

AGENDA

Thursday, June 28, 2018 – 12:00 PM

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

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

In accordance with the provisions of the Americans with Disabilities Act (ADA), persons in need of a special accommodation to participate in this proceeding shall, within three (3) days prior to any proceeding contact the Administrative Office at 9850-A.106 Boardroom Emmett F. Lowry Expressway, Texas City 77591 (409) 949-3406.

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

REGULARLY SCHEDULED MEETING

Meeting Called to Order

- *Item #1 Agenda
- *Item #2 **ACTION** Excused Absence(s)
- *Item #3 **ACTION** Consider for Approval May 31, 2018 Minutes
- *Item #4 **ACTION** Annual Policy/Plan Review
 - Coastal Health & Wellness Operational Policy
 - Coastal Health & Wellness Hand Hygiene Policy
- *Item #5 **ACTION** Policies Approved by United Board of Health as Authorized Under the Shared Services Agreement
 - HIPAA Policy
- Item #6 Executive Report
- Item #7 **ACTION** Consider for Approval Financial Committee Report May 2018
- Item #8 **ACTION** Review and Approval of HRSA Capital Assistance Recovery and Relief Efforts (Care) Application Submitted on June 14, 2018
- Item #9 **ACTION** Consider for Approval Consulting Services Agreement with J2 Strategic Solutions for Services Associated with HRSA Services Area Competition (SAC) Grant
- Item #10 **ACTION** Discussion Regarding Next Steps in Determining the Scope of Renovations for the Galveston Clinic
- Item #11 **ACTION** Discussion Regarding Possible Options for Patients Satisfaction Surveys
- Item #12 **ACTION** Consider for Approval Recommendation for Janitorial Services Bid Award
- Item #13 **ACTION** Consider for Approval the Reappointment of Milton Howard, MD, as a Community Representative to the Coastal Health & Wellness Governing Board for a 3 Year Term Expiring June 2021

Item #14**ACTION** Consider for Approval the Reappointment of Virginia Valentino, as a Consumer Representative to the Coastal Health & Wellness Governing Board for a 3 Year Term Expiring June 2021

Adjournment

Tentative Next Meeting: July 26, 2018

Appearances before Governing Board

A citizen desiring to make comment(s) to the Board, shall submit a written request to the Executive Director by noon on the Thursday preceding the Thursday Board meeting. The written request must include a brief statement identifying the specific topic and matter presented for consideration. The Executive Director shall include the requested appearance on the agenda, and the person shall be heard, so long as he or she appears at the Board Meeting.

Executive Sessions

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

The Galveston County Health District's Boardroom is wheelchair accessible. Persons with disabilities who plan to attend this meeting and who may need accommodations, auxiliary aids, or services such as interpreters, readers, or large print are requested to contact GCHD's Director of Contracts and Compliance, at 409-938-2213, or via e-mail at lwilliams@gchd.org at least 48 hours prior to the meeting, so that appropriate arrangements can be made.



COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board
June 2018
Item #2
Excused Absence(s)

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

June 2018

Item #3

Consider for Approval May 31, 2018 Minutes

**Coastal Health & Wellness
Governing Board Meeting
May 31, 2018**

Board Members

Present:

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

Staff:

Kathy Barroso, Interim Executive Director	Pisa Ring
Dr. Alhassan	Lea Williams
Eileen Dawley	Christina Belmonte
Andrea Cortinas	Tiffany Carlson
Sandra Cuellar	Kenna Pruitt
Mary Orange	Randy Valcin
Michelle Peacock	Kristina Garcia
Ashley Tompkins	Dr. Nguyen
Tikeshia Thompson Rollins	Mario Acosta
Anthony Hernandez	

Excused Absence: None (all board members present)

Unexcused Absence: None (all board members present)

***Items 1-5 Consent Agenda**

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

Item #6 Executive Report

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

Item #7 Consider for Approval April 2018 Financial Report

Mary Orange, Business Office Manager, presented the April 2018 financial committee report to the Board. David Delac, Vice Chair requested that Mary Orange keep the Board updated on the QI expenditure funds. A motion to accept the financial committee report as presented was made by Jay Holland and seconded by Dorothy Goodman. The Board unanimously approved the motion.

Item #8 Consider for Quarterly Access to Care

Kathy Barroso, Interim Executive Director, asked the Board to consider for approval the quarterly access to care report. A motion to accept the report as presented was made by Dorothy Goodman and seconded by Mario Hernandez. The Board unanimously approved the motion.

Item #9 Consider for Approval Re-Privileging Right for Rispha Garrison, MD

Abdul-Aziz Alhassan, Medical Director, asked the Board to consider for approval privileging rights for Rispha Garrison, MD. A motion to accept privileging rights for Rispha Garrison, MD was made by Virginia Valentino and seconded by Victoria Dougharty. The Board unanimously approved the motion.

Item #10 Consider for Approval First Amendment of the Co-Applicant and Shared Services Agreement Between the Galveston County Health District United Board of Health and the Coastal Health & Wellness Governing Board

Lea Williams, Esq. Director of Contracts and Compliance, General Counsel, asked the Board to consider for approval a first amendment of the co-applicant and shared services agreement between the Galveston County Health District United Board of Health and the Coastal Health & Wellness Governing Board to include emergency preparedness. David Delac, Vice Chair, made a motion to accept the proposal but requested that annual costs not exceed \$40,000 without prior Board approval. A motion to accept the first amendment of the co-applicant and shared services agreement to include emergency preparedness was made by David Delac and second by Miroslava Bustamante. The Board unanimously approved the motion.

Item #11 Discussion Regarding Proposed Changes to Coastal Health & Wellness Bylaws Regarding Member Term Limits and Annual Rotation of Executive Officers

David Delac, Vice Chair, proposed changes to Coastal Health & Wellness Bylaws regarding member term limits and annual rotation of executive officers. It was suggested that setting term limits would allow involvement from others in the community who may be interested in serving on the Board and the rotation of officers would aid in the development of board officers. Members were polled and the majority of members voted not to amend the bylaws at this time. A motion that the Governing Board Bylaws remain the same was made by Virginia Valentino and seconded by Dorothy Goodman. Board members Dr. Milton Howard, Dorothy Goodman, Jay Holland, Virginia Valentino, Victoria Dougharty and Mario Hernandez voted in favor of the motion while board members David Delac, Samantha Robinson and Miroslava Bustamante were opposed. The motion passed six to three.

Item #12 Discussion Regarding Governing Board QA Meeting Dates and Members

Kathy Barroso, Interim Executive Director, informed the board that the current Board QA Committee meeting that is scheduled quarterly thirty minutes prior to the regularly scheduled Board meeting does not allow sufficient time to review quality and performance improvement issues and suggested exploring new meeting dates and times. A motion to explore new meeting dates and times for the quarterly Board QA Committee was made by Virginia Valentino and seconded by Dorothy Goodman. The Board unanimously approved the motion. Board member, Samantha Robinson, RN, also agreed to serve on this committee.

Adjournment

A motion to adjourn was made by Jay Holland, seconded by Mario Hernandez. The Board adjourned at 1:05 p.m.

Chair

Secretary/Treasurer

Date

Date

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

- Coastal Health & Wellness Operational Policy
- Coastal Health & Wellness Hand Hygiene Policy

Coastal Health & Wellness Operational Policy

Audience Purpose

This policy defines the operations of the Coastal Health & Wellness Clinics as designated by the Coastal Health & Wellness Governing Board. ~~applies to operations in the Coastal Health & Wellness Clinics and all Coastal Health & Wellness employees.~~

Policy

~~The~~ Coastal Health & Wellness operates as a Federally Qualified Health Center and receives funding from the Health Resources and Services Administration (HRSA) for operations. As a grantee, the clinic operates under HRSA guidelines, as well as policies established by the Coastal Health & Wellness Governing Board. *Information about the policies approved by the Coastal Health & Wellness Governing Board can be viewed at: <http://www.gchd.org/clinical-services/coastal-health-wellness-governing-board/approved-policies>* This document is intended to outline the Operational Policies of the Coastal Health & Wellness Clinics. For more information about Federally Qualified Health Centers see <http://www.bphc.hrsa.gov/about/>.

The Coastal Health & Wellness Clinics are governed by an eleven member Board. The majority of ~~other~~ members of the Coastal Health & Wellness Governing Board are comprised of persons who use the clinic for primary health care. The Coastal Health & Wellness Governing Board provides high level policy direction for the operation of the clinic. ~~(The Coastal Health & Wellness Governing Board Bylaws can be viewed at: <http://www.gchd.org/home/showdocument?id=4610>.~~

Annually, the Coastal Health & Wellness Governing Board will review and approve policies ~~on the following: scope of services, hours of operation, locations of operations, patient grievance procedure, client eligibility, development of clinical protocols, patient referrals and tracking system, Patient and Clinic Rights and Responsibilities, sliding fee scale, fee schedule, patient payment, and any other operations~~ as outlined in the Coastal Health & Wellness Governing Board Bylaws and HRSA grant requirements.

The Executive Director / Project Director (ED) is hired by the Coastal Health & Wellness Governing Board and ~~is~~ responsible for planning, implementing, and directing all phases of the Health Center's operations in accordance with the policies and procedures set forth by the Coastal Health & Wellness Governing Board. ~~provides direction for the clinic's operations, as directed by the Coastal Health & Wellness Governing Board. The ED delegates operating authority to administrative staff responsible for various operational and fiscal duties within the clinic.~~

Scope of Services

The Coastal Health & Wellness Clinics provides high quality a wide array of medical and dental primary care services, as well as, and mental health counseling, ambulatory primary care services to eligible and registered residents anyone seeking care. of Galveston and surrounding counties County. Changes in the scope of services provided in the clinics must be approved by the Coastal Health & Wellness Governing Board and HRSA. A complete statement can be found in the current *HRSA Notice of Grant Award*. (See HRSA document files <http://bphc.hrsa.gov/programrequirements/policies/pal201405.html> for details regarding change of scope.)

Hours of Operation

The clinic operates during hours that have been approved by the Coastal Health & Wellness Governing Board. These hours include daily operations M-F, 8-5 and extended weekday evening hours. Coastal Health & Wellness also operates a Saturday Clinic from ~~10-58AM to 12PM~~ in the Texas City clinic only. More information about clinic hours can be found at: <http://www.gchd.org/clinical-services/locations-and-hours>

Locations

There are currently two clinic locations, ~~as well as a mobile clinic vehicle.~~ ~~In~~ ~~The~~ Texas City ~~a~~ clinic is located at 9850-C Emmett F. Lowry Expressway, and ~~in~~ ~~the~~ Galveston ~~a~~ clinic is located at 4700 Broadway in the Island Community Center. The Texas City, ~~Galveston and mobile and Galveston~~ clinic operations are ~~also~~ part of the HRSA scope of service statement. Changes in location must be approved by the Coastal Health & Wellness Governing Board and the HRSA office.

Patient Grievance Procedure

~~As p~~~~er the Customer Service Policy of the Coastal Health & Wellness Governing Board, as public servants, we will be fair, open, ethical, responsive, accountable, and dedicated to the public we serve.~~ It is the goal of the Coastal Health & Wellness to address and resolve all patient concerns and ~~problems-complaints~~ at the lowest level and in the most immediate and effective manner. If a patient's concern cannot be resolved to their satisfaction by a staff member and his/her supervisor, the patient may file a complaint with the Coastal Health & Wellness Administration Office. Coastal Health & Wellness Administrative Staff will track and coordinate a response to the patient. If the patient remains unsatisfied with the response of ~~the~~ CHW Administrative office, the patients may file a formal complaint to ~~the CHW Governing Board through~~ the ~~ED-Executive Director / Project Director.~~ ~~by way of the Governing Board's executive assistant.~~

Eligibility

HRSA requirements specify that all prospective patients must be screened for eligibility for discounted service. All prospective patients are required to prove their residency, income and family composition by completing an "Application for Discounted Services" which can be found at: <http://www.gchd.org/clinical-services/access-to-care>. The information needed to become eligible for Coastal Health & Wellness services may also be found at the above link.

Development of Clinical Protocols

The Medical Director and Dental Director will develop evidence based clinical guidelines and protocols for treating common conditions. These guidelines will be reviewed and updated at least every two years. Current guidelines and protocols are available on the ~~Galveston County Health District's Coastal Health & Wellness~~ internal website for access by employees only.

Financial Responsibility for Referrals

Coastal Health & Wellness medical and dental providers may refer patients to outside providers of specialty care or diagnostic tests. Generally, Coastal Health & Wellness patients are financially responsible for all referral care in accordance with the financial policy of the entity to which the patient is referred for specialty medical/dental evaluation or diagnostic tests

Consumer Bill of Rights

Patients' rights and responsibilities are outlined in a document entitled *~~Patient and Clinic Rights and Responsibilities~~*. This document is given to every patient eligible for services, and it can be found on the website at <http://www.gchd.org/clinical-services/patient-information>. The document is written to be in compliance with the

Bureau of Primary Health Care (BPHC) Policy Information Notice (PIN) 98-23 and the BPHC New Start Protocol.

Sliding Fee Schedule Policy

The Coastal Health & Wellness Governing Board reviews and approves the Sliding Fee Schedule policy on an annual basis. This is based on the Federal Poverty Level Guidelines that are published annually. Uninsured discounts are established based on the sliding fee schedule for those patients who have submitted an Application for Discounted Services. (Current Federal Poverty Level information available on the HRSA web site <http://www.bphc.hrsa.gov/>.)

Fees for All Coastal Health & Wellness Services

Fees for Coastal Health & Wellness services are based on the Usual, Customary and Reasonable (UCR) rates and/or the Relative Value Unit (RVU). The fee schedules for medical and dental services are reviewed and approved by the Coastal Health & Wellness Governing Board annually. Patients are charged these fees for the services they receive subject to adjustment according to the sliding fee schedule.

Patient Payment & Financial Responsibilities

Patient financial responsibilities are outlined in the Coastal Health & Wellness ***“Patient Rights and Responsibilities”*** located at <http://www.gchd.org/clinical-services/patient-information>

Insured and uninsured financial responsibilities are outline in ***“Coastal Health & Wellness Patient Financial Guide”*** located <http://www.gchd.org/clinical-services/patient-information>.

Fees collected at time of visit or billed later are charged in accordance with the medical and dental fee schedules located at <http://www.gchd.org/clinical-services/coastal-health-wellness-governing-board/approved-policies>.

More specific expectations regarding billing and collections are outlined in the Governing Board’s Billing & Collection Policy located at <http://www.gchd.org/clinical-services/coastal-health-wellness-governing-board/approved-policies>. The Governing Board Panel, or their designee, will review the-billing history of patients who have received two Debt Warning Notices and still refuse to pay. The Panel, or their designee, will then decide whether to issue the patient a Notice to Terminate-Suspend access to the clinic.

Patient Warnings and Terminations Due to Behavior Infractions

~~Patients exhibiting inappropriate behavior will receive a warning letter stating that such behavior will not be tolerated and are at risk of being terminated as a patient of Coastal Health & Wellness. If a major infraction is committed, the patient will receive a letter terminating their patient relationship with Coastal Health & Wellness. It is a policy of the Coastal Health & Wellness Governing Board to issue warning letters to patients with minor behavioral infractions and to terminate its provider — patient relationship with patients who have major behavioral infractions.~~ Patients issued a letter of termination notice will be advised of their right to appeal to the Coastal Health & Wellness Governing Board through the ED Executive Director/Project Director. Terminated patients that have committed a major ~~behavioral~~-infraction that is criminal in nature will not be able to re-apply for services through the Coastal Health & Wellness Clinic. For a patient terminated for major ~~behavioral~~-infractions that ~~is-are~~ not criminal in nature, they may be allowed to reapply/reregister to obtain services at the Coastal Health & Wellness Clinics after one (1) year. Additional information regarding patient warning and terminations can be found in the Coastal Health & Wellness *Patient Rights and Responsibilities* located at <http://www.gchd.org/home/showdocument?id=4872>.

NOTE: Current Coastal Health & Wellness Governing Board Policies establishing Scope of Service, hours of operation, eligibility, fees, etc. can be viewed at <http://www.gchd.org/clinical-services/coastal-health-wellness-governing-board/approved-policies>.

Coastal Health & Wellness (CHW) Hand Hygiene Policyⁱ

Purpose

To minimize the possibility of infection and to prevent the transmission of microorganisms from patient to patient and from inanimate surfaces to patients by the hands of all healthcare providers.

Audience: All Coastal Health & Wellness employees, providers, contract employees, volunteers, and students.

Policy

- Hand hygiene shall be practiced before and after routine patient care activities, including entering and exiting the patient care environment, before and after removing gloves, and after hand-contaminating activitiesⁱⁱ
- Hand hygiene shall be practiced before handling medication or preparing food
- All employees are required to wash, rinse, and dry their hands or apply an alcohol hand rub before beginning work, after using the rest room, and prior to leaving work
- When not visibly soiled, an alcohol-based hand rub (ABHR) may be used routinely for hand hygiene in place of an antimicrobial soap handwash
- Hands that are grossly contaminated must be washed with soap and water or antimicrobial soap and water
- Antimicrobial-impregnated wipes are not as effective as ABHRs or washing hands with antimicrobial soap and water for reducing bacterial counts on the hands of healthcare workers and will not be used as a substitute for using an alcohol-based hand rub or antimicrobial soap

Procedure(s)

- A. Handwashing procedure with antimicrobial soap and water:
1. Wet hands first with warm water
 2. Apply an amount of product recommended by manufacturer to hands
 3. Rub hands together vigorously for at least 15 seconds, covering all surfaces of the hands and fingers
 4. Rinse thoroughly by keeping hands down so that run off will go into the sink and not down the arm
 5. Dry well with paper towels and use paper towel to turn off faucet
 6. Discard paper towels into the appropriate container
- B. Hand antiseptic procedure with ABHR
1. If hands are visibly soiled, wash hands with antimicrobial soap and water according to procedure prior to applying alcohol hand rub
 2. Apply enough alcohol hand rub to cover the entire surface of hands and fingers
 3. Rub the solution vigorously into hand until dry
 4. Use of alcohol hand rubs may result in a sticky residue on the hands. Wash with soap and water periodically to remove the hand rub residue
- C. Fingernails

1. Nails should be kept clean and nail polish should be in good repair (i.e no chipped nail polish). Attention must be given to cleaning around the base of the nails, cuticles, and nail tips when washing hands
2. Healthcare workers with direct patient care must keep nails short. Natural nails shall be trimmed so they are no longer than ¼ inch past the tip of the finger
3. Artificial fingernails or extenders (including resin bonding, extensions, tips, gels, acrylic overlays, resin wraps, or acrylic nails) shall not be worn by healthcare providers that provide direct patient care

D. Lotions

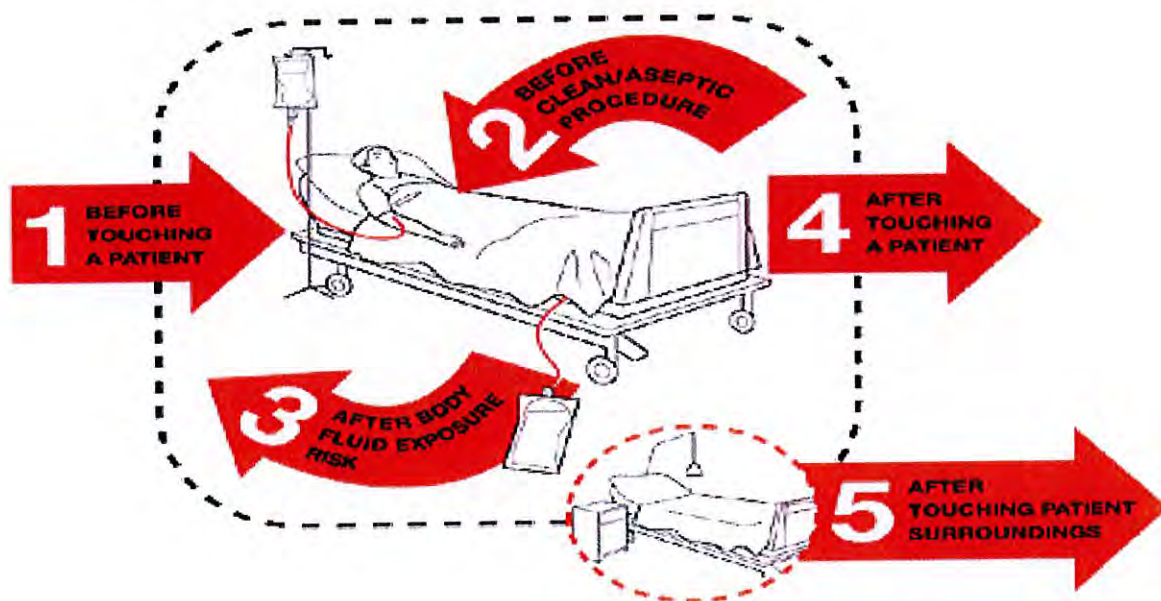
1. Use moisturizing lotion to maintain healthy hand skin integrity and prevent dryness or irritation
2. Moisturizing lotion must be an approved hand lotion to avoid risk of incompatibility and/or inactivation of the active ingredients in hand hygiene products and gloves

Process and Outcome Measurement

It is the responsibility of each manager or director to monitor and enforce this policy. Hand hygiene audits are performed according to the 5 Moments of Hand Hygiene, as outlined in this policy (see graphic).

Hand hygiene audits:

- a. Should reflect a cross section of the clinic's staff and not just repeated or prolonged observations on a small number of staff
- b. Should reflect a cross section of the patient care episodes in a range of settings and not prolonged observation of single episode of patient care
- c. Audits will be reviewed in Infection Control Committee and action plans will be developed to improve compliance



ⁱ Centers for Disease Control and Prevention. Guideline for Hand Hygiene in Health-Care Settings: Recommendations of the Healthcare Infection Control Practices Advisory Committee and the HICPAC/SHEA/APIC/IDSA Hand Hygiene Task Force. MMWR 2002;51(No. RR16):[1-45]

ⁱⁱ Sax, H., Allegranzi, B., Uçkay, I., Larson, E., Boyce, J., & Pittet, D. (2007). 'My five moments for hand hygiene': A user-centred design approach to understand, train, monitor and report hand hygiene. *Journal of Hospital Infection*, 67(1), 9-21. doi:10.1016/j.jhin.2007.06.004



COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

June 2018

Item #5

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

- HIPAA Policy

HIPAA

Audience

This policy applies to all employees, volunteers and students who work for or with the Galveston County Health District, the Galveston Area Ambulance Authority or Coastal Health & Wellness (collectively, “the District”), all of which are legally deemed covered entities.

Policy

It is the policy of the District that individually identifiable health information be protected and that the rights of individuals be honored in accordance with the Health Insurance Portability and Accountability Act (“HIPAA”), as set forth by Chapter 45 of the *Code of Federal Regulations* (“CFR”), §§ 160, 162 and 164.

Individually identifiable health information, also known as protected health information (“PHI”) and electronic protected health information (“ePHI”), is information including demographic data that may relate to:

- An individual’s past, present, or future physical or mental health or condition;
- The provision of health care to the individual; or
- The past, present, or future payment for the provision of health care to the individual which identifies the individual person or for which there is a reasonable basis to believe it can be used to identify the individual person.

Examples of protected health information are name, address, birthdate, and Social Security number.

Security Manual/ Use

The District has implemented a HIPAA Security Manual which provides the framework for compliance with regards to HIPAA security standards as they pertain to information technology and other forms of electronic record retention, and which designates a HIPAA Privacy Officer. All employees, volunteers, and contractors are required to follow the policies and procedures outlined in this manual.

Disclosing PHI/ePHI

Disclosing PHI/ePHI means providing any PHI outside of the District. In general, District employees must obtain an individual’s specific authorization to disclose the individual’s PHI/ePHI, unless the disclosure is legally exempted from this authorization requirement.

Employees must use authorization forms approved by executive management and in accordance with specific departmental guidelines when processing such disclosures. Anytime an individual signs an authorization form to release his or her PHI/ePHI, the employee must provide the individual with a copy of the signed authorization form.

There are several circumstances during which District programs or service areas may use or disclose an individual's PHI/ePHI without first obtaining the individual's authorization. Such examples include, but may not be limited to:

- Furnishing information to the requesting individual who is the subject of said information;
- For the fulfillment of treatment, payment, and health care operations, so long as the dissemination is permitted by 45 C.F.R. § 164, with the exception of psychotherapy notes (*see specific information related to psychotherapy notes below*).
- Informal permission which may be obtained by asking the individual outright, or under circumstances that clearly give the individual the opportunity to agree or object.
- Limited data sets for the purpose of research, public health, or health care operations (*Employees should rely on professional ethics and best judgments when deciding which of these permissive uses and disclosures to make*).

The Privacy Rule, as codified under 45 C.F.R. §§ 160 and 164, permits use and disclosure of PHI/ePHI without authorization or permission for the following twelve (12) nationally recognized priority purposes (however, limiting conditions may apply under specific circumstances):

- Requirements by law (including by statute, regulation, or court order);
- Public health activities;
- Victims of abuse, neglect, or domestic violence;
- Health oversight activities;
- Judicial and administrative proceedings;
- Law enforcement purposes;
- Decedents;
- Cadaveric organ, eye, or tissue donation;
- Research;
- Serious threat to health or safety;
- Essential government functions; and
- Workers' compensation.

In addition, employees must make reasonable efforts to limit PHI/ePHI to the *minimum necessary* standard, in order to accomplish the intended purpose of the requested, permitted, or authorized use or disclosure.

Examples of *minimum necessary* practices include speaking quietly when discussing a patient's condition; excluding a patient's name or other identifying information, whenever possible, while sharing information; and ensuring that PHI/ePHI remains safeguarded by locking filing cabinets, offices, and computers.

It should be noted that *minimum necessary* disclosure requirements for PHI may not apply to:

- A health care provider, affiliated or unaffiliated with the District, who renders treatment to the patient;
- An individual who is the subject of the information, or the individual's legally authorized personal representative;
- To the Department of Health and Human Services, the Texas Medical Board, the Texas Attorney General, or other governmental agencies seeking such information for complaint investigation, compliance review, or enforcement;
- Use or disclosure that is required by law; or

- Use or disclosure required for compliance with the HIPAA Transaction Rule or other HIPAA administrative simplification rules.

Psychotherapy Notes

Patient authorization must be obtained to use or disclose psychotherapy notes, unless subject to at least one of the following exceptions:

- When used by the originator for treatment;
- For mental health training programs with staff (with identifying information removed);
- To defend a legal action brought against the District by the patient;
- For HHS to investigate or determine compliance with privacy rules;
- To avert a serious and imminent threat to public health or safety;
- To a health oversight agency for lawful investigation of the originator of the psychotherapy notes; and
- For other activities as required by law.

An authorization to use or disclose psychotherapy notes may not be used conjunction with other disclosures or uses.

Contracts with Business Associates

HIPAA covered programs or service areas may disclose PHI/ePHI to business associates, as defined in this policy, and may allow business associates to create or receive PHI/ePHI on behalf of the Health District. Programs with business associates must ensure contracts with business associates meet the requirements specified in 45 C.F.R. §164.504(e), which includes having a signed business associate agreement on-file with the business associate prior to the release of and PHI/ePHI.

If a program or service area knows of a pattern or practice of a business associate that is or may be a material violation of the privacy requirements within the business associate agreement, the program or service area must attempt to cure the breach or end the violation. If the attempt is unsuccessful, the program or service area must apply sanctions as outlined in the agreement.

Privacy Notice

Employees in HIPAA covered programs must provide a *Notice of Privacy Rights* to clients, prior to administering services. In doing so, employees are required to:

- Provide the applicable *Notice of Privacy Rights* to each direct care client at the first office visit or other direct service delivery contact that occurs;
- Obtain each client's written acknowledgment of receipt of the Notice;
- Maintain the client's written acknowledgment of receipt as part of the client's medical record; and
- Provide the client an additional copy of the Notice upon request.

In emergency situations, the *Notice of Privacy Rights* must be mailed to the client as soon as possible after abatement of the emergency and be documented in the client's file.

If the *Notice of Privacy Rights* is revised, District programs or service areas that provide direct health care services must make the revised notice available upon request at direct service delivery locations, and must provide the Notice as described above to each new client following the

effective date of the revised Notice. There is no requirement to provide a revised notice to each client who has already acknowledged receipt of the former notice.

In addition, the *Notice of Privacy Rights* must be posted in clear and prominent locations and electronically on the District's website.

Verification of Identity

District employees are required to verify the identity of an individual requesting PHI/ePHI and to determine if the requesting individual has the right to said information before disclosing it.

Patient Access to PHI/ePHI

Except in certain situations, an individual has the right to review and obtain a copy of his or her PHI/ePHI within a designated record set. A designated record set is that group of records maintained by or for the District that is used, in whole or part, to make decisions about individuals, or which is retained for provider or billing records; however, the following PHI is generally exempt from patient access:

- Psychotherapy notes;
- Information compiled for legal proceedings;
- Laboratory results to which the Clinical Laboratory Improvement Act (CLIA) prohibits access;
- Information held by designated research laboratories; and
- In situations during which a healthcare professional believes such access could cause harm to the individual or another.

Amendment of PHI/ePHI in a Designated Record Set

An individual has the right to request an amendment to PHI/ePHI about the individual if the information is in a designated record set. Requests to amend PHI/ePHI are to be forwarded to the Chief Compliance Officer.

Restricting Uses and Disclosures of PHI/ePHI

An individual has the right to request that the District restrict its uses and disclosures of PHI/ePHI as it pertains to the individual; however, the program or service area retains ultimate discretion as to whether it shall adhere to such requests.

If a District program or service area receives a request to restrict uses and disclosures of PHI/ePHI, the program must immediately refer the request to the Chief Compliance Officer for review and approval of executive management.

Accounting for Certain Disclosures

An individual has the right to receive a report of certain disclosures of the individual's PHI/ePHI.

Each HIPAA covered program or service area within the District is responsible for developing a system to track disclosures. In addition, if such a program or service area receives a written request for a report of disclosures, the program or service area must immediately refer the request to the Chief Compliance Officer, who will work with the program manager and executive management to process the request.

Confidential Communications and Other Accommodations

An individual obtains the right to submit a written request that he or she receive communications of PHI/ePHI from a HIPAA covered program in a manner and place that is most appropriate for the individual. For example, an individual may request that the provider send communications in an envelope rather than a post-card, or may request that information be mailed to an alternate address.

If a HIPAA covered program receives a written request for such an accommodation, the program or service area must immediately refer the request to the Chief Compliance Officer who will work with the program manager and executive management to process the request.

Complaints

If a Health District program or service area receives a HIPAA related complaint, the program must document the complaint and immediately refer the complaint to the Chief Compliance Officer. The Chief Compliance Officer will receive the complaint and perform investigative fact-finding for review and disposition by the Chief Executive Officer/Executive Director or designee.

Training

Employees and volunteers granted access to PHI/ePHI must receive HIPAA training by qualified District personnel in accordance to all applicable federal, state and organizational policies that the individual may conceivably encounter through the scope of their employment or association with the District. Training will occur within the first thirty-days of employment and annually thereafter, or as relevant policies and/or procedures change. Documentation of training will be retained by Human Resources in personnel files.

Safeguards

Managers must make reasonable efforts to limit access to PHI/ePHI to employees or classes of employees who require PHI access to perform their job duties. Access will be determined and granted by job description and function, and shall be limited to a standard in accordance with the *minimum necessary* rule.

Employees are responsible for safeguarding PHI/ePHI to prevent intentional or unintentional use or disclosure. Examples of safeguarding information include shredding documents, securing records in locked and secured areas, and using screen protectors. Employees are to refer to their program specific procedures and guidelines for safeguarding information, or are to contact the Chief Compliance Officer should any pertinent questions arise.

Mitigation of Harmful Effects

If a District employee is aware of a violation of District or legal HIPAA related policies or procedures, the employee must report the violation to his or her direct supervisor and/or to the Chief Compliance Officer immediately. District programs must coordinate with the Chief Compliance Officer and applicable members of executive management to mitigate any harmful effects that may have resulted from the violation.

Prohibition Against Retaliation

District employees must not intimidate, threaten, coerce, discriminate against, or take other retaliatory action against any individual or other person who exercises a right or files a complaint related to the privacy of PHI/ePHI.

Prohibition Against Waiving Rights

District employees must not require individuals to waive their rights related to the privacy of PHI/ePHI as a condition for treatment, payment, enrollment in a health plan, or eligibility for benefits.

Documentation

District employees must maintain HIPAA privacy related documentation in accordance with District record retention schedules. Additionally, the Human Resources Department shall be responsible for retaining a certificate of recognition upon every individual's successful completion of District mandated and/or facilitated HIPAA training courses. This certificate must include a signature of both the participant and the Human Resources Manager or designee, and shall be kept on-file for a period of no less than five years.

HIPAA Responsibilities for Employees

Employees are responsible for:

- Following all HIPAA and confidentiality policies and procedures set forth by law and/or District policy;
- Reporting potential HIPAA violations to their immediate supervisor and/or the Chief Compliance Officer; Completing required HIPAA training as notified by Human Resources or other staff;
- Taking all reasonable precautions to ensure that PHI/ePHI is entirely inaccessible to those who do not have nor require access to such information; and
- Using authorization forms approved by executive management in accordance with program specific guidelines.

HIPAA Responsibilities for Supervisors

Supervisors are responsible for:

- Developing program specific procedures and guidelines in compliance with HIPAA rules and regulations;
- Ensuring employees follow HIPAA and confidentiality policies and program specific procedures and guidelines;
- Reporting potential HIPAA violations to the Chief Compliance Officer and/or immediate supervisor; and
- Requesting access to PHI/ePHI only for those employees who require this information to fulfill their scope of employment.

Chief Compliance Officer

The Chief Compliance Officer is the Privacy Officer for the Health District and is responsible for:

- Ensuring all contractors with access to PHI/ePHI have business associate agreements on-file;
- Receiving complaints of alleged HIPAA violations and performing investigative fact-finding regarding these complaints for review and disposition by the Chief Executive Officer/Executive Director or designee;
- Training new and existing staff on HIPAA within established deadlines;
- Working with program managers and executive management on requests to amend, restrict the use of, accommodate, or receive accounting disclosures of PHI/ePHI; and

- Ensuring that the *Notice of Privacy Rights* is posted in visible locations throughout District premises as well as on the District's internet site.

Employees who violate Health District, state or federal HIPAA policies and procedures will be subject to corrective action up to and including termination of employment.

Laws

It is the intent of this policy to be in compliance with the Health Insurance Portability and Accountability Act of 1996 as codified at 42 U.S.C. § 1320d, and as amended by the Health Information Technology for Economic and Clinical Health Act of 2009, and with the terms and regulations set forth by Texas House Bill 300.

[Back to Agenda](#)



COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

**Governing Board
June 2018
Item #6
Executive Report**



THE COASTAL WAVE

A monthly newsletter about Galveston County's Community Health Center, Coastal Health & Wellness.



Samantha Robinson, RN, BSN

CHW Governing Board welcomes Robinson

Samantha Robinson, RN, BSN joined the Coastal Health & Wellness (CHW) Governing Board in April.

Robinson was appointed to a three-year term that expires April 2021.

The registered nurse works for UTMB as the team leader for the Ryan White Program. She has more than 25 years of experience working with patients in all areas of nursing.

Currently, she is focused on caring for people afflicted with HIV and AIDS in many capacities. As part of the Ryan White Program, the team of nurses, doctors and coordinators provide care

Robinson, page 3

PROTECT ALL THE SKIN YOU'RE IN

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Use a Layered Approach for Sun Protection.

- Sunscreen works best when used with shade or clothes, and it must be re-applied every 2 hours and after swimming, sweating, or toweling off.
- Use broad spectrum sunscreen with at least SPF 15 to protect exposed skin.
- Wear a hat, sunglasses, and protective clothing to shield skin.
- Seek shade, especially during midday hours.

CS277180

UV ray protection more than skin deep

The skin is the body's largest organ. It protects against heat, sunlight, injury and infection. Yet, some of us don't consider the necessity of protecting our skin.

It's just smart to take good care of your skin.

The need to protect your skin from the sun is supported by several studies linking overexposure with skin cancer.

The harmful ultraviolet rays from the sun

and indoor tanning sunlamps can cause many other complications besides skin cancer – such as eye problems, a weakened immune system, age spots, wrinkles and leathery skin.

How to protect your skin

There are simple, everyday steps you can take to safeguard your skin from the harmful effects of UV radiation from the sun.

UV rays, page 2

Need to talk? CHW can help

Life can be stressful and sometimes, that stress can be overwhelming. That's where the licensed professional counselors at Coastal Health & Wellness (CHW) can help.

One-on-one talk therapy sessions for adults and children are available at CHW clinics. These sessions can help patients deal with depression, anxiety and other life stressors.

Counselors can teach coping skills and

other tools to help manage stressful life situations.

CHW's professional and caring team is dedicated to helping patients improve their overall health and well-being.

As with all CHW services, many major insurance plans are accepted and discounts are offered for eligible patients.

To learn more about talk therapy, call (409) 938-2330 or (409) 978-4216. Patient confidentiality will be protected.



Wear proper clothing: Wearing clothing that protects your skin from harmful ultraviolet (UV) rays is very important. Examples of protective clothing include long-sleeved shirts and pants.

Remember to also protect your head and eyes with a hat and UV-resistant sunglasses. You can fall victim to sun damage on cloudy days and in the winter, so dress accordingly all year round.

Avoid the burn: Sunburns significantly increase one's lifetime risk of developing skin cancer. It is especially important that children be kept from sunburns.

Go for the shade: Stay out of the sun, if possible, between the average peak burning hours of 10 a.m.-4 p.m. You can head for the shade, or make your own shade with protective clothing – including a broad-brimmed hat.

Use extra caution when near reflective surfaces, like water, snow and sand: Water, snow, sand, even the windows of a

building can reflect the damaging rays of the sun. That can increase your chance of sunburn, even if you're in what you consider a shady spot.

Use extra caution when at higher altitudes: You can experience more UV exposure at higher altitudes, because there is less atmosphere to absorb UV radiation.

Apply broad-spectrum sunscreen: Generously apply broad-spectrum sunscreen to cover all exposed skin. The broad-spectrum variety protects against overexposure to ultraviolet A (UVA) and ultraviolet B (UVB) rays. FDA recommends using sunscreens that are not only broad spectrum, but that also have a sun protection factor (SPF) value of at least 15 for protection against sun-induced skin problems.

Re-apply broad-spectrum sunscreen throughout the day: Even if a sunscreen is labeled as water-resistant, it must be reapplied throughout the day, especially after sweating or swimming. To be safe, apply sunscreen at a rate of one ounce every two hours. Depending on how much of the body needs coverage, a full-day (six hour) outing could require one whole tube of sunscreen.

When to protect your skin

Since UV rays are generally their strongest from 10 a.m.-4 p.m., seek shade during those items to ensure the least amount of exposure. When applying sunscreen, be sure to reapply to all exposed skin at least 20 minutes before going outside. Reapply sunscreen every two hours, even on cloudy days, and after swimming or sweating.

Protecting your eyes

UV rays can also penetrate the structures of your eyes and cause cell damage. According to CDC, some of the more common sun-related vision problems include cataracts, macular degeneration, and pterygium (non-cancerous growth of the conjunctiva that can obstruct vision).

Wear a wide-brimmed hat: To protect your vision, wear a wide-brimmed hat that keeps your face and eyes shaded from the sun at most angles.

Wear wrap-around style sunglasses with 99 or higher UV block: Effective sunglasses should block glare, block 99 to 100 percent of UV rays, and have a wraparound shape to protect eyes from most angles.

Using the UV index

When planning your outdoor activities, you can decide how much sun protection you need by checking the EPA UV index online. This index measures the daily intensity of UV rays from the sun on a scale of one to 11. A low UV index requires minimal protection, whereas a high UV index requires maximum protection.

SPORTS PHYSICALS

only **\$25**

Be ready to play when you go back to school!

Coastal Health & Wellness offers sports physicals required for participation in school athletics!

Schedule an appointment:
(409) 938-2234 or (281) 309-0255

Be sure to bring your school-issued physical form!

Clinics are located in
Texas City and Galveston

COASTALHW.ORG

Healthy lifestyle can help reduce impact of diabetes

Diabetes is one of the leading causes of disability and death in the United States. According to the Centers for Disease Control and Prevention (CDC), one in 10 Americans have diabetes and another 84 million adults are at high risk of developing type 2 diabetes.

“Although there isn’t yet a cure for diabetes, a healthy lifestyle as recommended by your doctor can reduce its impact on your life,” said Dr. Philip Keiser, Galveston County Local Health Authority. “Everyday actions like eating a healthy diet, being physically active and taking prescribed medications help you stay on track.”

There are three main types of diabetes: type 1, type 2 and gestational. Approximately 90 percent of people with diabetes have type 2, which can often be delayed or prevented. With type 2 diabetes, your body doesn’t use insulin well and is unable to regulate blood sugar.

If you have any of these risk factors, ask your doctor if you should be tested for diabetes:

- Being overweight;
- Being 45 years or older;

Robinson

and treatment, life skills and support to patients and families affected by this disease. She is the facilitator of the medical decision team.

Robinson is a member of the Ryan White Planning Council for the City of Houston on their quality committee, at the request of Harris County Judge Ed Emmett and a member of the Texas State HIV Syndicate at the state level representing the East Texas region for decision making on funding.

She has been with UTMB for four years in her present position. Volunteer positions include the Galveston County Emergency Medical Reserve Corp and the 22 Q Syndrome Special Needs Support Group for the State of Texas.

Robinson is originally from New Orleans, has bachelor’s degrees in nursing and business and is an alumni of the University of Texas at Arlington, University of Wyoming and the University of Maryland. She is married to an U.S. Air Force retired veteran and current NASA engineer, has lived throughout the U.S. and Europe and has called Galveston County home since 2004. They have four grown children and 10 grandchildren who are the love of her life.

Robinson expressed a desire to serve on the board, recognizing the importance of services provided by CHW to the people of Galveston County for their health care and dental needs.

- Having a parent, brother or sister with type 2 diabetes;
- Being physically active less than three times a week;
- Ever having gestational diabetes or giving birth to a baby who weighed more than 9 pounds.

Race and ethnicity also matter. African Americans, Hispanic/Latino Americans, American Indians, Pacific Islanders and some Asian Americans are at higher risk for type 2 diabetes.

Uncontrolled, diabetes can cause blindness, nerve damage, kidney disease and other health problems.

“The sooner you find out if you have diabetes, the sooner you can start making healthy changes that will benefit you now and in the future,” Keiser said.

People with diabetes are encouraged to participate in the Galveston County Health District’s free support group, Diabetes 101. The group meets the second Wednesday of each month noon-1 p.m. in the Texas City WIC classroom, located in the Mid-County Annex. To register for Diabetes 101, call GCHD Community Health Services at (409) 938-2292 or email chs@gchd.org.



PATIENT PORTAL
with this internet application you can:

- Request a prescription refill
- View and pay your statements
- Send a message to your medical provider, nurse, or billing department
- ...And more!


Coastal Health & Wellness
Galveston County's Community Health Center

Ask Coastal Health & Wellness staff
for more details!
www.nextmd.com
www.coastalhw.org

Coastal Health & Wellness Updates

Insurance Contract Updates –

- **Community Health Choice** - Received notification on June 27, 2018 from Community Health Choice that their Committee had decided to reinstate CHW into the provider network.
- **United Health Care Site Visit** – A representative from United Health Care performed a site visit on June 21-22, 2018 at both the Texas City and Galveston locations. Notification of outcome is pending.
- We continue to work with other insurance companies on any documentation or site visits requests that are received.

Committees –

- *Joint Commission Survey Committee* - track and maintain compliance of The Joint Commission standards, identify gaps and develop plans to address areas of non-compliance.
- *Infection Control Committee* – reviews and selects evidence-based infection control procedures based on the prioritized infection risks. Currently reviewing progress on spot audits performed in medical, dental and lab and developing environmental rounds worksheet for infection prevention.
- *Optimized Comprehensive Clinical Care (OC3) Committee* – Identifies potential process improvement areas by gathering data and utilizing problem solving techniques through the *Plan, Do, Study, Act*, (PDSA) cycle. The goal and activities of this committee are focused on becoming a PCMH (Patient Centered Medical Home) with help from OC3 TACHC faculty and the internal OC3 team in order to achieve the Joint Commission Primary Care Medical Home Certification.

Emergency Operation Plan (EOP) Update –

- The Hazard Vulnerability Assessment for CHW has been completed and the EOP is currently being developed. Several attachments to the plan have been completed, such as floor plan diagrams, maps of both clinical locations, and a rough draft ICS chart, as well as a gap analysis for Joint Commission. Upcoming exercises are being planned within the next two months.

Dental Clinic –

- The Galveston Dental Clinic remains closed at this time, but preparations are being made and a tentative start date of Aug. 9, 2018 has been set.
- The initial schedule will provide services in Galveston two days a week.

UTMB OB/GYN Agreement –

- We are currently working with the UTMB Department of Family Medicine on a contract which would allow for two (2) family practice physicians and residents under the supervision of these physicians, to provide OB/GYN services to CHW patients.
- The new agreement would allow for providers to be on site weekly (four hours each week) and would also include family planning services.
- Proposed contract has been sent to HRSA and we are awaiting confirmation of acceptance.

UTMB Professional Services Agreement –

- Dr. Premal Patel, UTMB Associate Professor in the Department of Internal Medicine, will begin seeing patients at CHW on July 12, 2018. The agreement with UTMB allows for Dr. Patel to provide services to CHW patients eight hours per week, comprised of two (2) four-hour clinical sessions. She will also be supervising UTMB medical students who have been authorized to assist in providing services to Coastal Health & Wellness patients.

HRSA Updates –

- One grant condition remains related to *Required or Additional Services*. This condition should be lifted once the OB/GYN contract has been executed and accepted by HRSA.
- Received notification from HRSA of a funding opportunity related to *“Expanding Access to Quality Substance Use Disorder and Mental Health Services” (SUD-MH)*. This funding will support health centers in implementing and advancing evidence-based strategies to address emerging public health issues, such as opioid use disorder, through the expansion of integrated substance use disorder (SUD) and/or mental health services. Coastal Health & Wellness may request \$250,000 total SUD-MH funding for FY2018 (Sept. 1, 2018-Aug. 31, 2019) and the application due date is July 16, 2018. Funding can be used to support the following:
 - *Workforce Expansion* - Hire behavioral health and enabling services providers that can deliver or support SUD and/or mental health services or can support the comprehensive service delivery and care coordination necessary to provide addiction treatment services. Hire pain medicine specialists to provide acute and chronic pain management services.
 - *Professional Development and Training* – Support the preparation of licensed and pre-license professionals and allied health students to provide SUD and/or mental health services; training and continuing education for staff and providers in SUD, mental health; training on evidence-based pain management and treatment options.
 - *Telehealth*- enhance the use of telehealth to deliver SUD and mental health services through contracts with specialists; purchase systems and/or contract for services to provide virtual care.
 - *Clinical Workflow and Practice Transformation* – contract with a practice transformation facilitator to guide the health center’s adoption of a model that integrates behavioral health into primary care; build new or enhance existing clinical workflows to further integrate and support the delivery of SUD and mental health services.
 - *Health Information Technology* – enhance health information technologies that support or improve health information exchange; strengthen participation in cybersecurity information sharing and analysis systems; improve patient access to their own data or enhance the EHR by adding case management software to develop, implement, and monitor treatment plans across multidisciplinary teams.
 - *Equipment* – (one-time funding in year one only) - purchase a transportation vehicle to facilitate patient access to SUD and mental health services
 - *Minor Alterations and Renovations* (one-time funding in year one only) – reconfigure space to provide SUD, mental health, and primary care services teams. Modify exam rooms to increase access to pain management options, such as chiropractic, physical therapy, acupuncture and group therapy services.
 - *Outreach, Partnerships, and Community Integration* – Strengthen partnerships that align and leverage community engagement and data-driven quality improvement to improve

behavioral health outcomes by supporting community-based behavioral health outreach and awareness activities.

- *Other* – Purchase FDA approved opioid agonist medications; purchase tests necessary for treatment of chronic pain, vouchers for public transportation.

Communications –

- **News Releases/ Website News Posts**
 - Beat the Heat
 - National Men’s Health Week
- **June Campaigns**
 - National Men’s Health Week
 - Beat the Heat
 - #Work Wednesday

CHW Career Opportunities –

- **Employee Onboarding** - Human Resources conducted new employee orientation for the following employee(s):
 - Laiza Valadez – Contact Center Representative
 - Perla Paredes - Contact Center Representative
 - Deimy Cruces – Electronic Records Specialist
 - Sarah McNutt, RDA – Dental Assistant/Receptionist
- **Job Offers** – The following candidate(s) were extended job offers and have future start dates:
 - Jayne Cheree Windham – Lab & X-Ray Supervisor
 - Joann Perez – Phlebotomist
- **Current Vacancies:**
 - CHW Vacancies:
 - CHW Administration – CHW Executive Director, CHW Dental Director
 - Dental – Full-time Dental Assistant, Part-time Dental Assistant, Supervisor of Dental Assistants
 - Lab & X-Ray – Lab & X-Ray Technician (3)
 - Nursing –Registered Nurse, Medical Aide (2)
 - Patient Services – Patient Services Specialist

Coastal Health & Wellness Contracts –

1. Coastal Health & Wellness (“CHW”) entered into a Program Agreement with the University of Texas Health Science Center at Houston on behalf of the Cizik School of Nursing. This is a no cost agreement where CHW agrees to provide educational learning opportunities for nursing students.
2. Coastal Health & Wellness (“CHW”) entered into a Donation Agreement with Mainland Medical Center to help fund Patient Care Coordinator Services. The purpose of this Agreement is to increase accessibility of health care within the medically underserved community. Specifically, Mainland Medical Center agreed to make an irrevocable one lump sum donation payment of \$16,208. The Patient Care Coordinator serves as a liaison between the Clinic and the patient – connecting a patient leaving the hospital, back to the Clinic for appropriate follow-up primary care. Also, the Patient Care Coordinator benefits the Clinic by facilitating a continuity of care plan

vital to maintaining the health of the medically underserved patients of Galveston County. CHW agrees to continuously provide a monthly activity report and year- end annual evaluation to Mainland Medical covering the one-year duration of this Agreement.

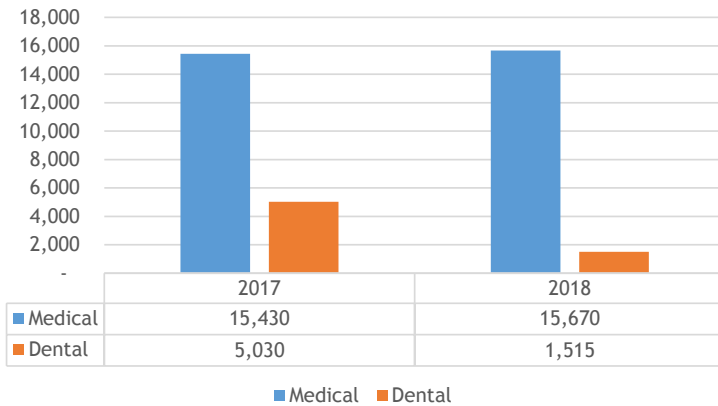
- 3.** Coastal Health & Wellness (“CHW”) entered into a Professional Services Agreement with the University of Texas Medical Branch to provide screening and diagnostic services for mammograms under the American Cancer Society’s Crucial Catch Grant. The purpose of this Agreement is to ensure that we are providing mammography screenings, diagnostics, and interpretation for women who live in the CHW Service area and are eligible for participation as patients within CHW’s health care services program. University of Texas Medical Branch agrees to invoice CHW based on standard screening service rates. Payments for services will be disbursed from the Crucial Catch Grant Funds.

June 2018

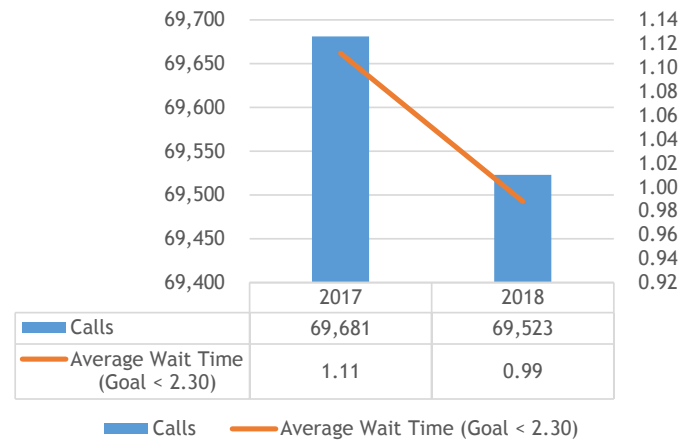
YTD Comparison Report - January through May

Patient Services - Patients Checked-In	2017	2018	% Change
Medical	15,430	15,670	2%
Dental	5,030	1,515	-70%
Contact Center	2017	2018	% Change
Calls	69,681	69,523	-0.2%
Average Wait Time (Goal < 2.30)	1.11	0.99	-11%
Electronic Records	2017	2018	% Change
Record Requests	4,345	4,491	3%
County Indigent Program	2017	2018	% Change
Applied	639	610	-5%
Referrals	1595	1995	25%
Avg Total Patients on Program	248	241	-3%
Case Management	2017	2018	% Change
Referrals	4,595	5,387	17%

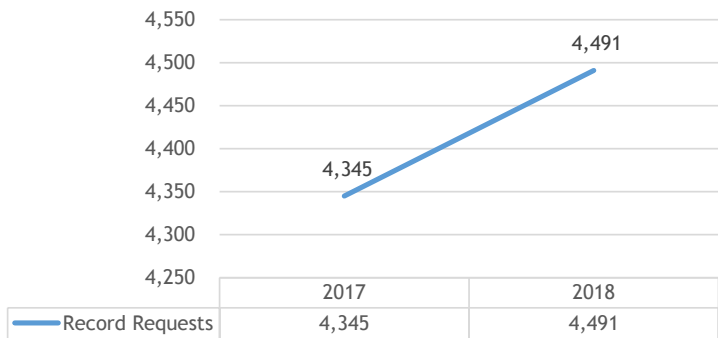
Patient Services - Total Patients Checked-In



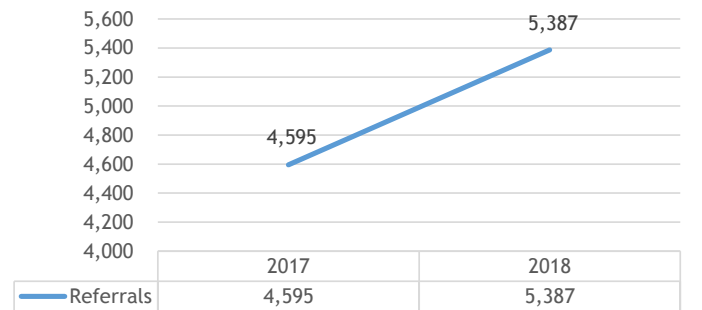
Contact Center - Calls and Wait Time



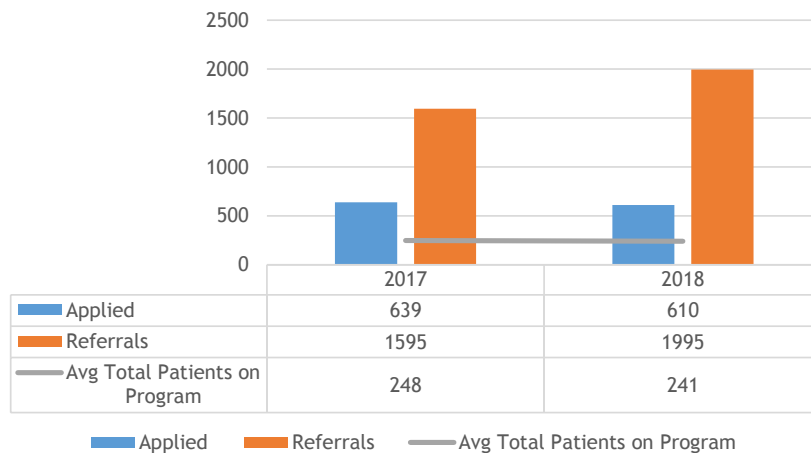
Electronic Record Requests



Case Management Referrals



County Indigent Program





COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

June 2018

Item #7

Consider for Approval Financial Committee

Report May 2018

COASTAL HEALTH & WELLNESS

Governing Board



FINANCIAL SUMMARY

For the Period Ending May 31, 2018

June 28, 2018

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

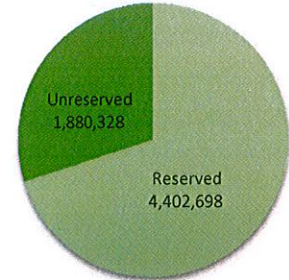
CHW - BALANCE SHEET as of May 31, 2018

	Current Month May-18	Prior Month Apr-18	Increase (Decrease)
ASSETS			
Cash & Cash Equivalents	\$5,566,547	\$5,588,958	(\$22,411)
Accounts Receivable	13,154,153	11,773,096	1,381,057
Allowance For Bad Debt	(12,042,399)	(10,713,464)	(1,328,935)
Pre-Paid Expenses	53,979	92,050	(38,072)
Due To / From	(29,131)	38,192	(67,323)
Total Assets	\$6,703,149	\$6,778,832	(\$75,684)
LIABILITIES			
Accounts Payable	\$120,588	\$193,798	(\$73,210)
Accrued Salaries	296,224	252,359	43,865
Deferred Revenues	50,110	49,649	461
Total Liabilities	\$466,922	\$495,806	(\$28,883)
FUND BALANCE			
Fund Balance	\$6,283,028	\$6,260,512	\$22,514
Current Change	(46,801)	22,514	(\$69,315)
Total Fund Balance	\$6,236,227	\$6,283,026	(\$46,801)
TOTAL LIABILITIES & FUND BALANCE	\$6,703,149	\$6,778,832	(\$75,684)

Current Period Assets



Total Fund Balance

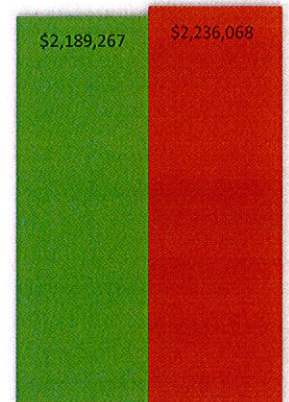


CHW - REVENUE & EXPENSES as of May 31, 2018

	Actual May-18	Budgeted May-18	PTD Budget Variance	YTD Budget Variance
REVENUE				
County Revenue	\$324,070	\$324,070	(\$0)	(\$0)
DSRIP Revenue	0	79,167	(79,167)	(158,333)
HHS Grant Revenue	257,728	260,617	(2,888)	(15,300)
Patient Revenue	1,599,185	1,352,449	246,736	580,803
Other Revenue	8,283	11,187	(2,904)	(4,551)
Total Revenue	\$2,189,267	\$2,027,490	\$161,777	\$402,618
EXPENSES				
Personnel	\$593,550	\$652,685	\$59,135	\$124,854
Contractual	43,612	60,260	16,647	30,878
IGT Reimbursement	0	37,500	37,500	75,000
Supplies	101,905	106,440	4,535	15,343
Travel	4,702	2,510	(2,191)	(261)
Bad Debt Expense	1,328,935	1,084,467	(244,468)	(588,953)
Other	163,364	83,628	(79,736)	(83,767)
Total Expenses	\$2,236,068	\$2,027,490	(\$208,579)	(\$426,905)
CHANGE IN NET ASSETS	(\$46,801)	\$0	(\$46,801)	(\$24,288)

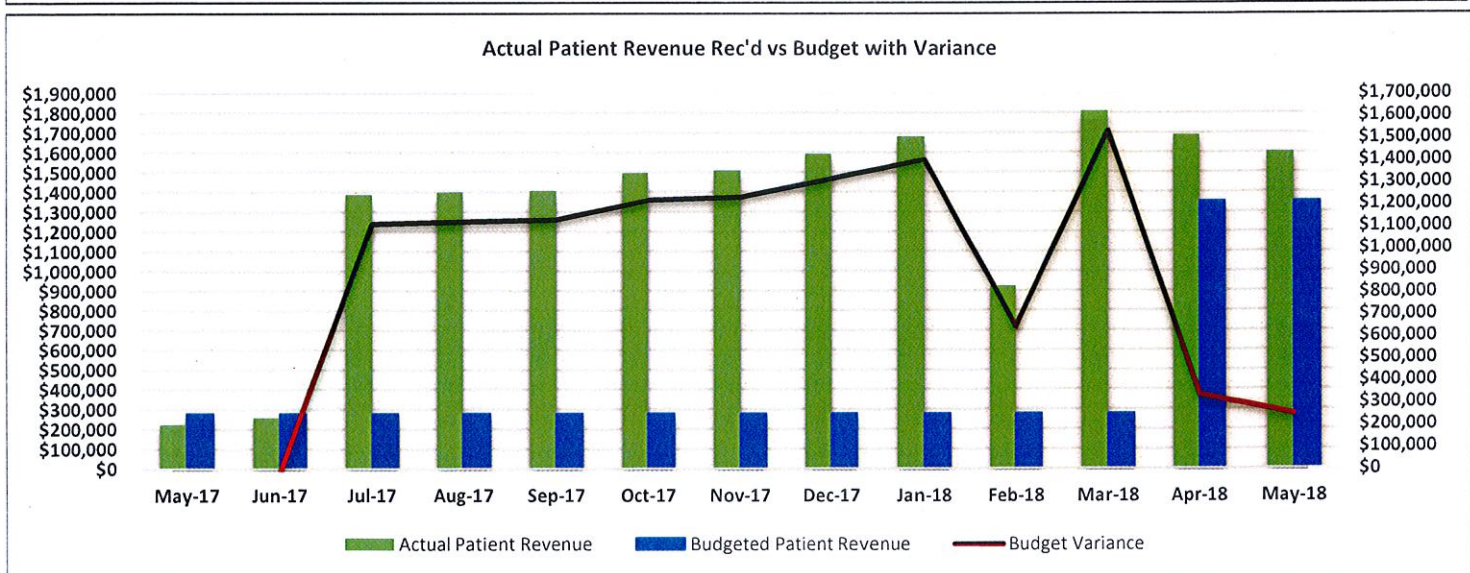
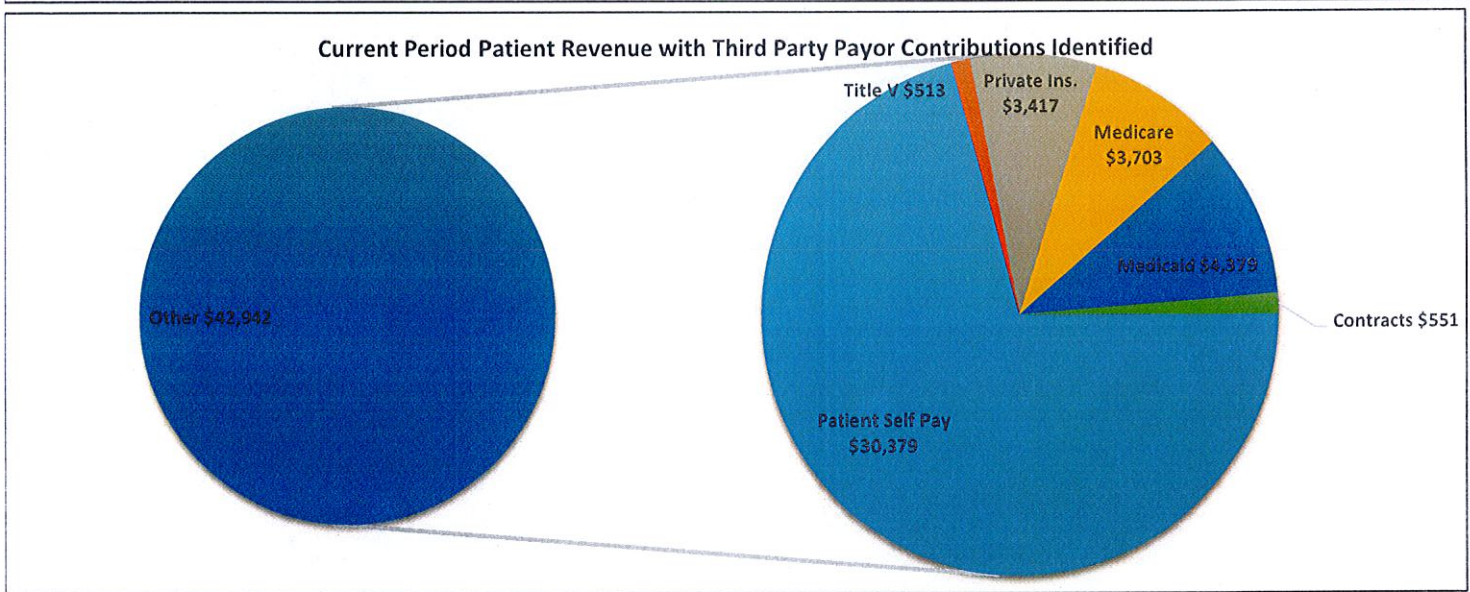
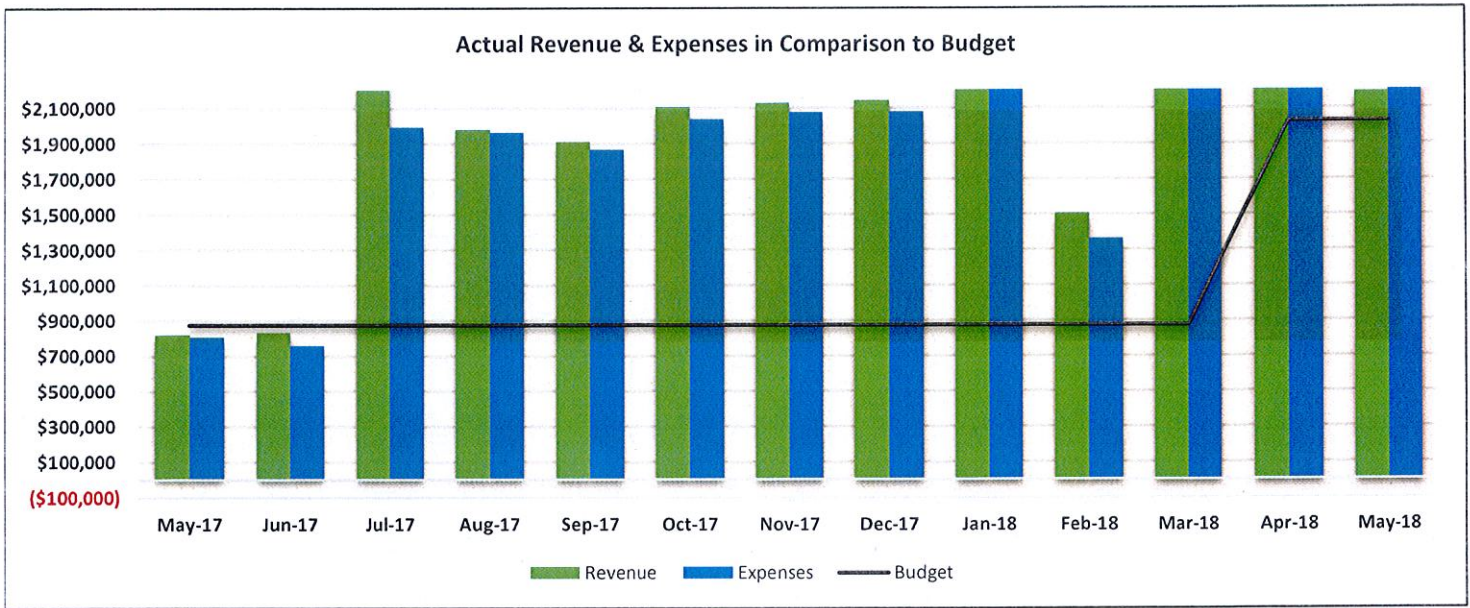
Current Month Revenue & Expenses Actual

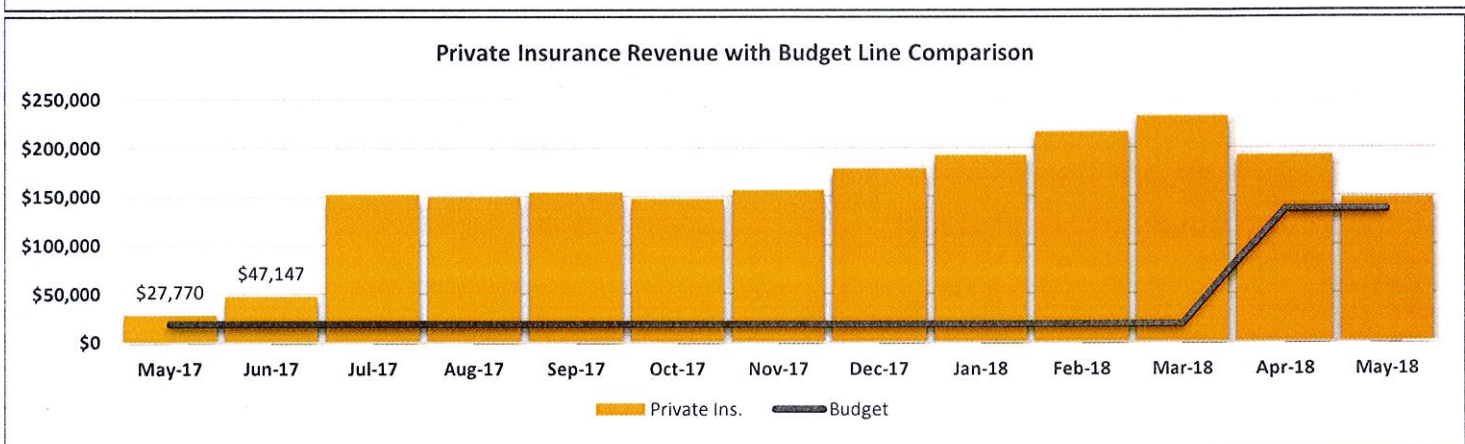
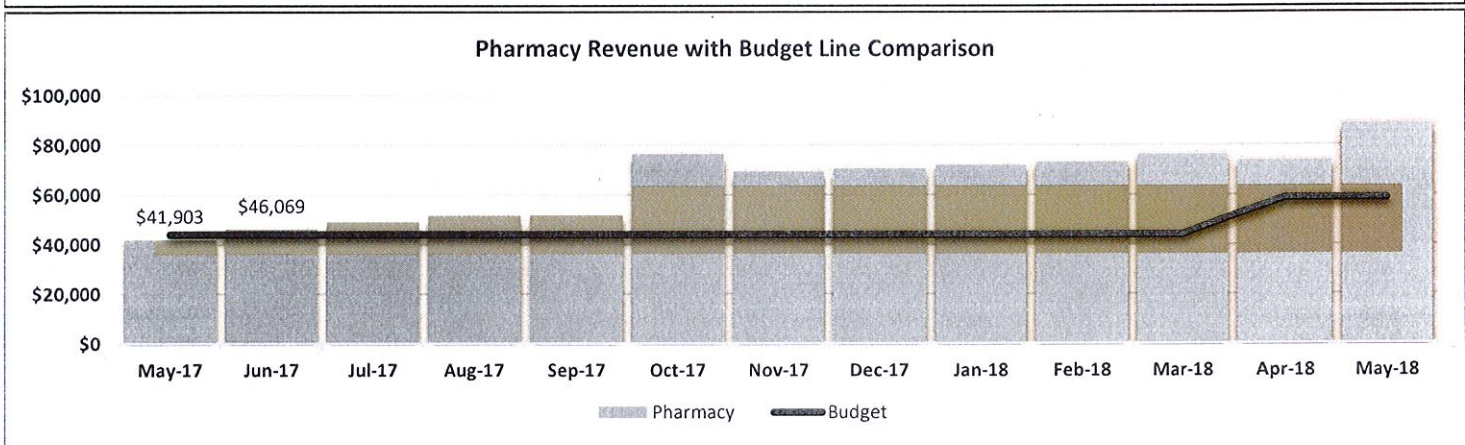
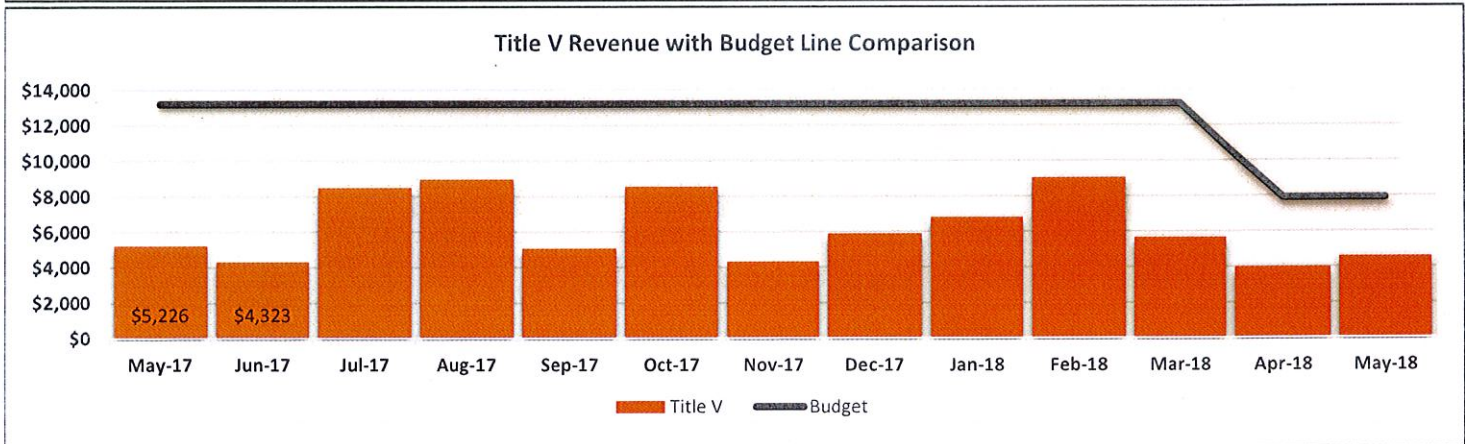
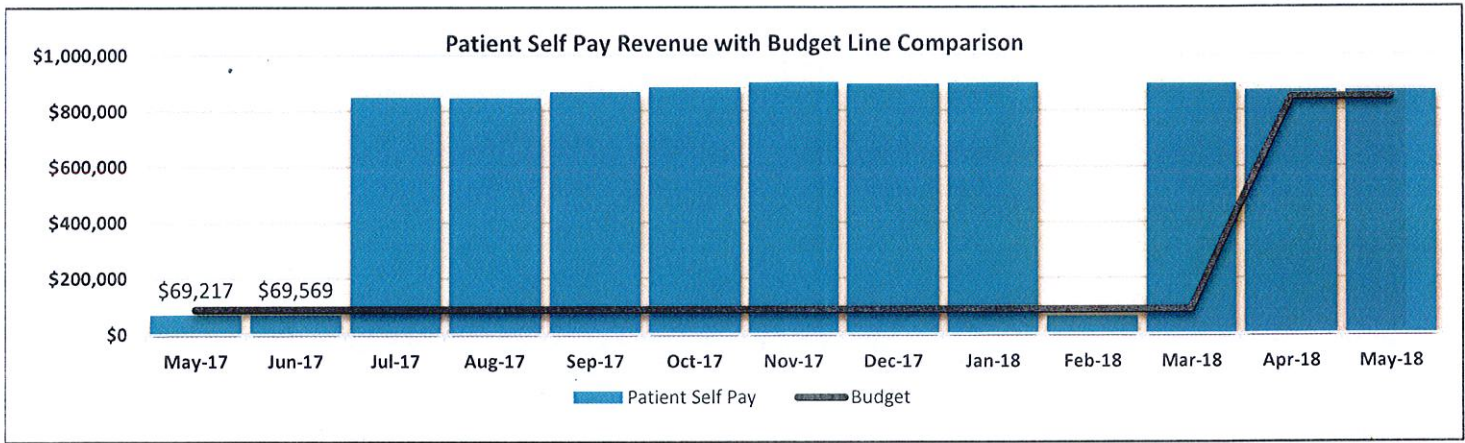
■ Revenue ■ Expenses



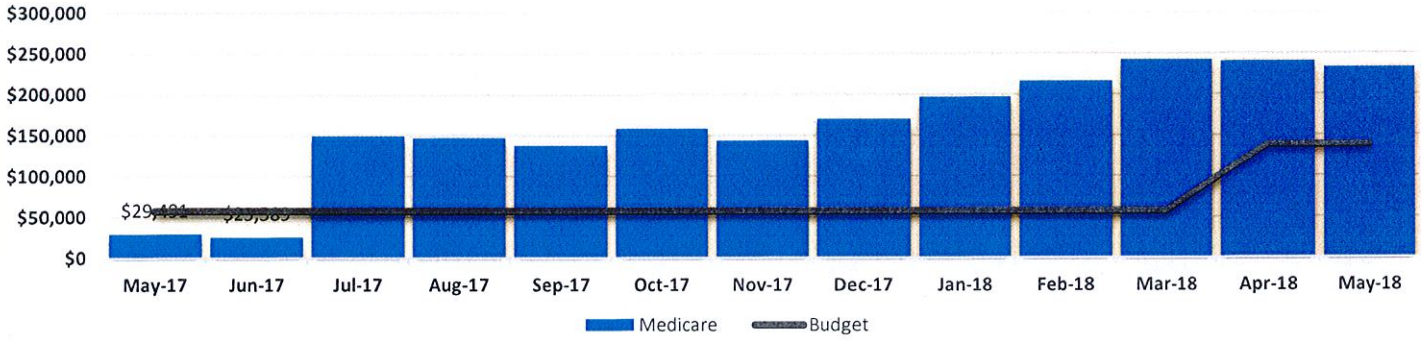
HIGHLIGHTS

- MTD decrease in Fund Balance of (\$46,801).
- Revenues were \$161,777 higher than budgeted this month. MTD/YTD revenues related to Private Insurance, Medicaid, Medicare and Contract Revenue were all higher than budgeted.
- Expenses were (\$208,579) higher MTD/YTD than budgeted. Bad Debt expense is recorded higher than budgeted. Also additional expenses were incurred in Local Training (\$2,000), and IT Software, Licenses, Intangibles (\$34,102 Microsoft Licensing, \$31,925 Microsoft Cloud). These expenses were covered by QI funds (for Local training) and Fund Balance Reserves (for IT) which had been approved by the Board.
- MTD decrease in fund balance of (\$46,801) and YTD decrease in fund balance of (\$69,315). Total fund balance \$6,236,227 as of 5/31/18.

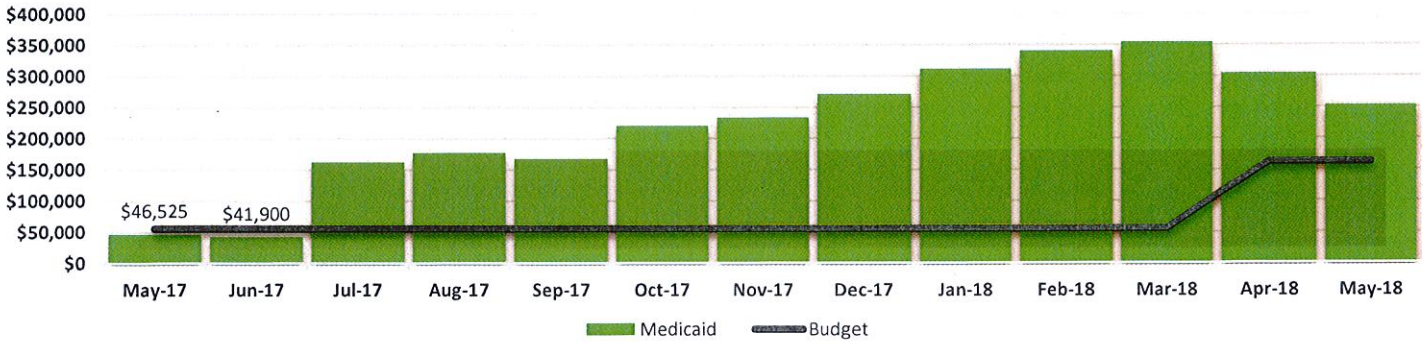




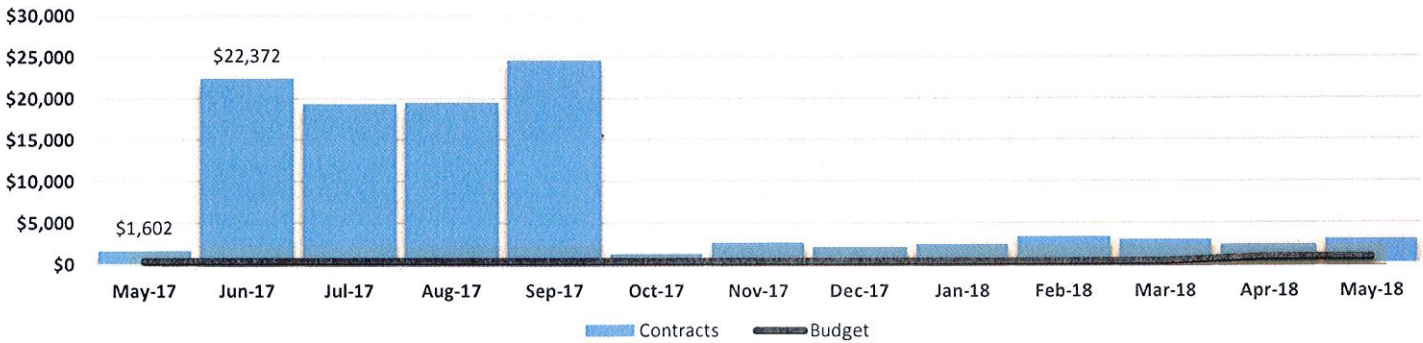
Medicare Revenue with Budget Line Comparison



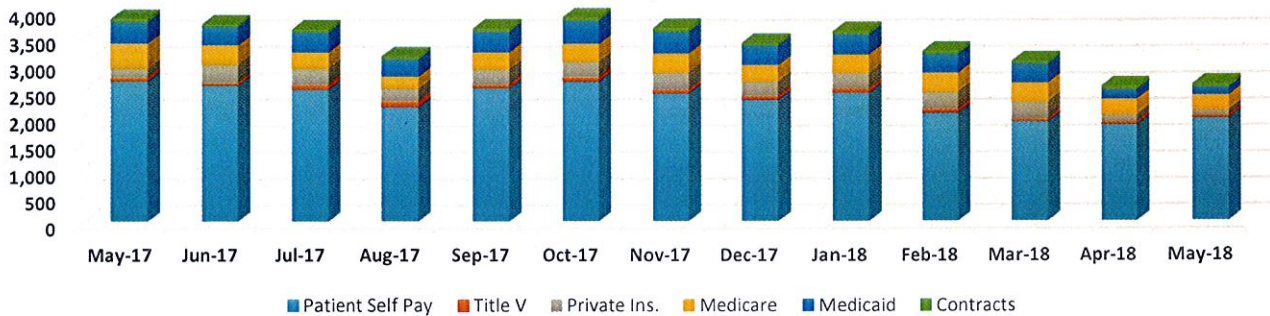
Medicaid Revenue with Budget Line Comparison



Contract Revenue with Budget Line Comparison



Total Number of Patient Visits



Coastal Health & Wellness
Statement of Revenue and Expenses for the Period ending May 31, 2018

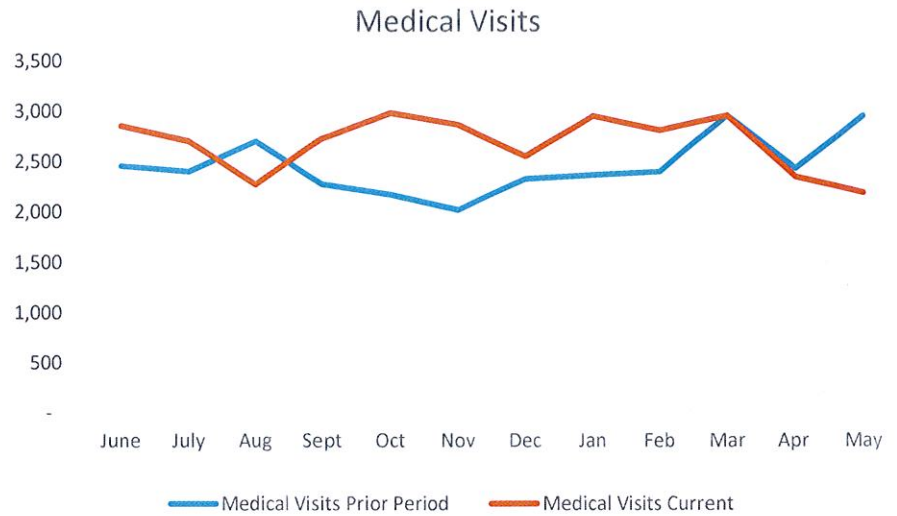
		Period Ending	MTD	MTD Budget	YTD	YTD	YTD Budget	Annual
	Description	5/31/18	Budget	Variance	Actual	Budget	Variance	Budget
Grouping	REVENUE							
HRSA	HHS GRANT REVENUE - Federal	\$257,728.42	\$260,617	(\$2,888)	\$505,933	\$521,233.33	(\$15,300)	\$3,127,400
Patient Rev	GRANT REVENUE - Title V	\$4,566.06	\$7,905	(\$3,339)	\$8,556	\$15,809	(\$7,254)	\$94,855
Patient Rev	PATIENT FEES	\$870,129.18	\$848,258	\$21,872	\$1,741,415	\$1,696,515	\$44,900	\$10,179,092
Patient Rev	PRIVATE INSURANCE	\$148,294.92	\$136,556	\$11,739	\$340,132	\$273,111	\$67,021	\$1,638,668
Patient Rev	PHARMACY REVENUE - 340b	\$88,842.80	\$58,750	\$30,093	\$162,934	\$117,500	\$45,434	\$705,000
Patient Rev	MEDICARE	\$232,101.32	\$137,727	\$94,374	\$471,734	\$275,454	\$196,280	\$1,652,723
Patient Rev	MEDICAID	\$252,245.32	\$162,421	\$89,825	\$555,603	\$324,842	\$230,761	\$1,949,049
Other Rev.	LOCAL GRANTS & FOUNDATIONS	\$0.01	\$2,701	(\$2,701)	\$2,701	\$5,403	(\$2,701)	\$32,416
Other Rev.	MEDICAL RECORD REVENUE	\$1,881.25	\$1,354	\$527	\$3,865	\$2,708	\$1,156	\$16,250
Other Rev.	MEDICAID INCENTIVE PAYMENTS	\$0.00	\$0	\$0	\$0	\$0	\$0	\$0
County	COUNTY REVENUE	\$324,070.33	\$324,070	(\$0)	\$648,141	\$648,141	(\$0)	\$3,888,844
DSRIP	DSRIP REVENUE	\$0.00	\$79,167	(\$79,167)	\$0	\$158,333	(\$158,333)	\$950,000
Other Rev.	MISCELLANEOUS REVENUE	\$0.00	\$0	\$0	\$30	\$0	\$30	\$0
Other Rev.	OTHER REVENUE - SALE OF FIXED ASSET	\$0.00	\$0	\$0	\$0	\$0	\$0	\$0
Other Rev.	INTEREST INCOME	\$5,802.49	\$2,083	\$3,719	\$10,178	\$4,167	\$6,011	\$25,000
Patient Rev	CONTRACT REVENUE	\$3,005.65	\$833	\$2,172	\$5,326	\$1,667	\$3,659	\$10,000
Other Rev.	LOCAL FUNDS / OTHER REVENUE	\$599.34	\$0	\$599	\$1,049	\$0	\$1,049	\$0
Other Rev.	CONVENIENCE FEE	\$0.00	\$670	(\$670)	\$0	\$1,340	(\$1,340)	\$8,040
Other Rev.	Fund Balance	\$0.00	\$4,378	(\$4,378)	\$0	\$8,757	(\$8,757)	\$52,540
	Total Revenue	\$2,189,267.09	\$2,027,490	\$161,777	\$4,457,597	\$4,054,980	\$402,618	\$24,329,877
	EXPENSES							
Personnel	SALARIES	\$469,955.91	\$515,172	\$45,216	\$927,345	\$1,030,343	\$102,998	\$6,182,060
Personnel	SALARIES, Merit Compensation	\$0.00	\$0	\$0	\$0	\$0	\$0	\$0.00
Personnel	SALARIES, PROVIDER INCENTIVES	\$0.00	\$4,400	\$4,400	\$0	\$8,800	\$8,800	\$52,800.00
Personnel	SALARIES, supplemental	\$0.00	\$0	\$0	\$0	\$0	\$0	\$0.00
Personnel	SALARIES, O/T	\$2,552.64	\$5,000	\$2,447	\$7,349	\$10,000	\$2,651	\$60,000.00
Personnel	SALARIES, PART-TIME	\$9,244.21	\$19,149	\$9,904	\$18,610	\$38,297	\$19,687	\$229,782.00
Personnel	Comp Pay	\$52.40	\$0	(\$52)	\$94	\$0	(\$94)	\$0.00
Personnel	FICA EXPENSE	\$36,189.28	\$41,595	\$5,405	\$71,145	\$83,189	\$12,044	\$499,135.00
Personnel	TEXAS UNEMPLOYMENT TAX	\$481.87	\$92	(\$390)	\$5,208	\$185	(\$5,023)	\$1,107.00
Personnel	LIFE INSURANCE	\$1,319.24	\$1,222	(\$98)	\$2,696	\$2,443	(\$253)	\$14,659.00
Personnel	LONG TERM DISABILITY INSURANCE	\$967.62	\$1,125	\$157	\$1,984	\$2,249	\$265	\$13,496.00
Personnel	GROUP HOSPITALIZATION INSURANC	\$28,265.14	\$48,838	\$20,573	\$57,369	\$97,676	\$40,306	\$586,055.00
Personnel	WORKER'S COMP INSURANCE	\$1,697.70	\$2,719	\$1,021	\$3,342	\$5,437	\$2,095	\$32,623.00
Personnel	EMPLOYER SPONSORED HEALTHCARE	\$7,608.42	\$0	(\$7,608)	\$14,153	\$0	(\$14,153)	\$0.00
Personnel	HRA EXPENSE	\$0.00	\$0	\$0	\$0	\$0	\$0	\$0.00
Personnel	PENSION / RETIREMENT	\$11,864.91	\$13,376	\$1,511	\$23,469	\$26,751	\$3,282	\$160,506.00
Contractual	OUTSIDE LAB CONTRACT	\$25,714.21	\$26,500	\$786	\$46,444	\$53,000	\$6,556	\$318,000.00
Contractual	OUTSIDE X-RAY CONTRACT	\$2,892.00	\$3,850	\$958	\$6,216	\$7,700	\$1,484	\$46,200.00
Contractual	MISCELLANEOUS CONTRACT SERVICES	\$2,715.30	\$14,720	\$12,004	\$12,071	\$29,439	\$17,368	\$176,634.00
Personnel	TEMPORARY STAFFING	\$23,350.75	\$0	(\$23,351)	\$47,752	\$0	(\$47,752)	\$0.00
Contractual	CHW CONTRACT BILLING SERVICE	\$5,902.85	\$8,400	\$2,497	\$11,972	\$16,800	\$4,828	\$100,800.00
IGT	IGT REIMBURSEMENT	\$0.00	\$37,500	\$37,500	\$0	\$75,000	\$75,000	\$450,000.00
Contractual	JANITORIAL CONTRACT	\$2,725.10	\$2,800	\$75	\$5,397	\$5,600	\$203	\$33,600.00
Contractual	PEST CONTROL	\$80.10	\$80	(\$0)	\$160	\$160	(\$0)	\$960.00
Contractual	SECURITY	\$3,582.78	\$3,910	\$327	\$7,380	\$7,820	\$440	\$46,920.00
Supplies	OFFICE SUPPLIES	\$2,156.56	\$5,115	\$2,958	\$5,280	\$10,229	\$4,949	\$61,376.00
Supplies	OPERATING SUPPLIES	\$20,068.09	\$19,500	(\$568)	\$33,272	\$39,000	\$5,728	\$234,000.00
Supplies	OUTSIDE DENTAL SUPPLIES	\$620.00	\$2,000	\$1,380	\$740	\$4,000	\$3,260	\$24,000.00
Supplies	PHARMACEUTICAL SUPPLIES	\$78,782.86	\$78,850	\$67	\$157,569	\$157,700	\$131	\$946,200.00
Supplies	JANITORIAL SUPPLIES	\$277.24	\$375	\$98	\$674	\$750	\$76	\$4,500.00
Supplies	PRINTING SUPPLIES	\$0.00	\$200	\$200	\$0	\$400	\$400	\$2,400.00
Supplies	UNIFORMS	\$0.00	\$400	\$400	\$0	\$800	\$800	\$4,800.00
Other	POSTAGE	\$724.39	\$667	(\$58)	\$1,369	\$1,333	(\$36)	\$8,000.00
Other	TELEPHONE	\$4,288.61	\$4,055	(\$234)	\$8,436	\$8,110	(\$326)	\$48,660.00
Other	WATER	\$30.50	\$31	\$1	\$61	\$62	\$1	\$372.00
Other	ELECTRICITY	\$2,018.41	\$2,083	\$65	\$4,078	\$4,167	\$88	\$25,000.00
Travel	TRAVEL, LOCAL	\$287.66	\$375	\$87	\$868	\$750	(\$118)	\$4,501.00
Travel	TRAVEL, OUT OF TOWN	\$0.00	\$0	\$0	\$0	\$0	\$0	\$0.00
Travel	LOCAL TRAINING	\$2,031.00	\$417	(\$1,614)	\$2,031	\$833	(\$1,198)	\$5,000.00
Travel	TRAINING, OUT OF TOWN	\$2,383.18	\$1,719	(\$665)	\$2,383	\$3,437	\$1,054	\$20,624.00
Other	RENTALS	\$3,177.44	\$3,044	(\$133)	\$6,343	\$6,088	(\$255)	\$36,528.00
Other	LEASES	\$43,701.84	\$43,702	\$0	\$87,404	\$87,404	\$0	\$524,424.00
Other	MAINTENANCE / REPAIR, EQUIP.	\$5,950.65	\$6,609	\$659	\$15,194	\$13,218	(\$1,976)	\$79,310.00
Other	MAINTENANCE / REPAIR, AUTO	\$3,023.08	\$42	(\$2,981)	\$3,023	\$83	(\$2,940)	\$500.00
Other	FUEL	\$0.00	\$42	\$42	\$0	\$83	\$83	\$500.00
Other	MAINTENANCE / REPAIR, BLDG.	\$140.28	\$417	\$276	\$181	\$833	\$652	\$5,000.00
Other	MAINT/REPAIR, IT Equip.	\$0.00	\$0	\$0	\$0	\$0	\$0	\$0.00
Other	MAINTENANCE / Preventative, AUTO	\$0.00	\$42	\$42	\$0	\$83	\$83	\$500.00
Other	INSURANCE, AUTO/Truck	\$165.96	\$166	\$0	\$332	\$332	\$0	\$1,992.00
Other	INSURANCE, GENERAL LIABILITY	\$723.98	\$750	\$26	\$1,448	\$1,500	\$52	\$9,000.00
Other	INSURANCE, BLDG. CONTENTS	\$1,479.09	\$1,380	(\$99)	\$2,958	\$2,760	(\$198)	\$16,560.00

Coastal Health & Wellness
Statement of Revenue and Expenses for the Period ending May 31, 2018

		Period Ending	MTD	MTD Budget	YTD	YTD	YTD Budget	Annual
	Description	5/31/18	Budget	Variance	Actual	Budget	Variance	Budget
Other	COMPUTER EQUIPMENT	\$0.00	\$0	\$0	\$369	\$0	(\$369)	\$0.00
Other	OPERATING EQUIPMENT	\$0.00	\$0	\$0	\$0	\$0	\$0	\$0.00
Other	BUILDING IMPROVEMENTS	\$0.00	\$0	\$0	\$0	\$0	\$0	\$0.00
Other	NEWSPAPER ADS	\$618.95	\$1,500	\$881	\$1,306	\$3,000	\$1,694	\$18,000.00
Other	SUBSCRIPTIONS, BOOKS, ETC	\$0.00	\$125	\$125	(\$226)	\$250	\$476	\$1,500.00
Other	ASSOCIATION DUES	\$2,666.67	\$2,883	\$216	\$5,333	\$5,765	\$432	\$34,592.00
Other	IT SOFTWARE, LICENSES, INTANGIBLES	\$90,616.05	\$12,712	(\$77,904)	\$104,004	\$25,423	(\$78,581)	\$152,540.00
Other	PROF FEES/LICENSE/INSPECTIONS	\$0.00	\$191	\$191	\$200	\$381	\$181	\$2,288.00
Other	PROFESSIONAL SERVICES	\$2,641.03	\$1,342	(\$1,299)	\$6,321	\$2,683	(\$3,638)	\$16,100.00
Other	MED/HAZARD WASTE DISPOSAL	\$0.00	\$483	\$483	\$520	\$967	\$446	\$5,800.00
Other	TRANSPORTATION CONTRACT	\$789.36	\$650	(\$139)	\$1,174	\$1,300	\$126	\$7,800.00
Other	BOARD MEETING OPERATIONS	\$35.50	\$29	(\$6)	\$36	\$58	\$23	\$350.00
Other	SERVICE CHG - CREDIT CARDS	\$557.15	\$685	\$128	\$1,156	\$1,370	\$214	\$8,220.00
Other	CASHIER OVER / SHORT	\$15.00	\$0	(\$15)	\$0	\$0	\$0	\$0.00
Other	LATE CHARGES	\$0.00	\$0	\$0	\$0	\$0	\$0	\$0.00
Other	BAD DEBT EXPENSE	\$1,328,935.39	\$1,084,467	(\$244,468)	\$2,757,887	\$2,168,934	(\$588,953)	\$13,013,603.00
Other	MISCELLANEOUS EXPENSE	\$0.00	\$0	\$0	\$0	\$0	\$0	\$0.00
	Total Expenses	\$2,236,068.35	\$2,027,490	(\$208,579)	\$4,481,885	\$4,054,980	(\$426,905)	\$24,329,877
	Net Change in Fund Balance	(\$46,801.26)	\$0	\$370,356	(\$24,288)	\$0	\$829,523	\$0

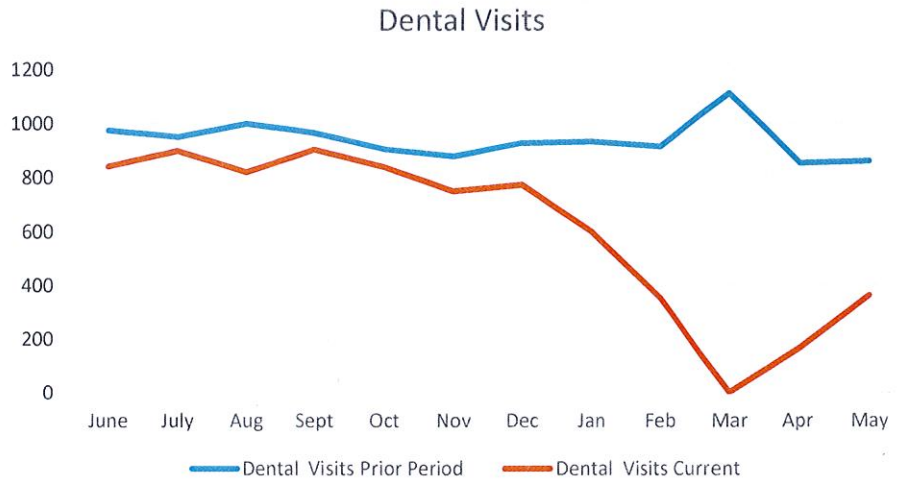
Medical Visits

	<u>Prior Period</u>	<u>Current</u>
June	2,450	2,850
July	2,395	2,696
Aug	2,693	2,267
Sept	2,265	2,720
Oct	2,164	2,974
Nov	2,012	2,857
Dec	2,316	2,542
Jan	2,353	2,939
Feb	2,390	2,798
Mar	2,943	2,946
Apr	2,417	2,334
May	2,939	2,177
	<u>18,648</u>	<u>21,845</u>



Dental Visits

	<u>Prior Period</u>	<u>Current</u>
June	974	841
July	950	899
Aug	998	820
Sept	964	903
Oct	903	838
Nov	878	749
Dec	926	772
Jan	931	597
Feb	913	354
Mar	1111	0
Apr	851	167
May	858	362
	<u>7,524</u>	<u>6,419</u>



Counseling Visits

	<u>Prior Period</u>	<u>Current</u>
June	64	41
July	51	45
Aug	80	38
Sept	66	32
Oct	76	48
Nov	57	52
Dec	65	60
Jan	66	62
Feb	63	66
Mar	40	83
Apr	66	54
May	46	53
	<u>525</u>	<u>378</u>



Vists by Financial Class - Actual vs. Budget
As of May 31, 2018 (Grant Year 4/1/18-3/31/19)

	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	4,379	156	365	(209)	341	730	(389)	-53%
Medicare	3,703	273	309	(36)	565	617	(52)	-8%
Other Public (Title V, Contract)	1,064	103	89	14	205	177	28	16%
Private Insurance	3,417	110	285	(175)	252	570	(318)	-56%
Self Pay	30,379	1,950	2,532	(582)	3,784	5,063	(1,279)	-25%
	42,942	2,592	3,579	(987)	5,147	7,157	(2,010)	-28%

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

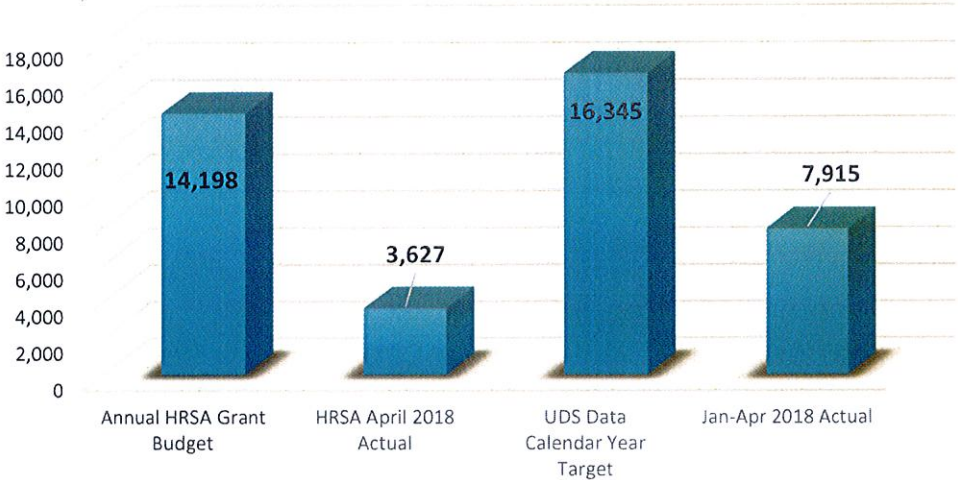
	Jan - May 2017 Actual	Jan - May 2018 Actual	Increase/ (Decrease) Prior Year	% of Annual Target
Unduplicated Patients	16,345	8,403	(488)	48%

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

	Apr - May 2017 Actual	Apr - May 2018 Actual	Increase/ (Decrease) Prior Year	% of Annual Target
Unduplicated Patients	14,198	4,825	(1,198)	26%

* The Dental Clinic reopened on April 16, 2018.

Number of Unduplicated Patients



[Back to Agenda](#)



COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

June 2018

Item #8

Review and Approval of HRSA Capital Assistance Recovery and Relief Efforts (Care) Application Submitted on June 14, 2018



Application Submitted to HRSA

Submitted to HRSA

Organization: COASTAL HEALTH & WELLNESS, TEXAS CITY, Texas

Grants.gov Tracking Number: N/A

EHB Application Number: 156077

Grant Number: N/A

Funding Opportunity Number: HRSA-18-114

Received Date:

Total Number of Pages Submitted by the Applicant: 19

(Number of pages counted in accordance with program guidance: 1)

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- 1. Application for Federal Assistance (SF-424)**
- 2. Project Description**
- 3. SF-424A: Budget Information - Non-Construction Programs**
- 4. SF-424B: Assurances - Non-Construction Programs**
- 5. Proposal Cover Page**
- 6. Assurances (Assurance.pdf)**
- 7. Consolidated Budget**
- 8. (156077-01) Project Qualification Criteria**
- 9. (156077-01) Project Cover Page**
- 10. (156077-01) Budget (SF-424C)**
- 11. (156077-01) Funding Sources**
- 12. (156077-01) Equipment List**
- 13. (156077-01) Form 5B - Service Sites**
- 14. (156077-01) Other Requirements for Sites**

[Skip to Main Content](#)

Application for Federal Assistance SF-424

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

* 1. Type of Submission <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		* If Revision, select appropriate letter(s): _____ * Other (Specify) _____	
* 3. Date Received: _____		4. Applicant Identifier: _____			
* 5.a Federal Entity Identifier: Application #: 156077Grants.Gov #: _____		5.b Federal Award Identifier: _____			
* 6. Date Received by State: _____		7. State Application Identifier: _____			
8. Applicant Information:					
* a. Legal Name _____		COASTAL HEALTH & WELLNESS			
* b. Employer/Taxpayer Identification Number (EIN/TIN): 74-1665318		* c. Organizational DUNS: 135951940			
d. Address:					
* Street1: _____		Post Office Box 939			
Street2: _____		_____			
* City: _____		LA MARQUE			
County: _____		_____			
* State: _____		TX			
Province: _____		_____			
* Country: _____		US: United States			
* Zip / Postal Code: _____		77568-5925			
e. Organization Unit:					
Department Name: _____			Division Name: _____		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: _____	* First Name:				Mary
Middle Name: Middle Name: _____					
Last Name: Orange					
Suffix: _____					
Title: Business Office Manager					
Organizational Affiliation: _____					
* Telephone Number: (409) 938-2240	Fax Number:				(409) 938-2200
* Email: morange@gchd.org					
9. Type of Applicant 1: [D: Special District Govern					
Type of Applicant 2: _____					
Type of Applicant 3: _____					
* Other (specify): _____					
* 10. Name of Federal Agency: N/A					
11. Catalog of Federal Domestic Assistance Number: 93.224 CFDA Title: Community Health Center					
* 12. Funding Opportunity Number: HRSA-18-114 * Title: FY 2018 Capital Assistan					

13. Competition Identification Number:

7498
 Title:
 FY 2018 Capital Assistance for

Areas Affected by Project (Cities, Counties, States, etc.):
 See Attachment

* 15. Descriptive Title of Applicant's Project:

FY 2018 Capital Assistance for
 Project Description:
 See Attachment

16. Congressional Districts Of:

* a. Applicant TX-14 * b. Program/Project TX-14
 Additional Program/Project Congressional Districts:
 See Attachment

17. Proposed Project:

* a. Start Date: 9/1/2018 * b. End Date: 8/31/2020

18. Estimated Funding (\$):

* a. Federal	\$279,678.00
* b. Applicant	\$0.00
* c. State	\$0.00
* d. Local	\$0.00
* e. Other	\$0.00
* f. Program Income	\$0.00
* g. TOTAL	\$279,678.00

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

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

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

Yes No

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

I Agree

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

Authorized Representative:

Prefix:	_____	* First Name:	Mary
Middle Name:	_____		
* Last Name:	Orange		
Suffix:	_____		
* Title:	Business Office Manager		
* Telephone Number:	(409) 938-2240	Fax Number:	(409) 938-2200
* Email:	morange@gchd.org		
* Signature of Authorized Representative:	Mary Orange	* Date Signed:	_____

Coastal Health & Wellness – Project Description

Application tracing #156077

Funding Period: September 1, 2018 to August 31, 2020

Coastal Health & Wellness (CHW) is submitting a grant application for the purchase of equipment to ensure continuity of access to primary health care services and to strengthen core capacities and capabilities to respond to future emergencies or disasters.

Coastal Health & Wellness is a Federally Qualified Health Center in Galveston County, with clinics located in Texas City and Galveston, along the Texas coast. In the event of a natural disaster, such as a hurricane, the requested equipment would allow CHW to relocate services, in the event one or both clinics became inoperable after such emergency or disaster. Providers and supporting staff could set up clinics in two or more locations, such as a church hall, school gym, or local meeting hall to provide services.

Included in the list are notebook computers which would allow access for providers and support staff to CHW's electronic medical record. Radios would allow for communication amongst emergency response staff in the case of landlines being inoperable. The medical equipment listed, such as stethoscopes, vital sign machines (which back up batteries), portable ultrasound, fetal monitor, ophthalmoscope and otoscopes, scales, and portable emergency kits would allow providers and support staff to set up clinic services away from the clinic. These services would be aided by patient privacy screens and portable exam tables. Also included in the request are two portable AED's.

[Skip to Main Content](#)

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

OMB Approval No. 4040-0004

Expiration Date 8/31/2016

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activity	Catalog of Federal Domestic Assistance Number	Estimated Unobligated Funds		New or Revised Budget		
		Federal	Non-Federal	Federal	Non-Federal	Total
FY 2018 Capital Assistance for Hurricane Response and Recovery Efforts	93.224	\$0.00	\$0.00	\$279,678.00	\$0.00	\$279,678.00
Total		\$0.00	\$0.00	\$279,678.00	\$0.00	\$279,678.00

SECTION C - NON-FEDERAL RESOURCES				
Grant Program Function or Activity	Applicant	State	Other Sources	TOTALS
FY 2018 Capital Assistance for Hurricane Response and Recovery Efforts	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00	\$0.00

SF-424B: ASSURANCES, NON-CONSTRUCTION PROGRAMS

OMB Approval No. 4040-0007

Expiration Date 06/30/2014

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

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

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

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

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of

nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

assistance.

16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. 45 CFR 75, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

* SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	* TITLE
Mary Orange	Business Office Manager
* APPLICANT ORGANIZATION	* DATE SUBMITTED
COASTAL HEALTH & WELLNESS	6/14/2018

Proposal Cover Page

▼ 00156077: COASTAL HEALTH & WELLNESS

Due Date: 06/14/2018 (Due In: 0 Days)

Announcement Number: HRSA-18-114

Announcement Name: FY 2018 Capital Assistance for Hurricane Response and Recovery Efforts

Application Type: New

Total Federal Requested Amount: \$279,678.00

▼ Resources [↗](#)

As of 06/14/2018 09:53:25 AM

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

1. Applicant Eligibility

Provide the eligible H80 grant number:

H80CS00344

2. Response

a. Describe how the proposal including minor A/R activities and/or equipment purchases relate to the response and recovery needs and efforts of the health center. Your response should align with and reference more detailed project-related information in the Project Description section of the Project Cover Page(s).

Max 4000 Characters with spaces

Coastal Health & Wellness is requesting \$279,678 in funding from the FY 2018 Capital Assistance for Hurricane Response and Recovery Efforts to respond to future emergencies or disasters to ensure continuity of access to primary health care services. The purchase of this equipment will allow Coastal Health & Wellness to set up remote clinic locations, should one or both of the current facilities be impacted in the event of an emergency or natural disaster.

b. Describe any circumstances, if applicable, where the health center intends to use CARE funding at sites that are not within the FEMA designated disaster areas (See Appendix D). Please detail the circumstances that necessitate the CARE funding be used at site(s) not specifically impacted by the hurricanes.

Max 4000 Characters with spaces

Coastal Health & Wellness does not intend to use CARE funding at sites that are not within the FEMA designated disaster areas.

ASSURANCES - CONSTRUCTION PROGRAMS

OMB Number: 0915-0285
Expiration Date: 09/30/2016

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0042), Washington, DC 20503.

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

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

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

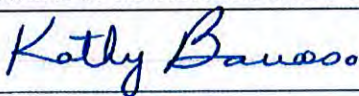
1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, the right to examine all records, books, papers, or documents related to the assistance; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will not dispose of, modify the use of, or change the terms of the real property title or other interest in the site and facilities without permission and instructions from the awarding agency. Will record the Federal awarding agency directives and will include a covenant in the title of real property acquired in whole or in part with Federal assistance funds to assure non-discrimination during the useful life of the project.
4. Will comply with the requirements of the assistance awarding agency with regard to the drafting, review and approval of construction plans and specifications.
5. Will provide and maintain competent and adequate engineering supervision at the construction site to ensure that the complete work conforms with the approved plans and specifications and will furnish progressive reports and such other information as may be required by the assistance awarding agency or State.
6. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
7. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
8. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards of merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
9. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
10. Will comply with all Federal statutes relating to non-discrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681, 1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

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Standard Form 424D (Rev. 7-97)
Prescribed by OMB Circular A-102

11. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal and federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
12. Will comply with the provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
13. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333) regarding labor standards for federally-assisted construction subagreements.
14. Will comply with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
15. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
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17. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq).
18. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
19. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
20. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL 	TITLE Interim Executive Director
APPLICANT ORGANIZATION Coastal Health & Wellness	DATE SUBMITTED June 13, 2018

SF-424D (Rev. 7-97) Back

Consolidated Budget

▼ **00156077: COASTAL HEALTH & WELLNESS**

Due Date: 06/14/2018 (Due In: 0 Days)

Announcement Number: HRSA-18-114

Announcement Name: FY 2018 Capital Assistance for Hurricane Response and Recovery Efforts

Application Type: New

Total Federal Requested Amount: \$279,678.00

▼ Resources 

As of 06/14/2018 09:53:29 AM

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

Serial Number	Cost Classification	Total Cost (a)	Costs Not Allowable for Participation (b)	Total Allowable Costs (c = a - b)
1	Administrative and legal expenses	\$0.00	\$0.00	\$0.00
2	Land, structures, rights-of-way, appraisals, etc.	\$0.00	\$0.00	\$0.00
3	Relocation expenses and payments	\$0.00	\$0.00	\$0.00
4	Architectural and engineering fees	\$0.00	\$0.00	\$0.00
5	Other architectural and engineering fees	\$0.00	\$0.00	\$0.00
6	Project inspection fees	\$0.00	\$0.00	\$0.00
7	Site work	\$0.00	\$0.00	\$0.00
8	Demolition and removal	\$0.00	\$0.00	\$0.00
9	Construction	\$0.00	\$0.00	\$0.00
10	Equipment	\$279,678.00	\$0.00	\$279,678.00
11	Miscellaneous	\$0.00	\$0.00	\$0.00
12	SUBTOTAL (sum of lines 1-11)	\$279,678.00	\$0.00	\$279,678.00
13	Contingencies	\$0.00	\$0.00	\$0.00
14	SUBTOTAL (sum of lines 12 and 13)	\$279,678.00	\$0.00	\$279,678.00
15	Project (program) income	\$0.00	\$0.00	\$0.00
16	TOTAL PROJECT COSTS	\$279,678.00	\$0.00	\$279,678.00
17	Federal assistance requested			\$279,678.00
	Federal Percentage Share : 100.00 %			

Project Qualification Criteria

▼ **00156077: COASTAL HEALTH & WELLNESS**


Due Date: 06/14/2018 (Due In: 0 Days)

Announcement Number: HRSA-18-114

Announcement Name: FY 2018 Capital Assistance for Hurricane Response and Recovery Efforts

Application Type: New

Total Federal Requested Amount: \$279,678.00

▼ Resources 

As of 06/14/2018 09:53:34 AM

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

Project Information

Project Title	Disaster Preparedness Equipment	Project Type	Equipment-only	Project Tracking Number	156077-01	Amount requested in this project	\$279,678.00
---------------	---------------------------------	--------------	----------------	-------------------------	-----------	----------------------------------	--------------

1. No (e.g., installation of utilities, demolition, renovation, etc.) physical alterations and renovations will occur until after a grant award has been made and all conditions have been met and lifted from the Notice of Award. If no, explain.

Yes No

If 'No,' provide the description.

There are no physical alterations or renovations proposed in this project.

2. If the proposed project is on leased property, has the landlord consented in writing to all proposed improvements, and agreed to all federal requirements, including Federal Interest?

Yes No

If 'No,' provide the description.

There are no proposed improvements to the properties.

Certification

I certify that the above statements are accurate and true.

Project Cover Page

00156077: COASTAL HEALTH & WELLNESS

Due Date: 06/14/2018 (Due In: 0 Days)

Announcement Number: HRSA-18-114

Announcement Name: FY 2018 Capital Assistance for Hurricane Response and Recovery Efforts

Application Type: New

Total Federal Requested Amount: \$279,678.00

Resources

As of 06/14/2018 09:53:39 AM

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

Project Information

Project Title	Disaster Preparedness Equipment	Project Type	Equipment-only	Project Tracking Number	156077-01	Amount requested in this project	\$279,678.00
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1. Site Information

Improved Project Square Footage: 0

2. Project Description

Provide a detailed description of the scope of work (all project components) involved in the project. Indicate where the project involves the construction of new facilities, or the renovation of existing ones. Describe each of the project components in terms of dimensions, quantities, capacities, square footage, etc. Identify the proposed method of construction. Describe how the major clinical and non-clinical spaces will be improved from the project. The description should also list major improvements, such as permanently affixed equipment to be installed; modifications and repairs to the building exterior (including windows); heating, ventilation and air conditioning (HVAC) modifications (including the installation of climate control and duct work); electrical upgrades; and plumbing work. Indicate whether construction procurement shall be done through competitive bid or other method. Indicate if any portion of the project is to be done by design/build, construction management at risk, by the applicant's own forces, or whether a third party construction manager will be used.

Approximately 2 pages (Max 4000 Characters with spaces)Not applicable.

3. Project Management

3a. Identify the individual who will be responsible for managing this project.

Project Manager

Last Name	Orange
First Name	Mary
Middle Initial	
Phone Number	409 938 2240
Email	morange@gchd.org
Street Address Line 1	P.O. Box 939
Street Address Line 2	
City	Lamarque
Urbanization (Used only for Puerto Rico)	
State	TX
Zip Code	77568

3b. Explain the administrative structure and oversight for the project, including the roles and responsibilities of the health center's key management staff as well as oversight by the governing board. Identify the individual who will be the Project Manager and the individuals who comprise the Project Team responsible for managing the project. Indicate the qualifications of the Project Manager who will be responsible for managing the project and the Project Team that will be implementing the project. Describe how the Project Team has the expertise and experience necessary to successfully manage a federally supported capital project within the timeline outlined and

achieve the goals and objectives established for this project. Describe the Project Team's ability to manage risk and take corrective action as necessary.

Approximately 1 page (Max 2000 Characters with spaces) Mary Orange serves as the Business Office Manager and will be responsible for initiating all of the requisitions related to the purchasing of the equipment provided with the budget.

4. Project Timeline

Provide an overall project schedule, including the number of months for each of the following critical milestones within the two-year budget/project period (24 months): planning, design period, obtain required permits and/or variances, meet Federal environmental and historic preservation requirements, solicitation of bids and awarding of contracts, alteration/renovation or construction period, and expected project completion date. Describe the current status of the project including any steps that may have been accomplished to date and identify the person or entity accountable for each milestone.

Project Completion Date: 03/2019

Approximately 1 page (Max 2000 Characters with spaces) All purchases will be completed no later than March 31, 2019.

Attachments:

Provide following documents related to this site:

▼ **1. Project Budget Justification (Minimum 1) (Maximum 1)**

Document Name	Size	Date Attached	Description
Care Here Budget Justification.docx	12 kB	06/13/2018	

Environmental Information Documentation (EID) Checklist

Download Template

Name	Description	Options
EID Checklist	Template for EID Checklist	Download ▼

▼ **2. Environmental Information Documentation (EID) Checklist (Maximum 1)**

No documents attached

▼ **3. Floor Plans/Schematic Drawings/Site Plan (Maximum 2)**

No documents attached

Budget (SF-424C)

▼ **00156077: COASTAL HEALTH & WELLNESS**


Due Date: 06/14/2018 (Due In: 0 Days)

Announcement Number: HRSA-18-114

Announcement Name: FY 2018 Capital Assistance for Hurricane Response and Recovery Efforts

Application Type: New

Total Federal Requested Amount: \$279,678.00

▼ Resources 

As of 06/14/2018 09:53:44 AM

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

Project Information

Project Title	Disaster Preparedness Equipment	Project Type	Equipment-only	Project Tracking Number	156077-01	Amount requested in this project	\$279,678.00
---------------	---------------------------------	--------------	----------------	-------------------------	-----------	----------------------------------	--------------

Serial Number	Cost Classification	Total Cost (a)	Costs Not Allowable for Participation (b)	Total Allowable Costs (c = a - b)
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4	Architectural and engineering fees	\$0.00	\$0.00	\$0.00
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15	Project (program) income	\$0.00	\$0.00	\$0.00
16	TOTAL PROJECT COSTS	\$279,678.00	\$0.00	\$279,678.00
17	Federal assistance requested			\$279,678.00
	Federal Percentage Share : 100.00 %			

Funding Sources

▼ **00156077: COASTAL HEALTH & WELLNESS**


Due Date: 06/14/2018 (Due In: 0 Days)

Announcement Number: HRSA-18-114

Announcement Name: FY 2018 Capital Assistance for Hurricane Response and Recovery Efforts

Application Type: New

Total Federal Requested Amount: \$279,678.00

▼ Resources 

As of 06/14/2018 09:53:48 AM

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

Project Information

Project Title	Disaster Preparedness Equipment	Project Type	Equipment-only	Project Tracking Number	156077-01	Amount requested in this project	\$279,678.00
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Funding Sources Information

1. Total Project Cost (From cell 16c of Budget form) \$279,678.00

2. Federal Grant Requested (From cell 17c of Budget form) \$279,678.00

3. Other Funding Sources	Amount Secured (a)	Amount Committed (b)	Amount Forthcoming (c)	Total (d = a + b + c)
3a. State Grants 		\$0.00	\$0.00	\$0.00
3b. Local Funding 		\$0.00	\$0.00	\$0.00
3c. Other Federal Funding 		\$0.00	\$0.00	\$0.00
3d. Private/Third Party Funding 		\$0.00	\$0.00	\$0.00
3e. Other Project Financing 		\$0.00	\$0.00	\$0.00
Total Other Funding Sources		\$0.00	\$0.00	\$0.00

Equipment List

▼ **00156077: COASTAL HEALTH & WELLNESS**

Due Date: 06/14/2018 (Due In: 0 Days)

Announcement Number: HRSA-18-114

Announcement Name: FY 2018 Capital Assistance for Hurricane Response and Recovery Efforts

Application Type: New

Total Federal Requested Amount: \$279,678.00

▼ Resources 

As of 06/14/2018 09:53:52 AM

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

Project Information

Project Title	Disaster Preparedness Equipment	Project Type	Equipment-only	Project Tracking Number	156077-01	Amount requested in this project	\$279,678.00
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List of Equipment

Type	Description	Unit Price	Quantity	Total Price
Clinical	STETHESCOPIES	\$10.00	10	\$100.00
Clinical	SPOT VITAL SIGN MACHINE	\$2,335.00	12	\$28,020.00
Clinical	STANDS FOR SPOT VITAL SIGN MACHINE	\$320.00	12	\$3,840.00
Clinical	BACK UP BATTERIES FOR SPOT VITAL SIGN MACHINE	\$226.00	12	\$2,712.00
Clinical	PORTABLE ULTRASOUND MACHINE	\$8,125.00	2	\$16,250.00
Clinical	OPHTHALMOSCOPE/OTOSCOPE WITH CHARGING BASE	\$745.00	12	\$8,940.00
Clinical	ADA SCALES	\$2,400.00	2	\$4,800.00
Clinical	NOTEBOOKS AND DOCKING STATIONS	\$2,120.00	70	\$148,400.00
Clinical	PORTABLE EMERGENCY KITS FOR SUPPLIES	\$493.00	6	\$2,958.00
Non-Clinical	RADIOS PLUS CHARGER PLUS BATTERY	\$2,796.00	12	\$33,552.00
Clinical	PRIVACY SCREENS - LARGE	\$125.00	10	\$1,250.00
Non-Clinical	SCANNER/PRINTER FOR PATIENT INFORMATION	\$671.00	1	\$671.00
Non-Clinical	PORTABLE PHONE CHARGERS	\$16.00	10	\$160.00
Clinical	FETAL MONITOR	\$2,995.00	1	\$2,995.00
Clinical	CARTS FOR NOTEBOOKS	\$1,000.00	16	\$16,000.00
Clinical	PRIVACY SCREENS - SMALL	\$22.00	40	\$880.00
Non-Clinical	PRINTERS FOR SUPPORT STAFF	\$200.00	6	\$1,200.00
Clinical	PORTABLE AED'S	\$1,695.00	2	\$3,390.00
Clinical	PORTABLE TREATMENT TABLES	\$445.00	8	\$3,560.00
Total			244	\$279,678.00

Form 5B - Service Sites

00156077: COASTAL HEALTH & WELLNESS **Due Date: 06/14/2018 (Due In: 0 Days)**

Announcement Number: HRSA-18-114 Announcement Name: FY 2018 Capital Assistance for Hurricane Response and Recovery Efforts Application Type: New

Total Federal Requested Amount: \$279,678.00

Resources [↗](#)

As of 06/14/2018 09:53:57 AM
OMB Number: 0915-0285 OMB Expiration Date: 1/31/2020

Project Information

Project Title	Disaster Preparedness Equipment	Project Type	Equipment-only	Project Tracking Number	156077-01	Amount requested in this project	\$279,678.00
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Coastal Health & Wellness - Texas City (BPS-H80-011462) **Action Status: Picked from Scope**

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

Organization Information

No Organization Added

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

Coastal Health & Wellness - Galveston (BPS-H80-001376) **Action Status: Picked from Scope**

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

Organization Information

No Organization Added

Service Area Zip Codes

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

Other Requirements for Sites

00156077: COASTAL HEALTH & WELLNESS

Due Date: 06/14/2018 (Due In: 0 Days)

Announcement Number: HRSA-18-114

Announcement Name: FY 2018 Capital Assistance for Hurricane Response and Recovery Efforts

Application Type: New

Total Federal Requested Amount: \$279,678.00

Resources

As of 06/14/2018 09:54:01 AM

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

Project Information

Project Title	Disaster Preparedness Equipment	Project Type	Equipment-only	Project Tracking Number	156077-01	Amount requested in this project	\$279,678.00
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Alert:

This form is only required to be completed for A/R projects and not valid for Equipment only project.

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

June 2018

Item #9

**Consider for Approval Consulting Services Agreement with J2
Strategic Solutions for Services Associated with HRSA Services Area
Competition (SAC) Grant**

Consulting Services Agreement

This Consulting Services Agreement ("Agreement") is made and entered into this ____ day of _____, 20____ between J2 Strategic Solutions, Inc of 52 Riley Rd. #421, Celebration, FL, 34747, an organizational development Consultant (hereinafter referred to as "Consultant"), and _____ an organization (hereinafter referred to as "Client", located at _____.

The parties hereto do hereby agree as follows:

1. Consultant agrees to provide organizational development services for Client as an independent contractor.
2. Consultant shall provide services for the purpose of organizational development and planning.
3. Consultant shall provide progress/status reports to the Project Director or other designated officer (s) and/or the Board of Directors, setting forth in detail the status of each deliverable rendered by the Consultant, monthly or as mutually agreed.
4. Consultant shall use best efforts to secure funding from governmental agency, as applicable. However, because of inconsistencies in the federal independent review committees and other priorities/issues that may be unknown to Consultant, Consultant makes no guarantees regarding the scoring and/or funding of any application.
5. Consultant shall be available to attend meetings via teleconference to discuss, review, or otherwise consult on proposals and service delivery model or compliance issues.
6. Consultant shall be provided access by client to its officers, facilities and records as are reasonably necessary for Consultant to use in preparing and submitting proposals and otherwise providing organizational development services. Consultant agrees that all records, including funding proposals and documents developed by Consultant during the course of this Agreement, shall be used solely for the purpose of obtaining funding for Client in furtherance of this agreement. Any agency specific knowledge gained by the Consultant shall be considered proprietary information of the Client and shall not be disclosed.
7. Upon execution of this agreement, Client and Consultant shall outline a schedule of when materials and feedback are to be provided to Consultant and when Consultant shall provide feedback and drafts to Client. If Client is late in delivering materials to Consultant, Consultant's deadline for returning materials to Client shall be extended one day for each day that Client is late.
8. Client shall pay Consultant for services rendered under this agreement the sum (s) agreed in writing between the "Consultant" and the "Client", as set forth in attached Exhibit A

within 10 days of signing contract and 30 days after receipt of invoice after initial payment.

9. Consulting fees shall be due prior to performance of any work for the client. "Consultant" will commence document production or other services within 48 hours after receipt of execution of this agreement by the parties and payment.
10. The term of this agreement shall be 360 days or NA hours, whichever occurs first.
11. Notwithstanding anything in this agreement to the contrary, Consultant shall have the exclusive right to terminate this Agreement with 3 (days) notice if client is 30 days past due. Should Consultant terminate this agreement prior to completion of all deliverables due to late payments from Client or because Client is grossly delayed in meeting agreed upon timelines for submission of materials to Consultant, Client shall not be entitled to any refunds of payments already made.
12. Client is responsible for final submission of application. Should Client not complete the final submission after Consultant has presented Client with final materials, Client is still responsible for paying Consultant the full fees associated with this contract.
13. Any notices required or permitted to be given under this Agreement shall be sufficient if in writing with delivery receipt requested.
14. This agreement shall be construed, interpreted, and governed by the laws of the State of Florida, and the parties agree that any and all claims or actions under this agreement shall be brought in the Courts of the State of Florida.
15. It is understood and agreed that this Agreement expresses the complete and final understanding of the parties hereto, that any and all negotiations and representations not included herein or referred to herein be hereby abrogated, and that the Agreement cannot be changed, modified, or varied except by written instrument agreed to by all parties. Email modifications to timelines are acceptable.
16. Client shall hold Consultant, its employees, or agents harmless from any known or unknown claims as a result of Consultant, its employees or agents: a) work completed under this agreement, b) exclusive right to terminate services due to client's failure to render payment or comply with schedule to deliver to Consultant organizational information.
17. If any part of this agreement should be determined null and void, the remainder of the contract shall remain in force.
18. Exhibits A, Invoices and Fees, and Exhibit B, Scope of Work, are considered part of this contract.

IN WITNESS WHEREOF, the parties set their hands on this _____ day of _____ by

Jennifer Jones Santos, President
J2 Strategic Solutions

Date

Authorized Organizational Representative

Date

EXHIBIT A

INVOICES AND FEES: Service Area Competition

Client agrees to:

1. Assist in coordinating and attaining all necessary documentation, gathering of data, and other supporting materials as requested as detailed in scope of work exhibit.
2. Ensure SAM, grants.gov, and EHB registrations are active and the Authorized Official is correct, as applicable.
3. The cost of this agreement shall be \$26,000 excluding travel.
4. Payments shall be made as outlined below:
 - 50% non-refundable deposit will be due within 15 days of signing contract to commence work on application.
 - 25% due when Consultant has submitted draft budget to Client
 - 25% due when Consultant provides to Client the final version of the application
5. Reimburse Consultant for travel costs associated with site visit for up to two individuals per J2 Strategic Solutions travel policy, if determined necessary by either party.
6. Advise Consultant at signing of agreement of any travel plans for Authorized Official/CEO or any other leadership positions who are required to review any part of the application.

EXHIBIT B

SCOPE OF WORK

Consultant shall provide the following services as indicated on Exhibit A:

Service Area Competition

1. Develop a comprehensive quantitative needs assessment based of health disparity data, demographics, location of other providers, and unmet need.
2. Provide client with a needs assessment worksheet and map to illustrate need.
3. Budget Justification following HRSA template with cost per item justifications for each line item.
4. Form 4 Income Analysis
5. Productivity Projections for three years with total number of unique users and encounters.
6. Productivity Projections for three years for each service line (primary care, dental, mental health, substance abuse, enabling).
7. Provide anticipated total cost per patient, medical cost per medical visit, and health center grant dollar per patient for Year 3.
8. Write all parts of proposal narrative.
9. Review documents forwarded by client for compliance with HRSA requirements.
10. Suggest performance indicators for clinical and financial performance measures.
11. Provide progress reports to Client as requested.
12. Upload application into www.grants.gov and HRSA Electronic Hand Book (EHB) interface.
13. Provide Client with electronic copy of completed application in Adobe Acrobat.
14. Provide additional information to HRSA as needed for a period of six months after the original submission.

Client agrees to provide Consultant the following items:

1. Most recent UDS.
2. All requested policies, procedures, and other supporting documentation (resumes, floor plans, job descriptions, by-laws, etc.).
3. Report from operational site visit.
4. Most recent budget and actuals for a recent 12-month period.
5. Complete current staffing profile identifying all positions, staff names, FTE, and federal funding allocation applicable to in-scope activities.

Consulting Services Agreement

This Consulting Services Agreement ("Agreement") is made and entered into this _____ day of _____, 20____ by and between J2 Strategic Solutions, Inc., 52 Riley Road, #421, Celebration, FL 34747, an organizational development consulting firm (hereinafter referred to as "Consultant"), and _____, an organization (hereinafter referred to as "Client", located at _____).

The parties hereto do hereby agree as follows:

1. Consultant agrees to provide organizational development services for Client as an independent contractor.
2. Consultant shall provide services for the purpose of the Client's direct programs and services.
3. Consultant shall provide progress/status reports to the Project Director or other designated officer (s) and/or the Board of Directors, setting forth in detail the status of each application, proposal or other service rendered by the Consultant, monthly or as mutually agreed.
4. Consultant shall use best efforts to secure contracts for the Client. However, because of inconsistencies in the review process and issues that may be unknown to Consultant, Consultant makes no guarantees regarding the scoring, funding, or approval of any application.
5. Consultant shall be available to attend meetings via teleconference to discuss, review, or otherwise consult on proposals, service delivery model or compliance issues.
6. Consultant shall be provided access by client to its officers, facilities, and records as are reasonably necessary for Consultant to use in preparing and submitting proposals and otherwise providing organizational development services. Consultant agrees that all records, including proposals and documents developed by Consultant during the course of this Agreement, shall be used solely for the purpose of the Client in furtherance of this agreement and may not be transferred to any other entity.
7. Upon execution of this agreement, Client and Consultant shall outline a schedule of when materials and feedback are to be provided to Consultant and when Consultant shall provide feedback and drafts to Client. If Client is late in delivering materials to Consultant, Consultant's deadline for returning materials to Client shall be extended one day for each day that Client is late.
8. Client shall pay Consultant for services rendered under this agreement the sum (s) agreed in writing between the Consultant and the Client, as set forth in attached Exhibit A within 10 days of signing contract and 30 days after receipt of invoice after initial payment.

9. Consulting fees shall be billed in arrears and payable within 15 days of invoice.
10. The term of this agreement shall be 12 months or N/A hours, whichever occurs first. This contract may terminate in advance of said period by mutual agreement. Any early termination by the Client shall be subject to a \$2000 per month payment made to the Consultant by the Client for work already completed as compensation for discounts applied for signing a one-year agreement.
11. Notwithstanding anything in this agreement to the contrary, Consultant shall have the exclusive right to terminate this Agreement with 3 (days) notice if client is 30 days past due. Should Consultant terminate this agreement prior to completion of all deliverables due to delinquent payments from Client or because Client is grossly delayed in meeting agreed upon timelines for submission of materials to Consultant, Client shall not be entitled to any refunds of payments already made. Any early termination under this clause and Client shall be subject to a \$2000 per month payment made to the Consultant by the Client for work already completed as compensation for discounts applied for signing a one-year agreement.
12. Client is responsible for final submission of applications and work products. Should Client not complete the final submission after Consultant has presented Client with final materials, Client is still responsible for paying Consultant the full fees associated with this contract.
13. Any notices required or permitted to be given under this Agreement shall be sufficient if in writing by Federal Express or Certified Mail Return Receipt Requested postage prepaid by the sending party.
14. This agreement shall be construed, interpreted, and governed by the laws of the State of Florida, and the parties agree that any and all claims or actions under this agreement shall be brought in the Courts of the State of Florida.
15. It is understood and agreed that this Agreement expresses the complete and final understanding of the parties hereto, that any and all negotiations and representations not included herein or referred to herein are hereby abrogated, and that the Agreement cannot be changed, modified, or varied except by written instrument agreed to by all parties. Email modifications to timelines are acceptable.
16. Client shall hold Consultant, its employees, or agents harmless from any known or unknown claims as a result of Consultant, its employees' or agents': a) work or technical assistance completed under this agreement or b) exclusive right to terminate services due to client's failure to render payment or comply with schedule to deliver to Consultant organizational information.
17. If any part of this agreement should be determined null and void, the remainder of the contract shall remain in force.

18. Give Client first priority for service area renewal and new access points opportunities.

19. Not to charge any additional fees for services of J2 Strategic Solutions associates.

20. Exhibit(s) _____ is/are considered part of this contract.

IN WITNESS WHEREOF, the parties set their hands on this _____ day of _____ by

Jennifer Jones Santos, President
J2 Strategic Solutions

Date

Authorized Representative

Date

Printed Name

Monthly Deliverables

Exhibit A: Scope of Work and Fees

Work products one (1) through (3) are completed on an as needed basis. In addition to those, client selects from the menu of deliverables below and work products are billed per the schedule associated with each deliverable. Clients are billed one work product each month.

- 1) Provide basic level technical assistance on all areas of grant requirements including budget development, affiliation agreements, template policies and procedures, compliance programs, strategic development, management information systems, and office of performance review visits.
- 2) Identify foundations, corporate, state and federal opportunities appropriate to the organization and its goals.
- 3) Identify potential compliance issues related to the scope of project, budget, governance, and/or other implementation issues. This is not, however, a comprehensive review.
- 4) Complete one work product per month.
 - a) Work products are defined as:
 - One (1) Bureau of Primary Health Care non-competing submission (i.e. non-competing renewal, change in scope, expanded services opportunity).
 - One (1) official budget revision.
 - One (1) needs assessment.
 - One (1) group of New Access Point Scope Validations (does not include any Changes in Scope).
 - One (1) site visit of 2 days. The first site visit shall be at J2 expense. Subsequent site visits travel expenses shall be the responsibility of the Client to include travel expenses for the Principal Consultant including airfare, hotel and a GSA per diem. Any associate travel expenses shall be at the expense of the Consultant.
 - Site visits can be used for pre-audit compliance evaluations
 - Board trainings
 - Strategic planning sessions with board and/or management team
 - Other purpose as mutually agreed upon by Client and Consultant
 - One (1) Medicaid application.
 - One (1) Medicare application.
 - One (1) Federal Tort Claims Act (FTCA) application/renewal.
 - One (1) National Health Service Corps application.
 - Annual renewals of registration for:
 - 340B program
 - SAM
 - EHB Maintenance
 - One (1) written response to any condition on the Notice of Grant Award.
 - One (1) certificate of need application.
 - Draft one (1) sub-recipient arrangement or contract for any core service.
 - Uniform Data Systems submission shall count as two (2) work products.

- Design and implementation of a compliance program shall count as three (3) work products.
- Full review, draft, and/or comment on any internal policies and procedures shall count as one (1) work product. Examples include annual review of Sliding Discount Fee Scale and associated policies; review of policies that have been effected by recent Policy Information Notice (PIN) release.
- Review and comment on Memorandums of Understanding for up to three core services shall count as one (1) work product.
- Service Area Competition, New Access Point, or FQHC Look-Alike applications shall count as four (4) work products each (i.e. four months of work each).
- One (1) month of general technical assistance on FQHC operations. This can be structured as a weekly call to review all operational and corporate issues with follow-up in between as needed. This is typically combined with other small deliverables such as minor reviews of policies and procedures, completion of private grant reports, or investigating compliance related questions.
- Other deliverable to be mutually negotiated between Client and Consultant. Examples include:
 - Substance Abuse Service Expansion (2 deliverables)
 - Capital Expansion (2 deliverables)

Client agrees to:

5) Pay \$4,200.00 per month for services outlined above without a minimum twelve-month commitment.

 Jennifer Jones Santos, President
 J2 Strategic Solutions

 Date

 Authorized Representative

 Date

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

June 2018

Item #10

**Discussion Regarding Next Steps in Determining the Scope of
Renovations for the Galveston Clinic**

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



COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

June 2018

Item #11

**Discussion Regarding Possible Options for
Patients Satisfaction Surveys**

Patient Satisfaction Surveys –

The Objectives:

- 1) To create a patient survey that captures actionable patient experience data by identifying process deficiencies in the various areas of the clinic
- 2) Increase the response rate (from the current survey) by keeping the survey short (5 questions), easy to understand, user-friendly, and visually appealing.
AND
Offering incentives to drive up patient participation... instant winner screen (your name will go into a monthly drawings), small CHW logo items with health related items (BP record booklet)

Envision the Patient Surveys

- Real-time surveys made available at check-out on an iPad at the end of the visit.
- The data would be calculated automatically
- Clearly define what is being measured
- The questions would be customized to clearly identify process issues and/or specific areas in the clinic that require quality improvement efforts
- There would be a process in place to address negative responses quickly
- A system/metrics in place to track patterns of negative responses
- Report to Board results and actions taken

Examples of Areas to Measure Satisfaction

The process of making an appointment

Registration/Financial Screening/Insurance verification process

Check in process

Was the nursing staff caring and compassionate

Was patient satisfied with the quality and thoroughness of their provider exam?

Lab experience

Are CHW patients being treated with courtesy and respect?

How are patients rating their overall CHW experience?

Important data needed:

Clinic Location: Texas City Galveston

Type of Visit: Medical Dental Counseling Lab Nurse Visit

Provider (drop down list based on Type of Visit)

Examples of questions -- Collecting Crucial Patient Feedback

Are patients receiving timely appointments based on their needs?

Is the check in process running efficiently?

Was the staff professional, courteous and helpful?

Was the nursing staff caring and compassionate?

Did the nursing explain things in a way that was easy to understand?

How well is the nursing staff communicating with patient?

Patients' Rating of their Provider visit

Were you satisfied with the quality and thoroughness of your exam today?

Did the provider explain things in a way that was easy to understand?

How likely is it that you would recommend your provider to a friend or family member?

Are you satisfied with the quality of care you received today?

The Provider gave me his/her complete attention

The Provider answered my questions clearly

Did you receive an appointment as soon as you needed?

Did you feel the check in process was efficient?

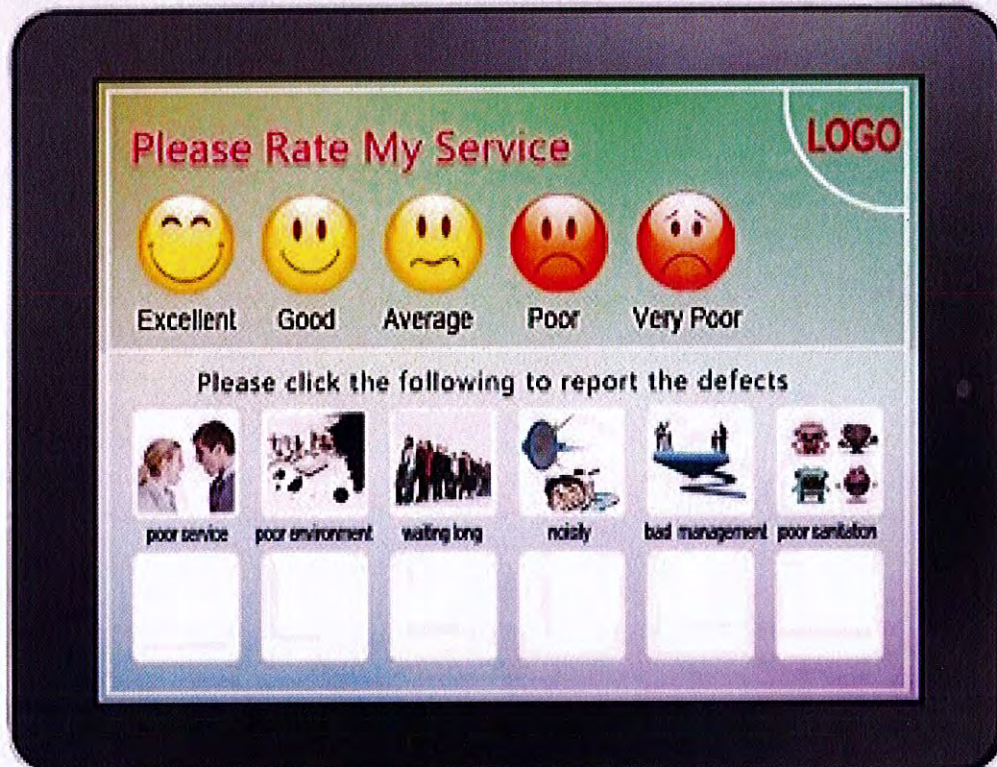
Did you feel the front desk staff was friendly and helpful?

Overall, how would you rate your patient experience at CHW today?

The Clinic appeared clean and sanitary at my visit?

Examples of Digital Responses made easy:

Faces with details, Yes No, etc.



Tel: 13939063073 Skype: sundynleon Email: leon@simeifei.com

H

Does our service live up to your expectations?

YES

NO



13:34

Mar 20, 2016
Sunday

VISITOR WELCOME

Welcome

Please rate our service



★★★★★

Excellent



★★★★

Good



★★★

Average



★★

Poor



★

VeryPoor

This screen is sanitized regularly

LobbyPad

How satisfied were you with our medical team's
level of compassion?



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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

June 2018

Item #12

**Consider for Approval Recommendation for
Janitorial Services Bid Award**

Janitorial Services

Janitorial Services contract went out for bid. Current company is not able to meet TJC standards.

Preferred response for services is from iClean.

	Budget Annual	Current Annual	iClean Annual		
Contract Services	\$ 33,600.00	\$ 20,161.20 13,200.00	\$ 38,009.88 17,160.00	Galveston	
				Galveston day porter (1)	M-F 11-3
			80,568.00	*Texas City	
			37,440.00	*Texas City day porter (1)	M-S 8 hrs/day
Supplies	<u>4,500.00</u>	<u>2,634.00</u>	<u>Included</u>		
TOTAL Annual Cost	<u>\$ 38,100.00</u>	<u>\$ 35,995.20</u>	<u>\$ 173,177.88</u>		
Add'l cost Annually			\$ 135,077.88		
Funds needed for current FY			\$ 90,051.92		
Assumes 8/1/18 start date					

* This is currently paid for by the County.

Reference was given by iClean from a JACHO accredited facility, Vaughan Regional Medical Center. VRMC received JACHO accreditation a few weeks ago. Dr. Hannon (CNO) has worked with iClean in several medical environments and highly recommend their services. They have never received any citations from JACHO regarding the cleanliness, only non-environmental type of care; fire alarms with no batteries, etc. iClean uses special mopping systems and color coded cloths to prevent cross contamination but she thinks they would cater to our specific needs. iClean is in-tune with technology and she loves the app that can be downloaded. With this app, one can report problems and order supplies, in real time. If there are any problems (very unusual), iClean responds immediately and welcomes feedback. Very knowledgeable in JACHO requirements and keeps up with any changes. Very pro-active; reports any problems they may find. Trustworthy and reliable and never problems with theft.

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Governing Board

June 2018

Item #13

**Consider for Approval the Reappointment of Milton Howard, MD, as a
Community Representative to the Coastal Health & Wellness
Governing Board for a 3 Year Term Expiring June 2021**

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

June 2018

Item #14

**Consider for Approval the Reappointment of Virginia Valentino, as a
Consumer Representative to the Coastal Health & Wellness
Governing Board for a 3 Year Term Expiring June 2021**

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