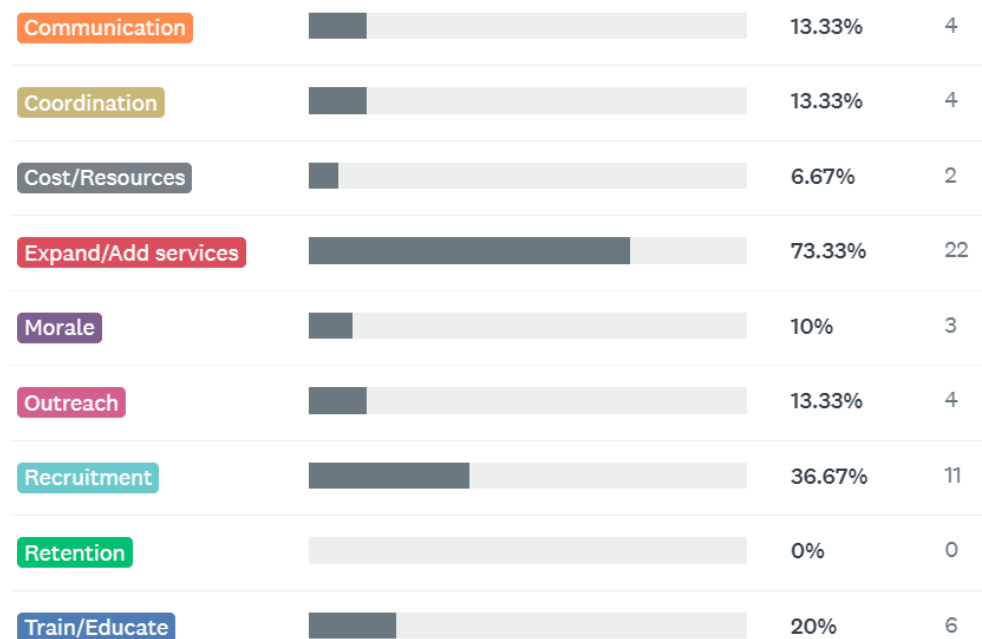


## 2. Service

Service received the most feedback at 30 unique responses. Most staff expressed wanting an expansion of in-house services. Recruitment was frequently tied with expanding services. Additionally, staff cited a need for greater internal and external communication and coordination, as well as outreach and training.

Example response: *“Add more specialty care and less outside referrals. treat the whole patient not just some”*

Figure 2 Tagged Themes

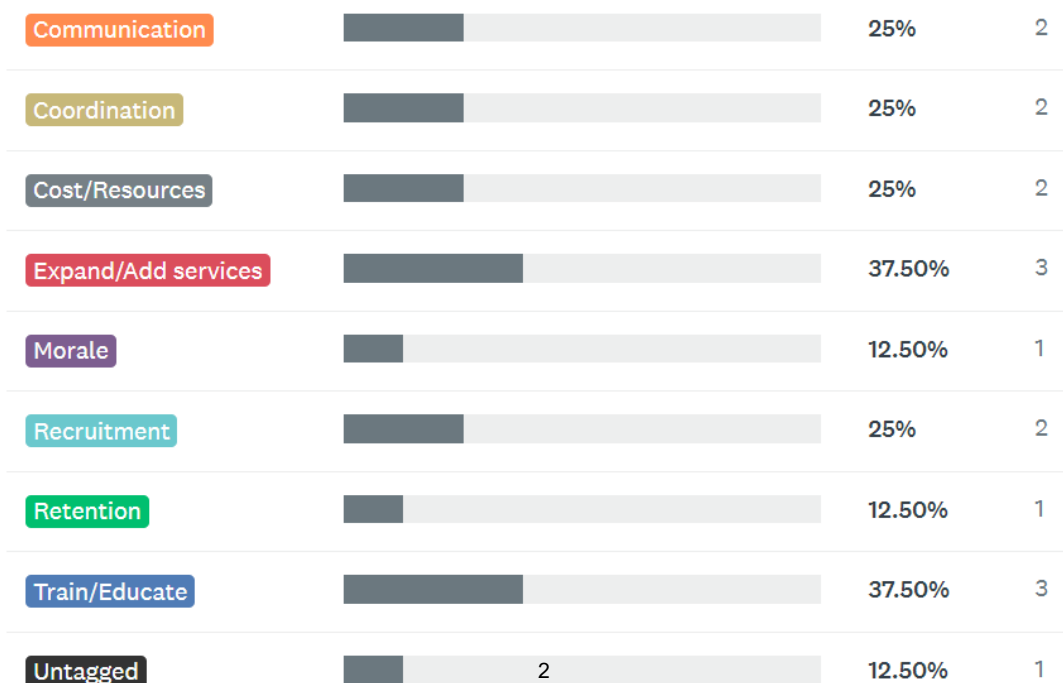


## 3. Quality

Quality received the least responses at 8 unique entries. Feedback themes were fairly evenly split.

Example responses: *“Health coaches, dietitians, we need resources outside of clinic to improve health of our patients”*

Figure 3 Tagged Themes

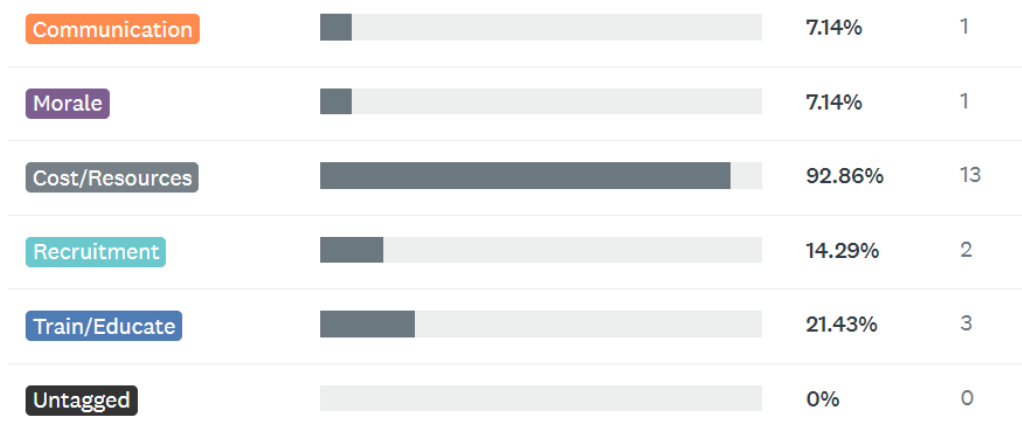


#### 4. Finance

14 respondents gave feedback about finance. Most responses identified wanting to support patients accessing affordable care and some responses identified wanting to expand resources for the clinic and expand employee pay.

Example response: *“Have people to sit down with patients to explore if they qualify for insurance, Medicare/Medicaid (every patient at enrollment)”*

Figure 4 Tagged Themes

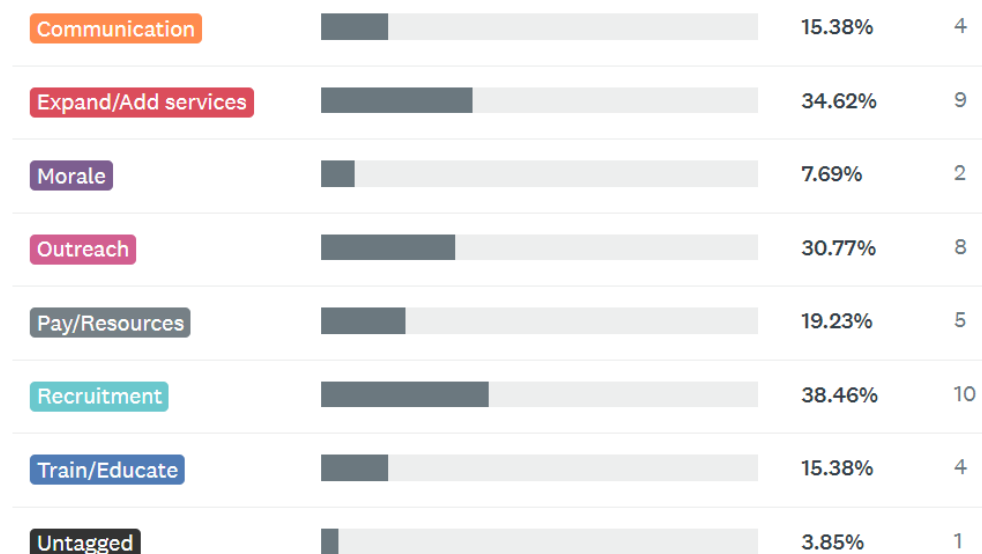


#### 5. Growth

Growth received 26 responses. The majority indicated a need to expand staffing, available appointments and services, and outreach efforts.

Example response: *“Grow support staff first. Need more outreach and people to contact patients to keep them up-to-date with what they need”*

Figure 5 Tagged Themes



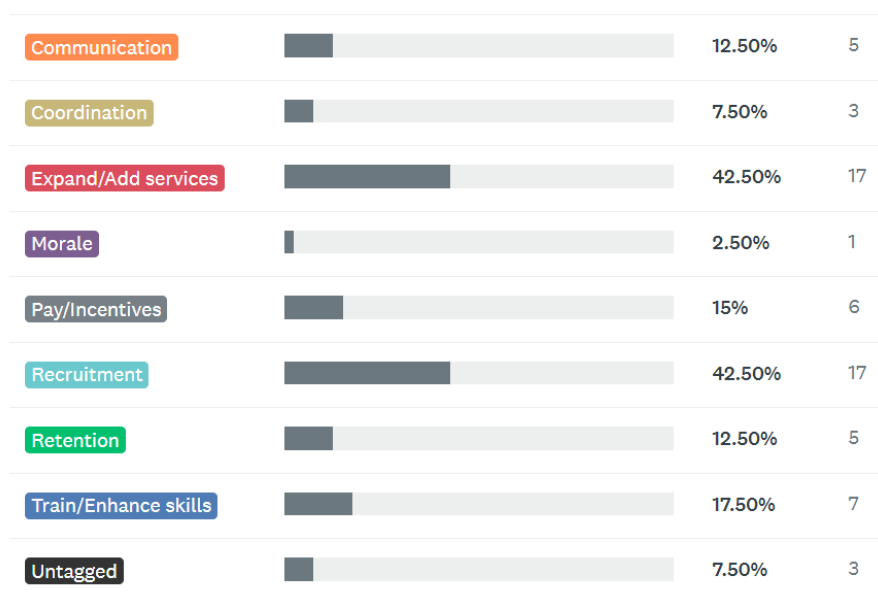
#### General Feedback

##### 1. What would you like to see CHW accomplish over the next three years?

Most respondents expressed a desire to grow patient population and access to services.

Example response: *“Grow our patient base and become an example FQHC that others model after”*

Figure 6 Tagged Themes



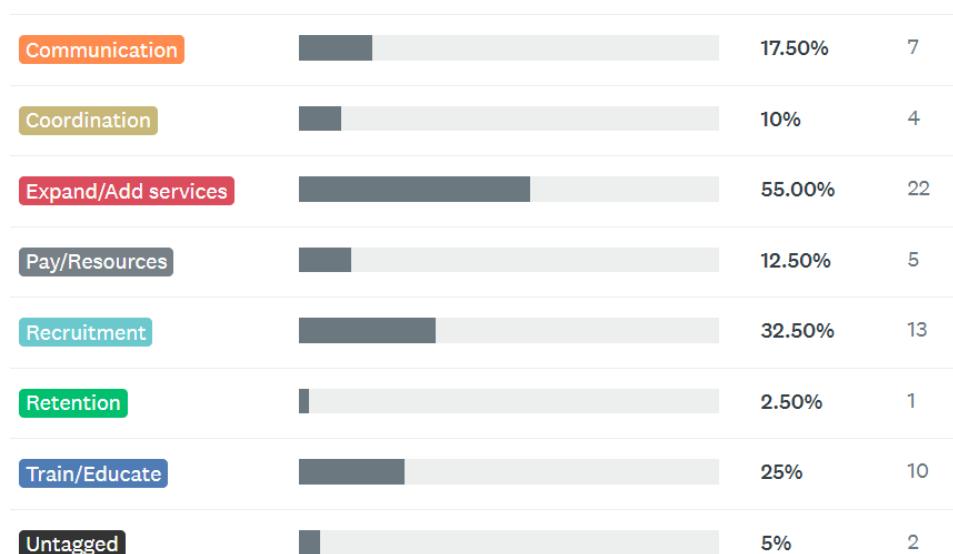
## 2. What would you like to see CHW accomplish over the next three years for

### a. Patients?

55% of respondents said they would like to expand services and/or staffing.

Example response: *“To expand services and specialties”*

Figure 7 Tagged Themes

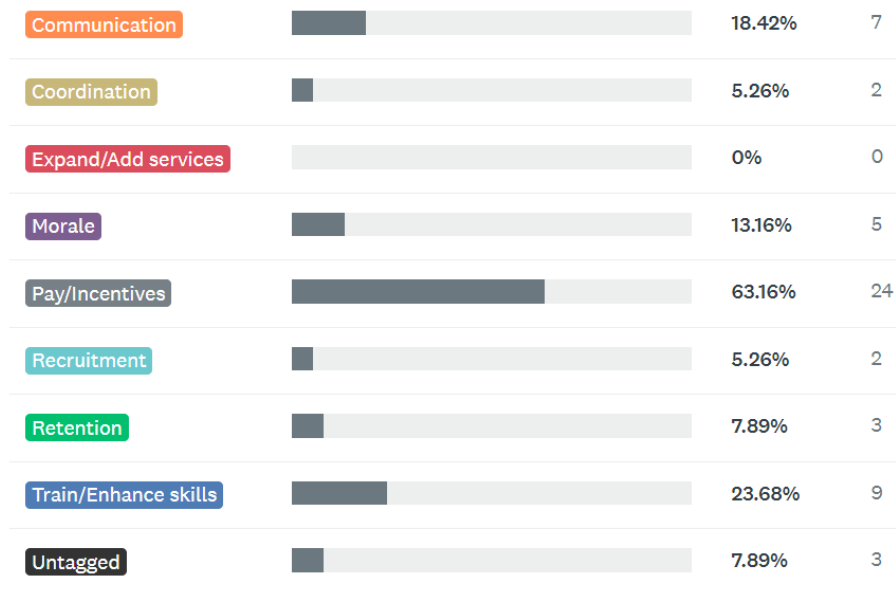


### b. Employees?

Most respondents said they would like higher pay and/or incentives. Almost a quarter of respondents said they would like opportunities for training and skill development.

Example response: *“Implement/provide merit based raises and create employee development programs”*

Figure 8 Tagged Themes



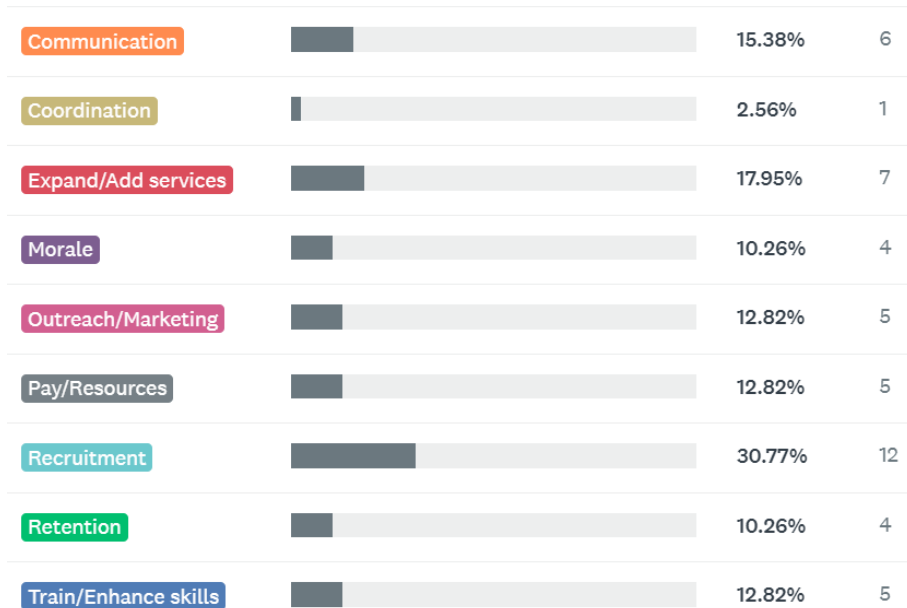
### 3. Three years from now, what needs to happen to

#### a. Better the clinic?

Responses to this question were more distributed than others. Many of the ideas offered in the pillars exercise were reflected in the responses. The majority identified recruitment as a priority.

Example response: “Growth, provider wise, patient wise and appointment wise”

Figure 9 Tagged Themes

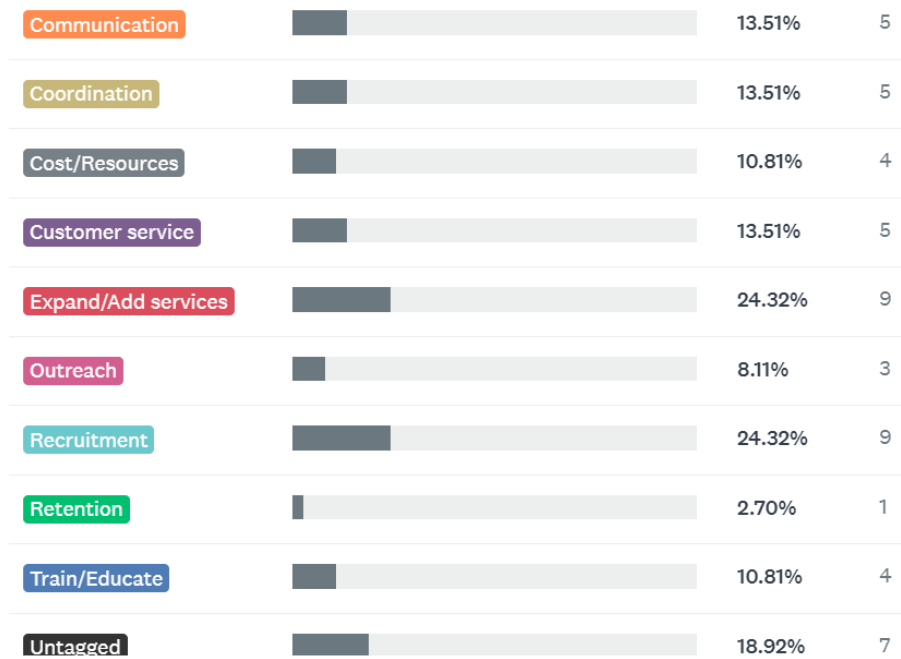


#### b. Improve patient care?

Like the last question, the response themes were more varied. Recruitment and expansion of services were the top themes. There were also several specific recommendations for better communication and coordination.

Example response: “Patients’ experience needs to improve, too much no, not enough YES when we speak to patients”

Figure 10 Tagged Themes

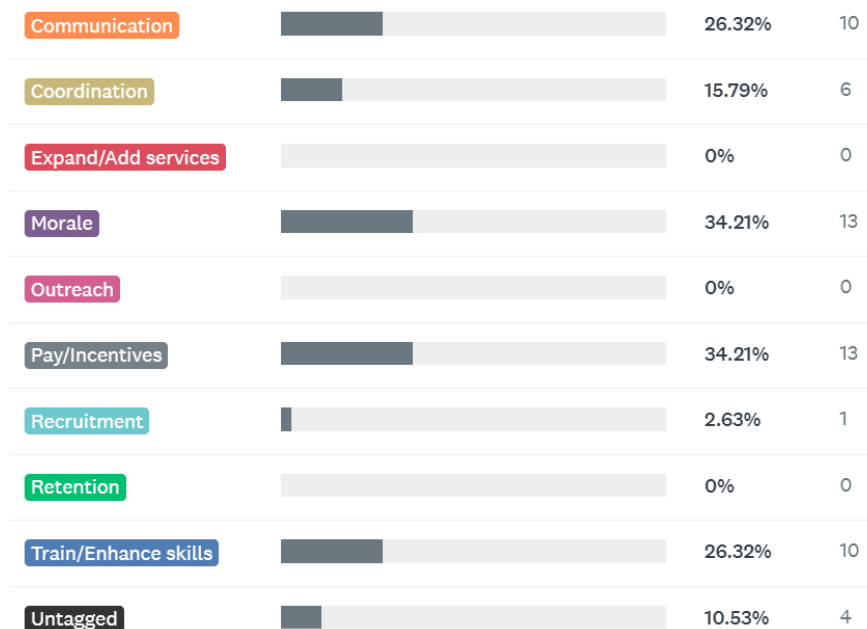


#### c. Better employee experience?

The majority of respondents said they would like to see morale enhancing activities such as team-building and better communication, as well as incentives that ranged from higher pay to coaching opportunities.

Example response: “Invest in employees, provide advancement opportunities”

Figure 11 Tagged Themes

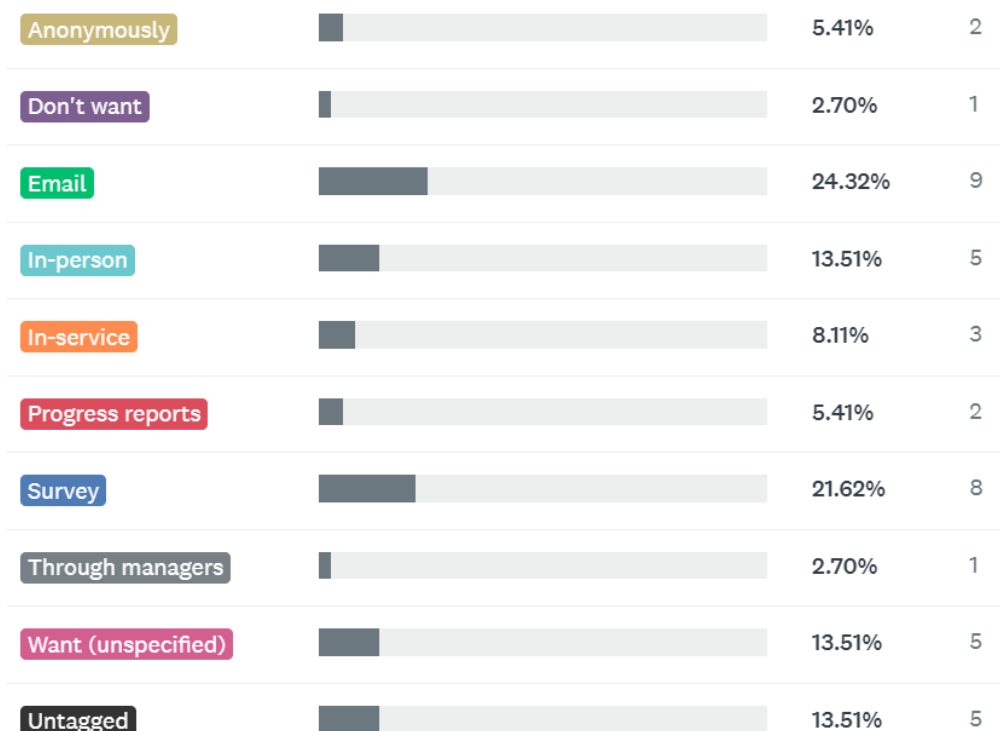


#### 4. How would you like to be asked for your feedback related to the Strategic Health Plan and its goals going forward?

About a quarter of responses indicated a preference for email, then survey, followed by individuals who preferred in-person feedback and those who indicated wanting to give feedback generally.

Example response: “Every 4 months, but holding meetings like<sup>6</sup> in service ones! I like how interactive such meetings are”

Figure 12 Tagged Themes

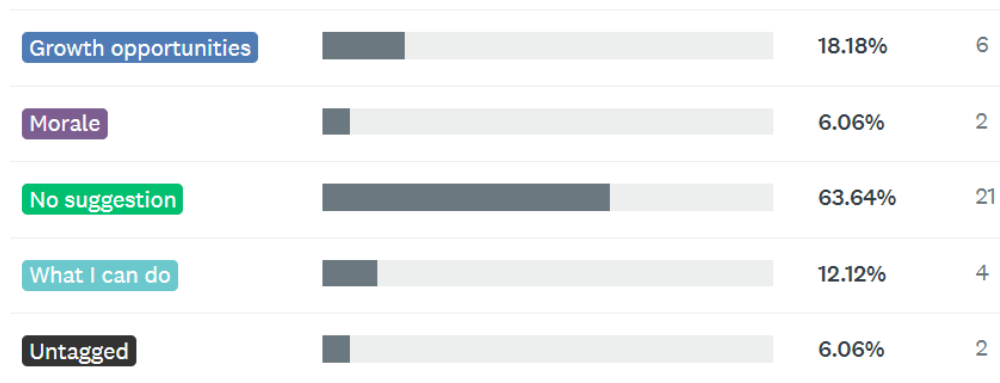


## 5. What questions do you wish we had asked you today?

About 64% of respondents had no suggestions and 18% wanted to be asked about growth opportunities.

Example response: "I would like to know everyone in the health district - names their role & how the organization operates- I'm a visionary - want to know how I can contribute. I'm personally interested in education education education- more of how I can serve"

Figure 13 Tagged Themes



Coastal Health & Wellness has clinic locations in Texas City and Galveston, offering primary medical, dental and counseling services. CHW accepts Medicaid, Medicare and many major insurance plans and offers discounted rates for those who qualify. Call (409) 938-2234 for information or appointments. Learn more at [www.coastalhw.org](http://www.coastalhw.org).





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

## CHW Patient Interview Results

Coastal Health and Wellness patients participated in interviews conducted at the Texas City and Galveston Clinic locations to inform the CHW Strategic Health Plan (SHP). Participants were offered \$10 Kroger gift cards to answer a few questions. Some individuals chose to give their contact information and others did not.

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A total of 50 interviews were conducted with patients at the Texas City and Galveston Clinic locations.

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These responses were transcribed into SurveyMonkey and coded for themes. A word-count analysis was also conducted for all entries. All responses were read and will be used to inform the SHP. Information about the feedback is summarized below, the visual provided measures coded themes. One response may contain multiple tagged themes if the content reflected multiple themes.

### Survey Responses

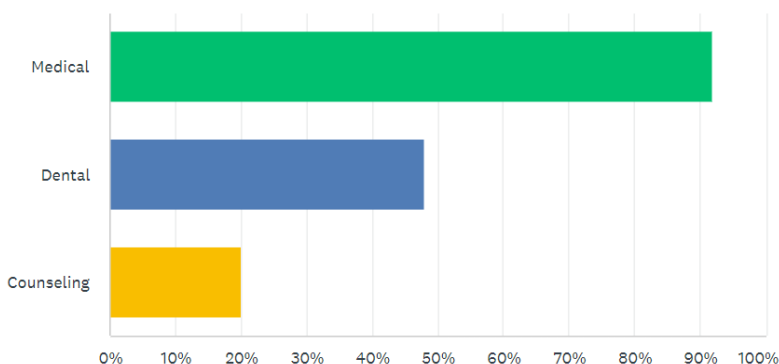
#### How long have you been a patient?

Participants who specifically stated how many years they have been patients at CHW on average have been clients for about five years. Three people indicated they had previously come to the clinic and were just now returning as new patients. One person indicated they had been a CHW patient their whole life and another patient said, “many years.” These responses were not factored into the average calculation. Seven participants have been CHW patients for under a year and eight participants have been CHW patients for 10 years or more. These responses were calculated in the average.

#### What services do you use?

46 participants, or 92% of respondents, use the medical services offered at CHW while 48% use dental services and 20% use counseling services. Several respondents use multiple services currently and a couple respondents indicated interest in using the other services offered in the future.

Figure 1 Services Used

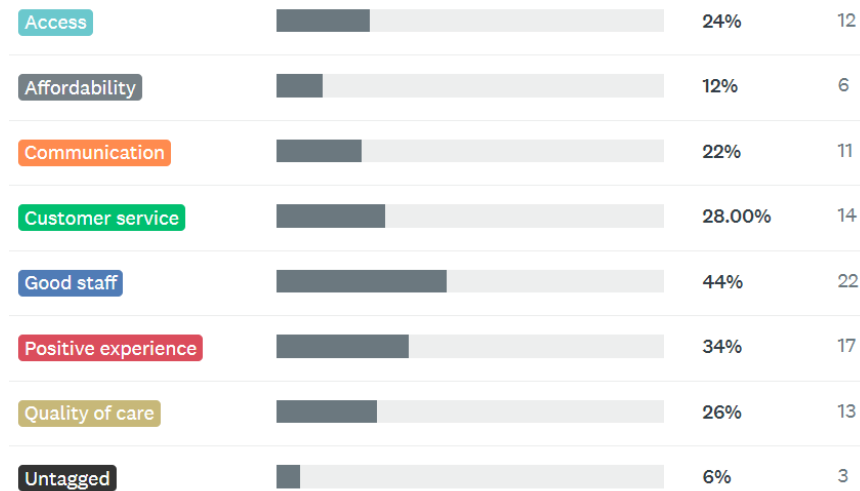


#### What are some aspects of care you receive at CHW that you value the most?

The majority of participants, 44%, indicated they most valued the good staff at CHW. Next, 34% of participants indicated they valued their overall positive experience. A little over a quarter of patients valued customer service and quality of care.

Example response: “All my doctors are great. I love coming to this clinic. You treat me like a person.”

Figure 2 Tagged Themes

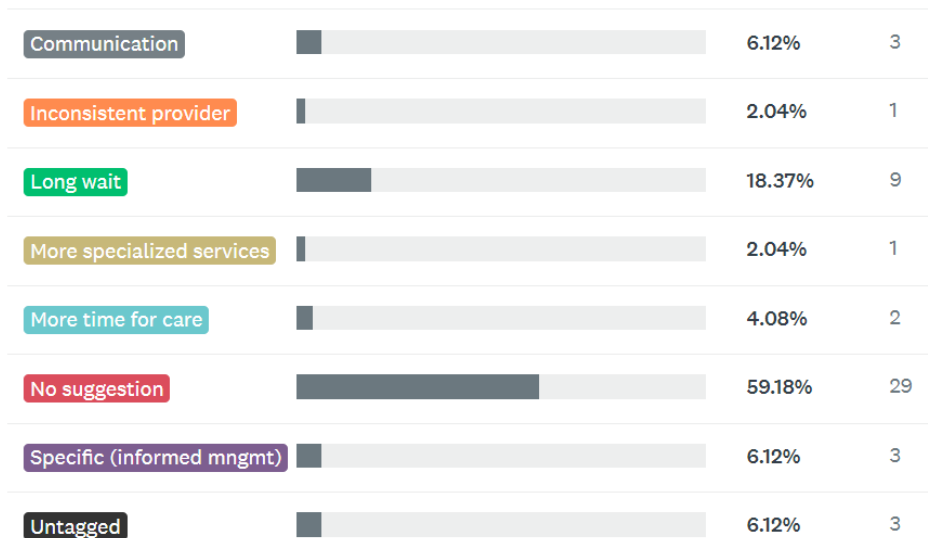


**What are some aspects of the care you receive at CHW where we might improve?**

More than half of respondents had no suggestion for how to improve services. 18% felt long waits when trying to schedule appointments should be addressed. Three respondents indicated specific issues that were passed along to managers.

Example response: “I do not know why it takes so long to get an appointment.”

Figure 3 Tagged Themes

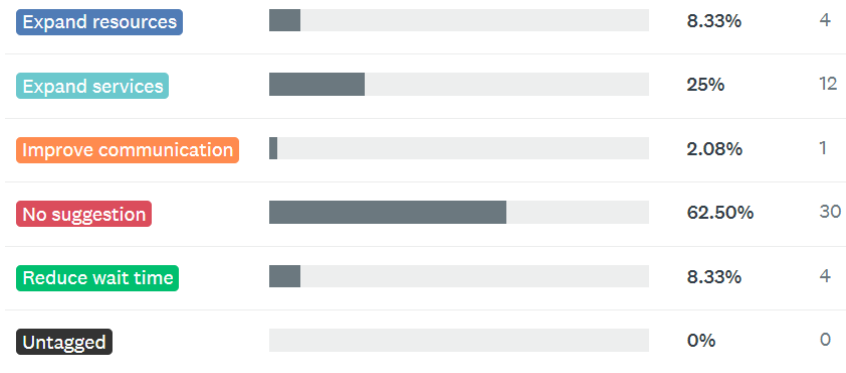


**In addition to medical, dental, and counseling, are there other services you recommend we add to CHW?**

About 63% of patients did not have a suggestion. 25% indicated they would like to see an expansion in services. Some patients would like more resources, such as financial counseling, or more reduced-cost options.

Example response: “Need more specialists. I don’t like having to go all over UTMB for the care I need. When I do get an appointment at UTMB – I cannot afford to go.”

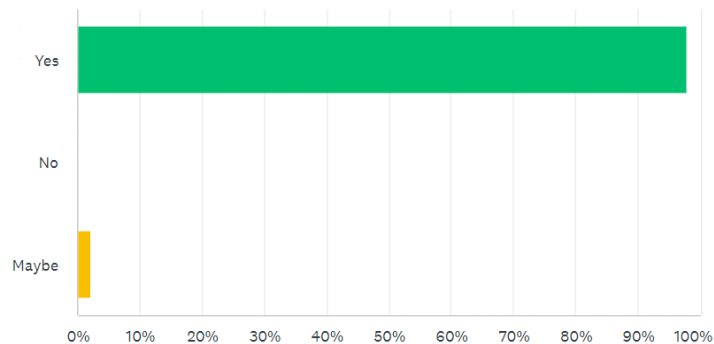
Figure 4 Tagged Themes



### Would you recommend CHW to friends and family?

All respondents except one indicated they would recommend CHW to friends in family, with a few respondents noting they have already recommended or brought friends and family to the clinic. One person said maybe.

Figure 6 Would you Recommend CHW to Friends and Family?

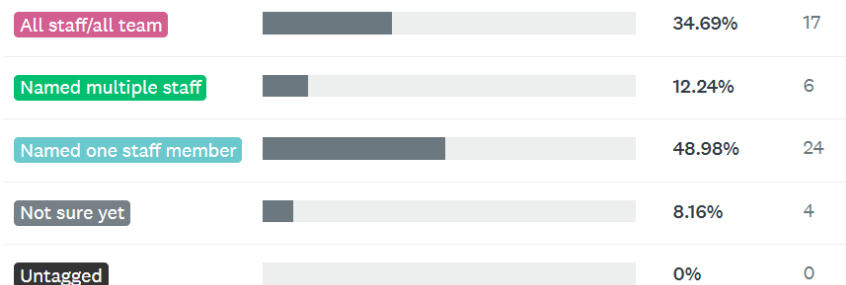


### Is there someone at CHW that goes the distance to make your care exceptional?

Almost half of patients interviewed named a specific staff member. About 33% said the whole staff or an entire team were exceptional and about 12% of respondents named multiple specific staff members.

Example response: “Jeanette Moody LVN gets me appointments and gave me a book to write own my feelings and do self-work. When I lost my son the whole team was there for me.”

Figure 7 Tagged Themes



Coastal Health & Wellness has clinic locations in Texas City and Galveston, offering primary medical, dental and counseling services. CHW accepts Medicaid, Medicare and many major insurance plans and offers discounted rates for those who qualify. Call (409) 938-2234 for information or appointments. Learn more at [www.coastalhw.org](http://www.coastalhw.org).

**Governing Board**

**March 2022**

**Item#15**

**Discussion Regarding Governing Board Committees**

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**Governing Board  
March 2022  
Item#16  
Comments from Board Members**

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