



NOTICE OF MEETING

MEMBERS OF THE BOARD OF TRUSTEES

The Gulf Coast Center Meeting of the Board of Trustees for the month of December will be held on

Wednesday, December 7th, 2022, at 6:15 p.m.,

at the Southern Brazoria County Service Center (SBCSC),
101 Tigner, Angleton.

Thanks,

Rachel M. Gilroy
Secretary to the Board of Trustees



4352 Emmett F. Lowry
Expressway
Texas City, TX 77591
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cc: December Board of Trustees File

THE GULF COAST CENTER

Regular Board of Trustees Meeting
Southern Brazoria Community Service Center
101 Tigner, Angleton, TX
Wednesday, December 7, 2022
6:15 pm



"Better community healthcare promoting healthy living."

1. **Call To Order**Jamie Travis, Board Chair
 - a. Announcements and Introductions
 - b. Chris Cahill – new Galveston County appointed Board Member
2. **Citizens' Comments**
3. **Program Report:** No program report.
4. **Board Member Reports:**
 - a. Texas Council of Community Centers Jamie Travis, Board Chair
 - b. Texas Council Risk Management Fund.Mary Lou Flynn-Dupart, TCRMF Board Chair
5. **Operations Report:**.....Felicia Jeffery, CEO
 - a. Operational, Clinical, & Financial Excellence
 - 3% Cost of Living increase (action item a.)
 - Board of Trustee designated Android Tablets for display of the Board Packets, presentations, and documents (action item g.)
 - Educational leave restructure (action item h.)
 - b. Clinical Operations Dashboard
6. **Budget, Finance and Admin Reports**.....Rick Elizondo, CFO
 - a. Financial & Operational Monthly Report & YTD Summary (**Pg. 5-7**)
7. **Consent Agenda**.....Linda Bell, JD, BSN, RN
Consideration and Approval of Recommendations and Acceptance of Consent Agenda Items.
(Consent agenda items may be pulled from this consideration for individual action or presentation.)
 - a. Review and approval of October 26, Board Minutes. (**Pg. 8-13**)
 - b. Review and approval of the October 2022 Check Register.
8. **Action Items**.....Linda Bell, JD, BSN, RN
 - a. Consider ratification/approval of a 3% Cost of Living across board salary increase for GCC staff effective November 16, 2022 in an amount not to exceed \$600,000 including fringe which shall be funded thru the GCC's excess revenue.
 - b. Consider approval of the Center's 2022 Provider Network Development Plan (LPND Plan).

- c. Consider approval of the renewal lease agreement (Amendment #3) with CUK Properties LLC for Youth Behavioral Health Services-Galveston County, Juvenile Justice, AIR, YES, Program Administration, HR training, Call Center, Chief Nursing Officer and Medication Support office space at Anchor Point, 3201 FM 2004, Texas City, Texas 77591.

Term: December 1, 2022-November 30, 2026.

Lease rate: \$8,500/month. (No change).

- d. Consider ratification of the new consultation contract with Emmitt Wyche, III, EdD to provide consultation and recommendations on diversity, equity and inclusion initiatives, strategies, education, and development for the Center.

Term: October 2022 – ongoing

Reimbursement: \$58/hr.

- e. Consider approval of the new agreement with Integrated Prescription Management, Inc. to provide pharmacy benefit management services and establish a network of local retail pharmacies to deliver pharmacy services to specific individuals in services needing medication immediately.

Term: December 1, 2022 – November 30, 2023 with annual renewal options.

Cost of Service: Brand: AWP less 16% plus \$2.50 dispensing fee

Generic: AWP less 78-80%, U&C or Generic MAC plus \$2.50 dispensing fee

Description: This service provides immediate medications for St Joseph discharge meds, Crisis meds, TCOOMMI meds and Youth Behavioral Services. The current contractor will no longer be providing the service. The agreement was procured via noncompetitive procurement in accordance to §412.59(a)(4).

- f. Consider approval of Policy 15.4a YES Waiver wherein the Gulf Coast Center shall provide comprehensive home and community-based services, in lieu of institutionalization, to eligible youth in accordance with the approved Youth Empowerment Services (YES) Waiver (Waiver) and GCC program capacity. **(Pg. 14-25)**

- g. Consider approval of no more than eleven (11) 10" Android Tablets at \$67.99 to be utilized during Board of Trustee meetings for display of the board packet, presentation documents and other related board information.

- h. Consider approval of the revised Educational Leave Policy 2.40. **(Pg. 27-28)**

Current wording: Staff become eligible at 5 years to utilize 8 hours of paid educational leave per week. At 10 years, they are eligible to take off an entire semester, paid. This program is not commonly taken advantage of.

Proposed Change: Staff become eligible at 90 days to utilize 4 hours of paid educational leave per week. At 1 year, they are eligible to utilize 8 hours per week.

- i. Consider approval of Facility Use Agreement between the Center and Coastal Health and Wellness for office space at 4700 Broadway, Galveston TX 77551. (\$0)

- j. Consider approval of the purchase of up to five (5) Chevrolet Malibu sedans and one (1) Ford F150 Pick-up Truck through Buyboard at a total price not to exceed \$185,000.

9. Pending or Revised Action Items.....Linda Bell, JD, BSN, RN

Pending or revised items are those items which were on a prior board agenda but not completely resolved or there has been a revision since approval. The items may be listed for update purposes or final action by the Board.

At the 9/28/22 Board of Trustee meeting, the board approved the below agreements in a combined Interlocal. Galveston County requested the services be separated into separate agreements.

- a. Consider ratification of the Interlocal Agreement/Cooperative Working Agreement with Galveston County identifying a collaborative partnership in the operation of the Galveston County Mental Health Specialty Court and Mental Health Docket.
- b. Consider ratification of the Interlocal Agreement/Cooperative Working Agreement with Galveston County identifying a collaborative partnership in the operation of the Galveston County Mental Health Forensic Services.

Galveston County financial support: Mental Health Specialty Court and the Mental Health Docket services up to \$292,027 annually; Galveston County Jail Forensic Services up to \$168,735 annually.

Description: Under the above Interlocal agreements the Center provides the Mental Health care services for the Mental Health Specialty Court and the Mental Health Docket participants as well as CCP 16.22 written reports, continuity of care plans for CCP 17.032 mental health bonded defendants, Gulf Coast Center intakes for defendants for post-release continuity of care, assistance for inmates eligible for the Galveston County Mental Health Court (GCMHC), collaboration with the mental health public defender office, and specialized services for jail based competency restoration. The Center may also provide substance abuse treatment for the participants that require it. The County is funding salary, equipment, travel, training, rent, insurance, telecommunications, and other cost detail for supported positions.

10. Calendar.....Jamie Travis, Board Chair

Date	Event	Location	Time
September 20, 2022	Board Retreat	Tremont House	12:00
September 28, 2022	Board Meeting	SBCSC	6:15 PM
October 26, 2022	Board Meeting	MCSC	6:15 PM
December 7, 2022	Board Meeting	SBCSC	6:15 PM
January 25, 2023	Board Meeting	MCSC	6:15 PM
February 22, 2023	Board Meeting	SBCSC	6:15 PM
March 22, 2023	Board Meeting	MCSC	6:15 PM
April 26, 2023	Board Meeting	SBCSC	6:15 PM
May 24, 2023	Board Meeting	MCSC	6:15 PM
June 21-23, 2023	TX Council Annual Conference	Westin Galleria Houston	
July 26, 2023	Board Meeting	SBCSC	6:15 PM
August 23, 2023	Board Meeting	MCSC	6:15 PM
MCSC location: 7510 FM 1765, Texas City, TX			
SBCSC location: 101 Tigner, Angleton, TX			

11. Executive Session

- *As authorized by Chapter §551.071 of the Texas Government Code, the Board of Trustees reserves the right to adjourn into Executive Session at any time during this meeting to seek legal advice from its Attorney about any matters listed on the agenda.*
- *Pursuant to Tex. Government Code §551.071, Consultation with General Counsel regarding litigation, Gulf Coast Center v. Daniel Curry, Supreme Court Case # 20-0856 On Petition for Review from the First Court of Appeals Cause No. 01-18-00665-CV.*

12. Reconvene to Open Session

13. Adjourn

MONTHLY BOARD REPORT - OCT 2022

	<u>MONTHLY</u> <u>FY2023</u> <u>BUDGET</u>	<u>MONTHLY</u> <u>FY 2023</u> <u>October</u>	<u>ANNUAL</u> <u>FY 2023</u> <u>BUDGET</u>	<u>YEAR TO DATE</u> <u>FY 2023</u> <u>October</u>	<u>YTD</u> <u>Percent</u> <u>Variance</u>	<u>YTD</u> <u>Dollar</u> <u>Variance</u>
EXPENSES						
Salary and Wages	\$1,254,997.93	\$1,184,976.19	\$15,059,974.84	\$2,402,449.41	16	\$12,657,525.43
Fringe Benefits	\$446,286.77	\$438,807.54	\$5,355,437.92	\$890,532.85	17	\$4,464,905.07
Travel	\$4,881.84	\$19,870.97	\$58,581.86	\$29,924.20	51	\$28,657.66
Consumables	\$26,367.34	\$45,548.89	\$316,405.49	\$63,214.76	20	\$253,190.73
Pharmaceuticals/other	\$26,384.25	\$25,260.08	\$316,610.91	\$26,460.08	8	\$290,150.83
Furniture/Equip/Computer>\$5000	\$9,422.89	\$5,190.16	\$113,073.86	\$20,284.87	18	\$92,789.19
Furniture/Equip/Computer<\$5000	\$16,098.57	\$21,193.84	\$193,181.82	\$30,170.70	16	\$163,011.12
Facility Costs	\$35,703.89	\$46,137.33	\$428,446.25	\$88,702.93	21	\$339,743.32
Utilities	\$10,273.42	\$13,827.82	\$123,279.81	\$29,788.91	24	\$93,490.90
Communications	\$32,122.51	\$41,044.34	\$385,468.35	\$80,135.45	21	\$305,332.90
Insurance	\$37,162.05	\$34,201.73	\$445,943.25	\$65,433.14	15	\$380,510.11
Vehicle Operating	\$10,440.28	\$17,234.66	\$125,283.14	\$31,205.48	25	\$94,077.66
Other Operating	\$13,625.08	\$18,647.53	\$163,500.97	\$24,075.45	15	\$139,425.52
Client Support Cost	\$32,730.11	\$20,794.83	\$392,760.67	\$38,259.10	10	\$354,501.57
Unallowable Costs	\$10,877.01	\$0.00	\$130,524.10	\$32.00		\$130,492.10
Consultant/Professional - External	\$9,138.91	\$12,188.75	\$109,866.89	\$18,533.64	17	\$91,333.25
Other Organizations - Internal	\$10,466.25	\$7,970.00	\$125,595.00	\$16,070.00	13	\$109,525.00
Other Organizations - External	\$554,330.49	\$599,037.93	\$6,651,965.61	\$1,091,540.47	16	\$5,560,425.14
Other Organizations - Non-Clinical	\$31,382.61	\$36,421.61	\$376,591.00	\$75,649.78	20	\$300,941.22
TOTAL EXPENSES:	\$2,572,692.20	\$2,588,354.20	\$30,872,291.54	\$5,022,463.02	16	\$25,849,828.52
REVENUES						
Local Funds	\$128,051.93	\$86,045.19	\$1,536,623.00	\$215,082.43	(14)	\$1,321,540.57
Earned Income:	\$311,462.70	\$405,978.21	\$3,737,552.44	\$738,402.43	(20)	\$2,999,150.01
State Funds Allocated	\$1,216,533.25	\$1,216,533.27	\$14,598,398.88	\$2,433,066.54	(17)	\$12,165,332.34
State Funds Grants-Cost Reimb	\$244,093.81	\$145,808.18	\$2,929,125.53	\$318,899.57	(11)	\$2,610,225.96
Federal Funds - Allocated	\$80,716.07	\$80,716.07	\$968,593.00	\$161,432.14	(17)	\$807,160.86
Federal Funds -Grants Cost Reimb	\$290,618.35	\$32,293.90	\$3,487,420.15	\$216,697.62	(6)	\$3,270,722.53
Federal Funds - Misc :	\$28,333.60	\$42,333.60	\$340,003.00	\$82,667.20	(24)	\$257,335.80
Federal Funds -DPP:	\$83,333.21	\$83,333.21	\$999,998.44	\$166,686.42	(17)	\$833,312.02
Federal Funds - CCP	\$189,547.96	\$560,452.02	\$2,274,575.60	\$749,989.97	(33)	\$1,524,585.63
Total Revenue	\$2,572,690.88	\$2,653,493.65	\$30,872,290.04	\$5,082,914.32	(16)	\$25,789,375.72
EXCESS OF REVENUE OVER EXPENSES	(\$1.32)	\$65,139.45	(\$1.50)	\$60,451.30		

If you need additional assistance to effectively participate in or observe this meeting, please contact (409) 763-2373 at least 24 hours prior to the meeting so that reasonable accommodations can be made to assist you.

The Gulf Coast Center
FY2023 Monthly Board Financial Review

Unaudited as of 10/31/2022

Fiscal Year 2023 Unaudited Centerwide General Fund Balance Status

Total General Fund Balance as of 08/31/2022 (UnAudited).....				\$	(9,330,581)
FY2023 Year-to-Date Reported Expense and Revenue Totals (Unaudited)					
Expenditures	Operational	5,022,463			
	Non-Operational	-			
	Fund Balance	-	5,022,463		
Revenues	Operational	5,082,914			
	Non-Operational	-	5,082,914	\$	60,451
Total General Fund Balance Year-to-Date (Unaudited).....				\$	(9,391,032)
Board Committed Use General Funds (Fiscal Year Committed)					
Capital Projects - Facility (FY2008-FY2011)					
		(200,000)			
Capital Projects - Facility (FY2013)		(100,000)			
Capital Projects - Facility (FY2014)		(100,000)			
Capital Projects - Facility (FY2015)		(150,000)	(550,000.00)		
fy2008-fy2018 Expenditure			439,153.86		
fy2020 Expenditure			-		
fy2021 Expenditure			-		
					(110,846)
Capital Projects - IT (FY2003-FY2014)					
		(600,000)			
Capital Projects - IT (FY2015)		(150,000)			
Capital Projects - IT (FY2017)		(140,000)	(890,000.00)		
fy2003-fy2018 Expenditure			744,020.18		
fy2020 Expenditure			-		
fy2021 Expenditure			-		
					(145,980)
IDD Community Service Support (FY2011-2014)					
		(300,000)			
IDD Community Service Support (FY2016)		(100,000)			
IDD Community Service Support (FY2018)		(100,000)	(500,000.00)		
fy2005-fy2019 Expenditure			471,531.85		
fy2020 Expenditure			-		
fy2021 Expenditure			-		
					(28,468)
Connect Transit (FY2015) LJ Urban					
		-	-		
fy2016-fy2017 Expenditure			-		
fy2018 Expenditure			-		
Connect Transit (FY2013) General Services					
		(422,869)	(422,869.00)		
fy2015-fy2018 Expenditure			300,000.00		
fy2020 Expenditure			122,869.00		
fy2021 Expenditure			-		
Major Facility Repairs (FY2014)					
		(186,940)	(186,940.00)		
fy2014-fy2018 Expenditure			186,940.00		
fy2020 Expenditure			-		
fy2021 Expenditure			-		
Flexible Spending Supports (FY2004-2013)					
		(300,000)			
Flexible Spending Supports (FY2018)		(100,000)	(600,000.00)		
fy2005-fy2019 Expenditure			517,663.44		
fy2020 Expenditure			-		
fy2021 Expenditure			-		
				(87,137)	(367,631)
Total General Fund Balance Year-to-Date (Unaudited)				\$	(9,391,032)
Unrestricted Use General Fund Balance (Unaudited)				\$	(9,023,401)

The Gulf Coast Center

FY2023 Monthly Fund Balance Report

Unaudited as of 10/31/2022

Fiscal Year 2023 Unaudited Centerwide General Fund Balance Status

Total General Fund Balance as of 08/31/22 (Unaudited)..... \$ (9,390,581)

FY2023 Monthly Reported Expense and Revenue Totals (Unaudited)

	September	October	November	December	January	February	March	April	May	June	July	August
<i>Operational Expenses:</i>	2,433,929	2,588,534										
<i>Non-Operational Expenses:</i>												
<i>Fund Balance Expenses:</i>												
<i>Total Expenses:</i>	2,433,929	2,588,534										
<i>Operational Revenues:</i>	2,429,421	2,653,494										
<i>Non-Operational Revenues:</i>												
<i>Fund Balance Revenues:</i>												
<i>Total Revenues:</i>	2,429,421	2,653,494										
<i>Net Increase/decrease to Fund Balance</i>	(4,508)	64,959										
<i>Total General Fund Balance:</i>	(9,326,072)	(9,391,032)	(9,391,032)	(9,391,032)	(9,391,032)	(9,391,032)	(9,391,032)	(9,391,032)	(9,391,032)	(9,391,032)	(9,391,032)	(9,391,032)

Total Unrestricted Fund Balance (8,937,733) (9,023,401)

Total Restricted Fund Balance (367,631) (367,631)

Avg. Cost per day:

	September	October	November	December	January	February	March	April	May	June	July
<i>81,131</i>	83,326										
DAYS OF OPERATION OF TOTAL FUND BALANCE	115	113	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
DAYS OF OPERATION OF UNRESTRICTED FUND BALANCE	110	108	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
DAYS OF OPERATION OF RESTRICTED FUND BALANCE	5	4	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!



GULF COAST CENTER

MINUTES - Gulf Coast Center Regular Meeting of the Board of Trustees October 26, 2022, at 6:15 p.m.

Join the meeting by phone (audio only):

Phone Number: +1 (646) 749-3112

Access Code: 745-266-421

1. **Call To Order:** Jamie Travis, Chair of the Board of Trustees, convened the regular meeting on Wednesday, October 26th, 2022, at 6:15 p.m.

The following Board Members were present: Jamie Travis, Galveston County Sheriff Lt. Jaime Castro, Commissioner Stephen Holmes, Caroline Rickaway and Rick Price.

The following Board Member(s) were absent: Mary Lou Flynn-Dupart – Excused, Vivian Renfrow- Excused, and Brazoria County Sheriff Bo Stallman - Excused.

Also present: Felicia Jeffery, CEO; Sarah Holt, CNO; Linda Bell, General Counsel, Devon Stanley, CIO; Amanda Groller, Director of Innovative and Special Projects; Sandy Patterson, Director of Behavioral Health Services; Jerry Freshour, Director of Crisis, and Community Outreach.

Announcement(s): None.

2. **Citizen's Comments:** None.

3. **Program Report:** Devon Stanley, CIO gave a high-level overview of the Status of cyber security at Gulf Coast Center. Devon spoke on the efforts put in place a cybersecurity plan to identify and prevent phishing schemes.

Jamie Travis asked if systems put in place make it more difficult to move operations fully remote if a natural disaster occurs. Devon responded saying it makes it easier.

Commissioner Holmes asked if there are training videos employees go through for phishing schemes. Devon stated he gives a presentation to all new hires. Test emails are also sent out to staff.

Jaime Castro asked if Gulf Coast Centers files are backed up every day. Devon noted they do a full back-up every week. Files are backed-up every day and some files twice a day.

4. Board Member Reports:

a. Texas Council of Community Centers Jamie Travis Board Chair

Jamie Travis, Board Chairman, announced that she and Felicia met with legislators in Austin last week. The new legislative session will begin soon. There is a lot of talk about new payment methods and ISS. Texas Council approved legislative priorities. Work force and increased rates are among the priorities. Next meeting in January.

b. Texas Council Risk Management Fund... Mary Lou Flynn-Dupart TCRMF Board

Linda Bell General Counsel stated the next meeting is November 14th.

5. Operations Report..... Felicia Jeffery, CEO

a. Operational, Clinical, & Financial Excellence

Amanda Groller, Director of Innovative and Special Projects reported on the partnership with Vow22, the Brazoria County mental health task force and homeless outreach programs. Gulf Coast Center was assisting in planning a Veteran's Day event.

Amanda spoke on the disaster footprint and how it is still pretty large. Her team is focused on aftermath and prevention.

Sandy Patterson, Director of Behavioral Health Services, stated the Galveston County Mental Health Clinic on Galveston Island will be co-locating with Coastal Health and Wellness by the end of January next year.

Jerry Freshour, Director of Crisis and Community Outreach reported Gulf Coast Center is partnering with the Brazoria County Jail to do jail in-reach. Inmates who are deemed incompetent due to mental health have up to a 500 day wait to into a state hospital. GCC was offered an opportunity to partner to track waits and assist intakes in mental health needs. Some inmates refuse medication. Jail based competence in-reach will help inmates with medication.

Jaime asked if all inmates GCC would work with on this effort have felony charges. Jerry responded yes GCC does not see misdemeanors because they would time out while waiting.

Jamie asked for a list of different specialty courts in both Brazoria and Galveston County.

b. Clinical Operations Dashboard

Felicia Jeffery, CEO, reported on the preparation with the uncertainty in funding. We are taking a deeper dive in our operating. DPP, VOCA and RAISE. We are going to focus on each individual part of our operations to make sure we are operating efficiently. Linda Bell is leading and supporting a project to look into IDD services and ways to maximize funding. We will not be reimbursed for any disaster assistance we provided in Uvalde. We are operating at a loss but that is because we underestimated.

6. Budget, Finance, and Admin Reports..... Rick Elizondo, CFO

a. Financial & Operational Monthly Report & YTD Summary

Felicia Jeffery, CEO, presented the Operational Report for September 2022, showing an operating deficit of 25,217. She reported a majority of the deficit where from the “other” category including the RYSE grant, VOCA grant and SAMSA grant. There is a total fund balance of \$ 9.3 million (YTD), maintaining \$ 8.9 million in unrestricted general fund balance and showing a fund balance of 115 days of operation, with 110 unrestricted days of operation.

7. Consent Agenda..... Linda Bell, JD, BSN, RN

Consideration and Approval of Recommendations and Acceptance of Consent Agenda Items. *(Consent agenda items may be pulled from this consideration for individual action or presentation.)*

a. Review and approval of September 28, 2022, Board Minutes.

On a motion by Jaime Castro, seconded by Caroline Rickaway, the board voted the approval of the September 28, 2022, Board Minutes. The motion carried with all members voting in favor. There was no public comment.

b. Review and approval of the 2022 September Check Register

On a motion by Jaime Castro, seconded by Caroline Rickaway, the board approved the September 2022 Check Register. The motion carried with all members voting in favor. There was no public comment.

8. Action Items Linda Bell, JD, BSN, RN

a. Consider the approval of an increase in the Center’s mileage reimbursement rate from \$0.585 cents per mile to \$0.625 cents per mile effective September 1, 2022 for any mileage incurred on or after this date. The revised rate is consistent with the IRS allowable mileage rate for use of personal vehicle, as well as the State of Texas Comptroller’s travel policy, which were revised effective July 1, 2022 and September 1, 2022 respectively to the \$0.625 cents per mile rate.

On a motion by Jaime Castro, seconded by Rick Price, the board voted the approval of an increase in the Center’s mileage reimbursement rate from \$0.585 cents per mile to \$0.625 cents per mile effective September 1, 2022 for

any mileage incurred on or after this date. The revised rate is consistent with the IRS allowable mileage rate for use of personal vehicle, as well as the State of Texas Comptroller's travel policy, which were revised effective July 1, 2022 and September 1, 2022 respectively to the \$0.625 cents per mile rate. The motion carried with all members voting in favor. There was no public comment.

- b. Consider approval of the HHSC FY23 Medicaid Administrative Claiming contract (MAC) #529-09-0032-00016. Contract term 10/1/22-9/30/27. The MAC program allows the center to receive funds for administrative activities that facilitate client access to Medicaid-funded services.**

On a motion by Caroline Rickaway, seconded by Commissioner Stephen Holmes, the board voted the approval of the HHSC FY23 Medicaid Administrative Claiming contract (MAC) #529-09-0032-00016. Contract term 10/1/22-9/30/27. The MAC program allows the center to receive funds for administrative activities that facilitate client access to Medicaid-funded services. The motion carried with all members voting in favor. There was no public comment.

- c. Consider ratification of the renewal agreement with NorTek Medical Staffing, Inc. for psychiatric/physician services for the Center.**

On a motion by Jaime Castro, seconded by Commissioner Stephen Holmes, the board voted the ratification of the renewal agreement with NorTek Medical Staffing, Inc. for psychiatric/physician services for the Center. The motion carried with all members voting in favor. There was no public comment.

- d. Consider ratification of the renewal agreement with Smith and Dean, Inc. dba Dean Professional Services.**

On a motion by Jaime Castro, seconded by Rick Price, the board voted the ratification of the renewal agreement with Smith and Dean, Inc. dba Dean Professional Services. The motion carried with all members voting in favor. There was no public comment.

- e. Consider ratification of the renewal agreement with SUN Behavioral Houston for inpatient psychiatric services for youth.**

On a motion by Jaime Castro, seconded by Caroline Rickaway, the board voted the ratification of the renewal agreement with SUN Behavioral Houston for inpatient psychiatric services for youth. The motion carried with all members voting in favor. There was no public comment.

- f. Consider ratification of the FY23 IDD Provider Services Network Agreement renewals with the below identified providers:**

- 1. Exodus Consulting and Psychological Service** – to provide assessment and Determination of Intellectual disabilities, Autism, or related diagnosis (DID) services. Rate unchanged from FY22.
- 2. The Harmony Place Community Care, LLC** – to provide crisis respite, HCBC funded day hab, supported employment, supported home living, respite services as well as HHSC nursing facility specialized services. Rate unchanged from FY22.

- 3. Sunshine Center, INC.** - to provide GR funded Day Habilitation, Community Support, Employment and Respite Services, HCBS funded day hab, supported employment, supported home living, respite services as well as HHSC nursing facility specialized services. Rate unchanged from FY22.

On a motion by Rick Price, seconded by Jaime Castro, the board voted the ratification of the FY23 IDD Provider Services Network Agreement renewals with the below identified providers. The motion carried with all members voting in favor. There was no public comment.

9. Pending or Revised Action Items..... Linda Bell, JD, BSN, RN

Pending or revised items are those items which were on a prior board agenda but not completely resolved, or there has been a revision since approval. The items may be listed for update purposes or final action by the Board.

10. Calendar Jamie Travis, Board Chair

Date	Event	Location	Time
FY23 Preliminary Board Meeting Dates			
September 20, 2022	Board Retreat	Tremont Hotel	12 PM – 5 PM
September 28, 2022	Board Meeting	SBCSC	6:15 PM
October 26, 2022	Board Meeting	MCSC	6:15 PM
December 7, 2022	Board Meeting	SBCSC	6:15 PM
January 25, 2023	Board Meeting	MCSC	6:15 PM
February 22, 2023	Board Meeting	SBCSC	6:15 PM
March 22, 2023	Board Meeting	MCSC	6:15 PM
April 26, 2023	Board Meeting	SBCSC	6:15 PM
May 24, 2023	Board Meeting	MCSC	6:15 PM
June 21-23, 2023	TX Council Annual Conference	Westin Galleria Houston	
July 26, 2023	Board Meeting	SBCSC	6:15 PM
August 23, 2023	Board Meeting	MCSC	6:15 PM
MCSC location: 7510 FM 1765, Texas City, TX			
SBCSC location: 101 Tigner, Angleton, TX			

11. Executive Session: None.

- *As authorized by Chapter §551.071 of the Texas Government Code, the Board of Trustees reserves the right to adjourn into Executive Session at any time during this meeting to seek legal advice from its Attorney about any matters listed on the agenda.*
- *Pursuant to Texas Government Code §551.074, the Board will convene in Executive Session to discuss personnel matters related to replacing the Chief Executive Officer position.*

12. Reconvene to Open Session

13. Adjourn: 6:56 p.m.

There being no further business to bring before the Board of Trustees, the meeting was adjourned at 6:56 p.m.

Respectfully,

Rachel Gilroy

Rachel Gilroy

Secretary to the Board of Trustees

Approved as to Content and Form,

Jamie Travis

Jamie Travis

Board Chair



Handbook of Operating Procedures	
Policy 15.4a	
Section: Program Specific Policies and Procedures	Responsibility and Oversight: Director, Behavioral Health, Program Manager YBHS Clinics
Subject: YES Waiver	Origination Date: 09/22/2022 Last Revision/Review: 11/17/2022

I. Title: Yes Waiver

II. Policy

Gulf Coast Center (GCC) shall provide comprehensive home and community-based services, in lieu of institutionalization, to eligible youth in accordance with the approved Youth Empowerment Services (YES) Waiver (Waiver) and GCC program capacity.

III. Procedure

A. Purpose

The goals of the Waiver are to:

1. Reduce out-of-home placements by all child-serving agencies;
2. Reduce inpatient psychiatric treatment;
3. Provide a more complete continuum of community-based services and supports;
4. Ensure families have access to parent partners and other non-traditional support services identified in a family-centered planning process;
5. Prevent relinquishment of parental custody; and
6. Improve the clinical and functional outcomes of youth with Serious Emotional Disturbances (SED.)

Youth enrolled in the Waiver must be enrolled in an approved Medicaid program, and therefore are also entitled to all Medicaid State Plan behavioral health services, as well as services specific to the Waiver. Youth participating in the Waiver are authorized into Level of Care-YES (LOC YES) in accordance with the Texas Resilience and Recovery (TRR) mental health system.

A Clinical Eligibility Determination (CED) submitted by the Local Mental Health Authority/Local Behavioral Health Authority (LMHA/LBHA) and authorized by HHSC is valid for 365 days from the CED date in Clinical Management for Behavioral Health Services (CMBHS). The CED is not equivalent to length of stay for the participant in the Waiver and does not guarantee that the participant will need Wraparound services for an entire year. Length of stay will be determined based on the participant's unique needs and reason for referral.

Medicaid State Plan behavioral health services include, but are not limited to:

1. Intensive/Targeted Case Management (utilized for the coordination of Waiver services);
2. Psychiatric Evaluation;
3. Psychological Services;
4. Counseling;
5. Crisis Services; and
6. Mental Health Rehabilitation Services.

B. Definitions/Abbreviations/Acronyms

CANS - Child and Adolescent Needs and Strengths

Care Coordination - Address potential gaps in meeting persons served interrelated medical, social, developmental, behavioral, educational, informal support system, and financial needs in order to achieve optimal health, or wellness outcomes, according to client preferences

CED - Clinical Eligibility Determination

CFT – Child and Family Team

CMBHS - Clinical Management for Behavioral Health Services

CWP - Comprehensive Waiver Provider

DFPS - Department of Family and Protective Services

IPC - Individual Plan of Care

LAR - Legally Authorized Representative

MEV - Medicaid Eligibility Verification

SED – Serious Emotional Disturbance

TRR - Texas Resilience and Recovery

WPO - Wraparound Provider Organization

YES – Youth Empowerment Services

C. Participant Eligibility General Requirements

General Requirements for an individual to participate in the YES Waiver are as follows:

1. Meet demographic eligibility criteria;
2. Meet clinical eligibility criteria;
3. A reasonable expectation must exist that, without Waiver services, the individual would qualify for inpatient care under the Texas Medicaid Inpatient Psychiatric Admission Guidelines;
4. Choose, or have the Legal Authorized Representative (LAR) choose the Waiver as an alternative to care in an inpatient psychiatric facility; and
5. If enrolled, active participation of the individual and LAR regarding:
 - a. specific clinical assessments,
 - b. person-centered planning for community-based services and supports; and
 - c. therapeutic activities for improved clinical outcomes.

In order to participate in the Waiver, an individual **cannot** be dually enrolled in, nor receive services from, another 1915(c) or 1915(i) program, including, but not limited to the:

1. Texas Health and Human Services (HHSC) Waiver programs:

- a. Community Living Assistance and Support Services (CLASS);
 - b. Home and Community-Based Services (HCS/HCBS);
 - c. Medically Dependent Children Program (MDCP);
 - d. Consolidated Waiver Program (CWP);
 - e. Deaf Blind with Multiple Disabilities (DBMD);
 - f. Community-Based Alternatives (CBA); or
 - g. Texas Home Living (TxHML).
2. HHSC 1915(i) programs, including Home and Community-Based Services—Adult Mental Health (HCBS-AMH).
 3. STAR PLUS Community-Based Waiver.

D. Participant Eligibility Demographic Criteria

1. In accordance with 25 Texas Administrative Code (TAC) §419.3, to participate in the YES Waiver, a youth must meet the following demographic criteria:
 - a. Be 3 through 18 years old.
 - b. Reside in:
 - 1) A non-institutional setting with the youth's legally authorized representative (LAR); or
 - 2) The youth's own home or apartment, if legally emancipated; or
 - 3) A private Residential Treatment Center (RTC) (excludes the state operated facility, Waco Center for Youth), with planned discharge date of 30 days or less.
 - 4) A county included in the LMHA service area.

E. Participant Eligibility Medicaid Criteria

In order to receive Waiver services, an individual must obtain and maintain Medicaid coverage. An individual must meet the applicable federal financial participation limits to obtain Medicaid benefits in one of the Medicaid Eligibility Groups, as follows:

1. Low-income families with children, as provided in §1931 of the Social Security Act ("Act");
2. Supplemental Security Income (SSI) recipients;
3. Working individuals with disabilities who buy into Medicaid Bipartisan Budget Act (BBA) working disabled group as provided in §1902(a)(10)(A)(ii)(XIII) of the Act; and
4. All state plan groups, EXCEPT:
 - a. Early Aged Widow(er) – §1634(b);
 - b. Disabled Widow(er) – §1634 (d);
 - c. Disabled Adult Children – §1634(c);

F. Participant Eligibility Clinical Criteria

1. Clinical eligibility assessment is a two-part assessment to include the YES assessment (Child and Adolescent Needs and Strengths-CANS and community data questionnaire) and the Clinical Eligibility Determination (CED) in CMBHS.
2. Clinical eligibility assessments must be performed face to face by a:
 - a. Licensed Professional of the Healing Arts (LPHA); or

- b. Qualified Mental Health Professional for Community Services (QMHP-CS) if diagnostic evaluation preexists in Electronic Health Record (EHR)
 - i. An LPHA must review and sign the assessment, confirm the individual would qualify for inpatient care under the Medicaid Clinical Criteria for Inpatient Psychiatric Care for Clients, and make their own recommendation regarding Level of Care
3. An individual must meet the clinical level of care criteria in accordance with Criteria A through E as identified below:
 - Criteria A and B are based on results from the CANS. If a potential participant does not meet Criterion A but the clinician recommends enrollment in YES Waiver, supporting documentation may be provided to YES Waiver staff for consideration during the determination.
 - Criterion C requires a yes or no answer to whether a potential participant has tried and failed outpatient therapy or partial hospitalization. If a psychiatrist has documented why an inpatient level of care is required, then this criterion is met.
 - Criterion D assesses whether a potential participant meets--or is likely to meet--inpatient hospitalization guidelines without YES Waiver services. If the potential participant does not meet this criteria, a physician's signature must be obtained to verify that the criterion is not met.
 - Criterion E identifies whether the potential participant has a mental health primary diagnosis.
4. An annual renewal reassessment can be performed by a qualified mental health professional (QMHP) at a Wraparound Provider Organization, or an LMHA/LBHA; however, an LPHA must review and confirm the individual would qualify for inpatient care under the Texas Medicaid Inpatient Psychiatric Admission Guidelines. An approval signature from the LPHA is required on the annual renewal reassessment.

G. Inquiry Line and Intake Procedure

1. Legal Authorized Representative (LAR) calls inquiry line 409-944-4555 and leaves a message.
2. The Program Assistant or designee returns all messages within 24 hours (1 business day) in the order messages are received.
3. Individuals are added to the Inquiry List (spreadsheet provided by HHSC) on a first-come, first-serve basis in chronological date and time order the phone call or voice message is received.
4. Only the Legal Authorized Representative (LAR) can have an individual added to the Inquiry List. However, when an individual is in substitute care through the Department of Family and Protective Services (DFPS), LMHA/LBHAs will accept the DFPS Managing Conservator as the LAR and add the individual to the Inquiry List. LMHA/LBHAs must also obtain the DFPS Managing Conservator's name and phone number and ensure they are notified of assessments and appointments for the individual just as a LAR would be notified.

5. Demographic eligibility information for youth is obtained from LAR and client ID created. If maximum enrollment capacity has not been met, youth will be scheduled for a diagnostic evaluation and TRR assessment to determine clinical eligibility within seven (7) days.
6. YES Waiver Team Lead will add all names to Inquiry List spreadsheet to be sent to HHSC by the 5th business day of each month.
7. If youth does not meet demographic eligibility criteria, Program Assistant will mail Denial of Eligibility & Fair Hearing Request letter and provide referrals to TRR services and/or external community resources.
8. If Program Assistant is unable to contact LAR to return Inquiry Line call, good faith efforts must be made to reach LAR. Good faith efforts will be considered two phone calls made one week apart made at different times of the day. After two phone calls a letter must be mailed. If LAR does not return call within seven (7) days and all good faith efforts have been made the individual's name can be removed from the Inquiry List and a Withdrawal letter mailed to LAR. Letter should be uploaded to electronic health record.
 - a. Once LPHA completes the diagnostic evaluation and TRR assessment (CANS) and it is determined youth **meets** clinical eligibility the YES Waiver Team Lead will enter the Clinical Eligibility Determination (CED) in CMBHS. **If youth is high risk, a crisis/safety plan will be created.**
 - 1) If it is determined youth **does not** meet clinical eligibility criteria the YES Waiver Team Lead will enter Initial or Pending CED (depending on Medicaid status) into CMBHS for denial. If it is determined clinical eligibility is **not met under Criteria D-the Texas Medicaid Inpatient Psychiatric Admission Guidelines** the YES Waiver Team Lead will consult with clinic physician to obtain signature on CED. Once CED is denied the YES Waiver Team Lead will mail Denial of Eligibility & Fair Hearing Request letter within seven (7) business days. Option to admit to TRR will be offered and youth enrolled in clinic services if chosen by LAR and youth. The YES Waiver Team Lead will document outcome of evaluation on Inquiry Line spreadsheet.
 - 2) If it is determined youth **does** meet clinical eligibility criteria **and youth has Medicaid,** the YES Waiver Team Lead will enter Initial CED into CMBHS. Once Initial CED is approved the YES Waiver Team Lead will mail Authorization of Services letter.
 - 3) YES Waiver Team Lead will assign youth to YES Waiver Coordinator **within two (2) business days of CED approval.**
 - 4) **Within five (5) business days of CED approval** YES Waiver Coordinator will submit Medication Enrollment Verification (MEV) in CMBHS.
 - 5) YES Waiver Coordinator will complete the following **within seven (7) business days of the intake appointment:** Conduct Initial Child and Family Meeting face to face to begin Wraparound process, create Provisional Person-Centered Recovery Plan in electronic health record (EHR), create Crisis/Safety Plan in EHR, enter Individual Plan of Care (IPC) in CMBHS, and upload YES Waiver consents (Freedom of Choice, Notice of Participant Rights, Waiver Provider Selection, Participant Agreement, and Comprehensive Service Provider (CSP)/Wraparound Provider Organization (WPO) Selection) into EHR.

- 6) For youth who meet clinical eligibility criteria, but **do not currently have Medicaid**, the YES Waiver Team Lead will enter Pending CED into CMBHS. **Within two business days** of Pending CED approval the YES Waiver Team Lead will mail Provisional Enrollment letter and assign youth to YES Waiver Coordinator. YES Waiver Coordinator will assist LAR with Medicaid application process.

H. Gulf Coast Center's Responsibilities

1. The YES Waiver utilizes the National Wraparound Implementation Center (NWIC) model as the intensive case management delivery method for Waiver participants.
2. If the participant and legally authorized representative (LAR) have selected a Wraparound Provider Organization (WPO), other than the community mental health center, and the participant is in **substitute care**, the Local Mental/Behavioral Health Authority (LMHA/LBHA) **will share** DFPS Caseworker information, and the DFPS Enrollment Process Form with the selected WPO.
3. Wraparound Facilitators are responsible for, but not limited to, the following duties:
 - a. facilitating communication with the individual and LAR;
 - b. scheduling and facilitating CFT meetings;
 - c. developing and updating the Wraparound Plan and submitting IPCs;
 - d. monitoring the day-to-day implementation of the Wraparound Plan;
 - e. monitoring and assessing the participant's health and welfare;
 - f. facilitating and collectively assessing how well services are meeting a participant's need(s) during CFT meetings;
 - g. tracking and documenting the progress the participant and LAR are making towards achieving their stated goals and measurable target outcomes in their Wraparound Plan;
 - h. meeting with the participant in person and CFT at least once every 30 calendar days;
 - i. having contact with the LAR at least once every 30 calendar days in order to verify:
 - 1) the Safety and Crisis Plan is working as intended;
 - 2) services and supports are being implemented and provided in accordance with the Wraparound Plan and continue to meet the participant's reason for referral, needs, goals, and preferences;
 - 3) the Waiver participant and LAR are satisfied with the implementation of services;
 - 4) the participant's health and welfare are reasonably assured; and
 - 5) the Waiver participant and LAR exercise free choice of providers and accesses to non-Waiver services including health services.
4. Wraparound Facilitators are also responsible for coordinating and facilitating the Wraparound process throughout the four Wraparound phases which include:
 - a. Engagement and Team Preparation
 - b. Initial Plan Development
 - c. Plan Implementation

- d. Transition
- 5. The LMHA/WPO oversees the Wraparound Facilitator's efforts to ensure that:
 - a. CFT meetings are occurring as required;
 - b. the IPC is aligned with the Wraparound Plan and developed using the Wraparound process;
 - c. revisions to the Wraparound Plan, the Crisis and Safety Plan, and the IPC occur as necessary; the participant is receiving at least one billable Waiver service per month; and
 - d. the Wraparound Facilitator's documentation demonstrates compliance with applicable law, rule, and policy.

I. Care Coordination

Clients receiving YES Waiver Services will be assessed using Gulf Coast Center (GCC) Health Quality Information (HQI) Tool (**Attachment #1**) at intake and recurring assessment timeframes, at least every 90 days, to assess client's need for care coordination. All care coordination activities will be provided by the YES Waiver Team Lead.

The goal of care coordination for our clients is to address:

1. *Transitions between internal/external GCC programs.* Information transfer and/or responsibility shifts:
 - Among members of one program Patient Service Specialist (PSS), Eligibility Advisor (EA), Nurse, Prescriber, Case Manager)
 - Between program teams
 - Between clients/informal caregivers and professional caregivers
 - Across settings (primary care, specialty care, mental health, recovery services, Intellectual Developmental Disability (IDD), inpatient, emergency department)
 - Between health care organizations
2. *Transitions over time.* Information transfer and/or responsibility shifts:
 - Between episodes of care (i.e., initial visit and follow-up visit)
 - Across lifespan (e.g., youth to adult, geriatric care needs)
 - Across trajectory of mental and/or physical illness and changing levels of coordination need

All Care coordination activities will be documented in SmartCare Care Coordination note indicating the activity and status of identified needs and gaps.

J. Termination

1. Transition Plan-Level of Care

- a. Transition planning for the participant should begin during the first CFT meeting and should be revised and edited at every meeting thereafter until the participant discharges from the program. In doing so, the CFT is able to edit the plan as strategies are determined effective or non-effective and natural and formal supports are added or removed from the Wraparound Plan. Transition planning will also ensure that all CFT members are reminded of, and actively thinking and working towards, the participant's transition out of Waiver services or deviating to a lower Level of Care and less-intensive service array. The WPO

- must oversee the development of a transition plan for each participant in the Waiver program.
- b. The Wraparound Facilitator must notify all collaborating partners when the CFT determines that it is in the best interest of a YES Waiver participant to transition out of Waiver services to a less-intensive service array, and/or can utilize natural and community supports to achieve their goals and objectives.
 - c. The transition plan must be developed in consultation with the participant, legally authorized representative (LAR), current CWP, DFPS Caseworker – if the participant is in substitute care, and future providers.
 - d. A copy of the transition plan should be attached to the most recent IPC and submitted in CMBHS at least 30 days prior to the date of the participant's termination from the Waiver.
 - e. A termination Clinical Eligibility (CE) should be entered into CMBHS at least 5 days prior to the termination date. A CE termination auto-generates an IPC termination once the CE termination is authorized by HHSC.
 - 1) The transition plan shall include:
 - a) a summary of the mental health community services and treatment the youth received as a Waiver participant;
 - b) the participant's current status (e.g., diagnosis, medications, level of functioning) and unmet needs;
 - c) information from the participant and the LAR regarding the participant's strengths, preferences for mental health community services, and responsiveness to past interventions;
 - d) a service plan that indicates the mental health and other community services the participant shall receive; and
 - e) adequate and reasonable amount of time for both current and future providers to transition natural supports and/or community-based services without a disruption in services.

2. Transition Plan–Aging Out

- a. In accordance with 26 TAC §307.11, the WPO must begin to establish a transition plan to adult services at least six months before the participant ages out of the YES Waiver program. The last day of clinical eligibility for 18-year-olds is the day before their 19th birthday. The WPO is also responsible for assisting the participant in applying for Medicaid a minimum of three months before they age out of the YES Waiver program. This will ensure that the participant can continue with adult services, if needed, without a disruption in services due to Medicaid ineligibility.
- b. The transition plan must be developed in consultation with the participant, legally authorized representative (LAR), current CWP, DFPS Caseworker – if the participant is in substitute care, Texas Resilience Recovery (TRR) state plan benefit providers, and future providers.
- c. Clients that are interested in continuing to receive Medicaid State Plan Services, yet are aging out of YES Waiver, may be appropriately served in another TRR level of care.

- d. The participant's termination from the Waiver must be entered into CMBHS at least **one business day** prior to the participant's 19th birthday.
- e. HHSC must receive a copy of the Transition Plan from the WPO at least **30 calendar days** prior to the participant's date of termination from the Waiver Program. The transition plan must be attached to the most recent IPC revision of the CE termination.

K. Comprehensive Waiver Provider (CWP) Responsibilities

A CWP will ensure staffing, service delivery, training, documentation, policies, billing, and operations that promote quality care and high-fidelity services for YES Waiver participants. The CWP must ensure availability, accessibility, and continuity of care for participants enrolled in the program as required by the YES Waiver manual and the executed contract with HHSC

1. Staffing- the CWP is responsible for:

- a. recruiting an adequate number of qualified staff and/or subcontractors to assure the provision of all services in the YES service array (community living supports, employment assistance, family supports, non-medical transportation, paraprofessional services, respite services, specialized therapies including animal assisted therapy, art therapy, music therapy, licensed nutritional counseling, recreational therapy, supportive employment, and supportive family-based alternatives), access to services that are convenient for the family, and choice of individual service providers. Ensuring freedom of choice of service providers for YES Waiver participants allows YES Waiver youth and families an opportunity to appropriately match their needs with the skill sets of their chosen provider.
- b. ensuring adequate coverage is available when individual providers are unavailable, and the lack of immediate care would pose a serious threat to the participant's health or welfare;
- c. maintaining current information regarding staff qualifications and training records and direct service employee attendance/time records for HHSC review upon request and in accordance with law; and
- d. confirming all staff/subcontractors meet YES Waiver credentialing standards and YES Waiver training and education standards
- e. immediately terminating the employment or provider contract of a direct service provider for any confirmed Abuse, Neglect and Exploitation (ANE) incident involving a participant [see POLICY 6.4 Abuse, Neglect, and Exploitation] Criminal History and Federal and State Registry Checks].

2. Service Delivery- the CWP is responsible for:

- a. training and supervising all staff and/or subcontractors in the provision of YES Waiver services;
- b. attending CFT meetings and/or in situations where attendance is not possible, submit a progress update to the Wraparound Facilitator in advance in order to inform the discussion of the progress the participant is making with the service provided;
- c. providing services and supports, by staff or subcontractors, in appropriate locations that are in the best interest of the participant;

- d. appropriately matching the skill set of a direct service staff member with the most recent assessment of a participant;
- e. implementing services that are authorized in the participant's YES Waiver service authorization;
- f. monitoring services for consistency with the participant's IPC and verifying authorization prior to the provision of services;
- g. monitoring proper implementation and provision of Waiver services in accordance with the participant's service authorization;
- h. training staff and/or subcontractors on the Wraparound process;
- i. notifying the Wraparound Facilitator of significant changes in the participant's situation or needs;
- j. approving and providing ongoing oversight of respite settings to ensure the safety and appropriateness of the setting including provider qualifications; and
- k. verifying the qualifications of all employees and subcontractors for all services
 - 1) Pre-employment criminal history, federal and state registry background checks must be conducted on each service provider employed by the contracted provider prior to employment and thereafter as required.

3. Training-the CWP is responsible for:

- a. training all direct service staff on the CWP policies and procedures and Gulf Coast Center required trainings
- b. developing training interventions and/or strategies for achieving objectives with the CFT.
- c. all direct service providers providing any type of direct service to YES Waiver participants must review, be familiar with, and know how to locate resources on the HHSC YES Waiver webpage.

4. Documentation-the CWP is responsible for:

- a. monitoring service notes entered into CMBHS;
- b. reviewing and maintaining adequate documentation of services to include ensuring contracted service providers follow all applicable confidentiality laws, rules, and regulations regarding the transmission, sharing, or exchange of confidential information. Contracted services providers must send progress notes via encrypted e-mail to GCC medical records within two business days of service delivery;
- c. making documentation of services available to participating entities and/or others, at all CFT meetings if not in attendance and as needed throughout the Wraparound process.

5. Billing-the CWP is responsible for:

- a. monitoring billing to ensure integrity of all claims submitted to Texas Medicaid Healthcare Partnership (TMHP) for payment; and

- b. refunding to TMHP any overpayment, as defined by 42 CFR §433.304, within **60 calendar days**, following the CWP's discovery of the overpayment.

6. Operations-the CWP is responsible for:

- a. complying with all rules and regulations of the HHSC;
- b. complying with all licensure rules and regulations and maintaining current licenses;
- c. communicating routinely and maintaining a professional relationship with the WPO in order to help ensure that services provided are adequate, accessible, and meet the needs and expectations of the participant and CFT;
- d. responding to information requests within **three business days** to the WPO or HHSC;
- e. reporting suspected fraudulent practices in accordance with HHSC rules;
- f. completing and submitting critical incident reports;
- g. reporting allegations of abuse, neglect, and exploitation;
- h. implementing a procedure for reporting a complaint against the CWP or its staff and/or subcontractors; and
- i. maintaining policies, contracts, or other written agreements between the organization and all employees or subcontracted providers which specify:
 - 1) that the employee, entity, contractor, or subcontractor must comply with all applicable YES Waiver policies, Medicaid laws and regulations related to the Waiver, and Center for Medicare and Medicaid Services (CMS) instructions.
 - 2) a prompt payment provision that stipulates the terms agreed to by both organization and the provider; and
 - 3) that HHSC may audit or inspect any books, record, devices, or systems used to transmit participant data of the organization, or its subcontractors, related to delivery of YES Waiver services to determine if the organization or subcontractors are complying with the terms of the contract and the YES Waiver Policy Manual.

IV. Attachments:

GCC HQI

V. Related Policies and Procedures:

6.4 Abuse, Neglect, Exploitation, 15.8 Care Coordination

VI. Additional References: NONE

<https://hhs.texas.gov/services/mental-health-substance-use/childrens-mental-health/yes-waiver>



Certified Community Behavioral Health Clinic Health Quality Information- HQI

Medical	
Does client have insurance or Indigent Care Program benefits?	CHOOSE... <input type="button" value="v"/>
Does client have a Primary Care Provider (PCP)?	CHOOSE... <input type="button" value="v"/>
When was last physical?	CHOOSE... <input type="button" value="v"/>
Has client had labs completed within past year?	CHOOSE... <input type="button" value="v"/>
Does client have any medical health conditions not well controlled? (Examples- diabetes, asthma, heart conditions, chronic pain, COPD)	CHOOSE... <input type="button" value="v"/>
Is client able to attend follow up appointment with PCP when recommended?	CHOOSE... <input type="button" value="v"/>
Is client following mental health medication regimen as prescribed?	CHOOSE... <input type="button" value="v"/>
Is client following primary care medication regimen as prescribed?	CHOOSE... <input type="button" value="v"/>
Does client have End Stage Disease not being managed? (Example: end-stage renal/lung/cancer)	CHOOSE... <input type="button" value="v"/>
Does client have reliable transportation source to attend necessary appointments?	CHOOSE... <input type="button" value="v"/>
Employment/School Status	
CHOOSE... <input type="button" value="v"/>	
Housing Status	
CHOOSE... <input type="button" value="v"/>	
Adjustment to Trauma	
CHOOSE... <input type="button" value="v"/>	
Substance Use	
CHOOSE... <input type="button" value="v"/>	
Number of Psychiatric Hospitalizations	
Number of Hospitalizations in the past 180 days?	CHOOS <input type="button" value="v"/>
Number of hospitalizations less than 30 days in the past two years?	CHOOS <input type="button" value="v"/>
Number of hospitalizations more than 30 days in the past two years?	CHOOS <input type="button" value="v"/>
TOTAL:	0
For adults, if score of 12 or higher, care coordination recommended For youth, if score of 7 or higher, care coordination is recommended	
Client accepted or declined care coordination at this time.	CHOOSE... <input type="button" value="v"/>



Handbook of Operating Procedures Policy 2.40	
Section: Personnel	Responsibility and Oversight: Human Resources Director
Subject: Educational Leave	Origination Date: unk Last Revision/Review: 11/29/2022

VII. Title: Educational Leave

VIII. Policy

Educational leave, with or without pay, may be granted to a full-time, regular employee by the Chief Executive Officer. However, educational leave with pay may not be granted to an employee with less than 90 days of continuous employment unless the leave is directed toward job specific training not to exceed one month in its duration.

IX. Procedure

Request for educational leave shall be filed a minimum of thirty (30) days prior to the beginning date of the leave. Granting of such leave is based upon supervisory discretion, program needs, employee performance, and tenure. Leave for Center related training is generally granted with pay unless the training is unrelated to Center work.

Educational leave may be with or without pay. Leave without pay may be requested to complete work in the best interest of the individual. All educational leave in excess of forty (40) consecutive working hours must be approved by the Chief Executive Officer and is contingent upon the supervisor's written recommendation.

Full time, regular employees with at least 90 days of current longevity with the Center, may request educational leave with pay via a memo written to their immediate supervisor. Such requests will generally be limited to a substitution of education or training for one's working hours. In such situations, a substitution of hours in education or training must not exceed the reduction of an employee's regular work hours. Those with 90 days to one year of longevity are eligible for four (4) hours per week of paid leave. Those with one year or more of longevity are eligible for eight (8) hours per week of paid leave.

Any requests of this nature require supervisory approval and depend on program conditions and staffing levels. Requests may require extensive planning and may never be granted capriciously. Supervisory approval should be documented via Center memo and routed to the Chief Executive Officer and Human Resources. The Chief Executive Officer's approval is required in all such actions. Approval of leave is

limited to one semester duration at a time and staff must recertify before the next semester begins. If enrollment is dropped during the middle of the semester, the Human Resources Director must be notified within one business day and leave approval will be rescinded.

If educational leave is approved, the employee will submit a request through the Human Resources Information System (HRIS) for final approval by direct manager and the Human Resources Director.

X. Attachments: None

XI. Related Policies and Procedures

- 2.20 Leave Time Off
- 2.33 Employee Benefits