

BOARD OF TRUSTEES
Special Called Board Meeting

Thursday, July 28, 2022

8:00 A.M.

BOARDROOM

4800 Fournace Place, Bellaire, TX 77401

This meeting will be conducted by videoconference. Per temporary meeting suspension rules issued by Governor Greg Abbott due to the COVID-19 pandemic, the meeting may be viewed online: <http://harrishealthtx.swagit.com/live>. Notice: Some Board Members may participate by videoconference.

Mission

Harris Health is a community-focused academic healthcare system dedicated to improving the health of those most in need in Harris County through quality care delivery, coordination of care, and education.

AGENDA

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| I. Call to Order and Record of Attendance | Dr. Arthur Bracey 2 min |
| II. Approval of the Minutes of Previous Meeting | Dr. Arthur Bracey 2 min |
| • Board Meeting – June 23, 2022 | |
| III. Announcements / Special Presentations | Dr. Arthur Bracey 5 min |
| A. Board Member Recognition <i>Dr. Arthur Bracey, Board Chair, will Recognize Ms. Elena Marks for her Years of Service to the Harris Health System Board of Trustees</i> | |
| IV. Public Comment | Dr. Arthur Bracey 3 min |
| V. Discussion Regarding Harris Health System’s Proposed Updated FY2023 Operating Budget – Dr. Esmaeil Porsa and Ms. Victoria Nikitin | 20 min |
| VI. Item(s) Related to the Health Care For the Homeless Program | Dr. Arthur Bracey 10 min |
| A. Review and Acceptance of the Following Report(s) for the Health Care for the Homeless Program (HCHP) as Required by the United States Department of Health and Human Services, which Provides Funding to the Harris County Hospital District d/b/a/Harris Health System to Provide Health Services to Persons Experiencing Homelessness under Section 330(h) of the Public Health Service Act – Dr. Jennifer Small, Ms. Tracey Burdine and Dr. LaResa Ridge | (7 min) |
| • HCHP July 2022 Operational Update | |

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- B. Consideration of Approval of HCHP 2022 First Quarter Budget Report (1 min)
 – **Dr. Jennifer Small, Ms. Tracey Burdine and Dr. LaResa Ridge**
 - C. Consideration of Approval of HCHP 2022 Second Quarter Consumer Advisory Council Report (1 min)
 – **Dr. Jennifer Small, Ms. Tracey Burdine and Dr. LaResa Ridge**
 - D. Consideration of Approval of HCHP Legislative Mandates Policy (1 min)
 – **Dr. Jennifer Small, Ms. Tracey Burdine and Dr. LaResa Ridge**
- VII. New Items for Board Consideration Dr. Arthur Bracey 5 min**
- A. Consideration of Approval of an Amendment to the Grant Contract Between Harris County Hospital District d/b/a Harris Health System (the Sub-recipient) and Harris County (the Recipient) for Ryan White Program Part A Services – **Dr. Jennifer Small** (3 min)
 - B. Consideration of Approval of the First Amendment for a Grant Agreement Between the Harris County Hospital District d/b/a Harris Health System and the March of Dimes – **Ms. Kelli Fondren** (2 min)
- VIII. Executive Session Dr. Arthur Bracey 10 min**
- A. Deliberation Regarding Purchase, Exchange, Lease or Value of Real Property, Pursuant Tex. Gov’t Code Ann. §551.072 and Possible Action Upon Return to Open Session, Including Consideration of Approval of the Acquisition, Including Eminent Domain as Necessary of Certain Real Property (Eight [8] Fee Simple Tracts for the Public Project Known as the LBJ Hospital Replacement Project) and Delegation to Harris Health System’s President and CEO the Authority to Approve the Acquisition Costs Negotiated by the Harris County Real Property Division Subject to Certain Conditions – **Mr. David Attard** (10 min)
- IX. Reconvene Dr. Arthur Bracey 2 min**
- X. Adjournment Dr. Arthur Bracey 1 min**

MINUTES OF THE HARRIS HEALTH SYSTEM BOARD OF TRUSTEES
Board Meeting
Thursday, June 23, 2022
8:00 am

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
I. Call to Order & Record of Attendance	<p>The meeting was called to order at 8:01 a.m. by Arthur Bracey, MD, Chair. It was noted that a quorum was present and the attendance was recorded. Dr. Bracey stated while some of Board members are in the room with us today, others will participate by videoconference as permissible by state law and the Harris Health Videoconferencing Policy. The meeting may be viewed online: http://harrishealthtx.swagit.com/live.</p>	<p>A copy of the attendance is appended to the archived minutes.</p>
II. Approval of the Minutes of Previous Meeting	<ul style="list-style-type: none"> • Board Meeting – May 26, 2022 	<p><u>Motion No. 22.06-75</u> Moved by Ms. Alicia Reyes seconded by Dr. Ewan Johnson, and unanimously passed that the Board approve the minutes of the previous meeting. Motion carried.</p>
III. Announcements/ Special Presentations	<p>A. CEO Report Including Special Announcements</p> <p>Dr. Esmaeil Porsa, President and Chief Executive Officer (CEO), delivered an update regarding COVID-19, stating that the daily number of COVID-19 cases continue to increase. Although there will be another surge over the summer, he shared that this COVID surge is not expected to be as bad as previous summers. Dr. Porsa explained that several Harris Health System (HHS) patients are being admitted for other ailments are also testing positive for COVID-19. He stated that total hospitalizations due to COVID-19 are expected to peak as a result of the 4th of July holiday, but should decline afterwards.</p> <p>Dr. Porsa announced that Congresswoman Sheila Jackson Lee held a Memorial Day Remembrance event during which she highlighted the contributions of HHS to the care and wellbeing of our communities in Harris County. Mayor Sylvester Turner was in attendance.</p> <p>Dr. Porsa participated in a Juneteenth celebration event sponsored by the Emancipation Park Conservancy. The “Emancipation Conversations” series featured a panel of Healthcare leaders who addressed the impact of COVID-19 and disparities for communities of color. Dr. Bracey was in attendance.</p>	<p>As reported.</p>

	<p>Dr. Porsa stated that he is pleased to announce that Harris Health has issued its very first Garnet F. Coleman Health Equity Award. The award is a special recognition to be given by HHS on an annual basis to those in the Houston and Harris County region who exemplify dedication in addressing historic structural health inequities by improving access to equitable healthcare for the medically underserved communities and vulnerable populations. Mr. Coleman served the people of central and southeast Houston (District 147) in the Texas House of Representatives for 30 years, from 1991 to 2021. The Board of Trustees honored Mr. Coleman for his dedication and commitment to community service throughout Harris County.</p> <p>Dr. Porsa announced that HHS broke ground on a \$16M expansion and renovation project of Casa de Amigos Health Center. The project is expected to be completed by April 2024.</p> <p>Dr. Porsa recognized the following executive leadership:</p> <ul style="list-style-type: none"> • Dr. Jennifer Small, named as Executive Vice President, Ambulatory Care Services • Dr. Jobi Martinez, named as Vice President, Chief Diversity, Equity and Inclusion Officer • Ms. Georgia Vega, named as Associate Administrator Laboratory Services <p>Dr. Porsa provided a brief update regarding the 2022 Det Norske Veritas (DNV) Re-Accreditation Survey. He stated that Centers for Medicare & Medicaid Services (CMS) approved deeming authority to assess hospital compliance with CMS conditions of participation. This is a three (3) year accreditation cycle with annual assessment processes. Dr. Porsa shared that during this year’s survey, HHS closed all six (6) findings from 2021, the survey team found seven (7) nonconformities, and all corrective action plans have been submitted to DNV. Dr. Porsa expressed his thanks to the entire Survey Support Team and to the Survey Readiness Subcommittee of the Executive Corporate Compliance Committee.</p>	
	<p>B. Board Member Announcements Regarding Board Member Advocacy and Community Engagements.</p> <p>Dr. Bracey announced that Ms. Elena Marks has submitted her notice of resignation from the Harris Health Board of Trustees, effective July 31, 2022. Ms. Marks plans to retire from her job as Chief Executive Officer of Episcopal Health Foundation later this summer, and she will return to Rice University’s Baker Institute this fall to continue her work on advancing policies that promote health equity. Dr. Bracey stated that the Board will formally thank Ms. Marks for her five (5) years of service and contributions to the Harris Health Board of Trustees at a future Board meeting.</p>	<p>There were no Board member announcements.</p>

<p>IV. Public Comment</p>	<p>Ms. Cynthia Cole, Executive Director, Local #1550 – AFSCME, American Federation of State, County, and Municipal Employees, addressed the Board regarding employee retiree health benefits, talent and retention and termination process. Ms. Cole urged the Board re-evaluate how these issues are being addressed and to hold Harris Health leadership accountable.</p>	
<p>V. Executive Session</p>	<p>At 8:20 a.m., Dr. Arthur Bracey stated that the Board would enter into Executive Session as permitted by law under Tex. Health & Safety Code Ann. §161.032, Tex. Occ. Code Ann. §151.002 and Tex. Occ. Code Ann. §160.007.</p>	
	<p>A. Report Regarding Quality of Medical and Healthcare, Pursuant to Tex. Health & Safety Code Ann. §161.032, Tex. Occ. Code Ann. §160.007, and Tex. Occ. Code Ann. §151.002 to Receive Peer Review and/or Medical Committee Report in Connection with the Evaluation of the Quality of Medical and Healthcare Services, Including the Harris Health System Quality, Safety Performance Measures and Zero Harm, and Possible Action Regarding this Matter Upon Return to Open Session, Including Consideration of Approval of Credentialing Changes for Members of the Harris Health System Medical Staff.</p>	<p>No Action Taken. Dr. Arthur Bracey recused from discussions related to Baylor College of Medicine.</p>
	<p>B. Report Regarding Correctional Health Quality of Medical and Healthcare, Pursuant to Tex. Health & Safety Code Ann. §161.032, Tex. Occ. Code Ann. §160.007, and Tex. Occ. Code Ann. §151.002 to Receive Peer Review and/or Medical Committee Report in Connection with the Evaluation of the Quality of Medical and Healthcare Services, and Possible Action Regarding this Matter Upon Return to Open Session, Including Consideration of Approval of Credentialing Changes for Members of the Harris Health System Correctional Health Medical Staff.</p>	<p>No Action Taken.</p>
<p>VI. Reconvene to Open Meeting</p>	<p>At 8:30 a.m., Dr. Arthur Bracey reconvened the meeting in open session; he noted that a quorum was present and that no action was taken in Executive Session.</p>	
<p>VII. General Action Item(s)</p>	<p>A. General Action Item(s) Related to Quality: Medical Staff</p> <ol style="list-style-type: none"> 1. Acceptance of the Medical Executive Board Report to Include Notice of Appointments and Selection of New Service Chiefs. <p>Dr. John Foringer, Chair, Medical Executive Board, stated that there was significant time spent reviewing the Medical Staff Ongoing Performance Data Review (OPDR) and Initial Performance Data Review (IPDR) Policies, in order to begin implementing DNV action plans. He stated that an e-vote will be sent to the MEB members for approval of the policies. A copy of the MEB report is available in the permanent record.</p>	<p><u>Motion No. 22.06-76</u> Moved by Dr. Ewan Johnson, seconded by Ms. Alicia Reyes, and unanimously passed that the Board approve agenda item VII.A.1. Motion carried.</p>

	<p>2. Approval of Credentialing Changes for Members of the Harris Health System Medical Staff.</p> <p>There were fourteen (14) temporary privileges, thirty-two (32) initial appointments, twenty-seven (27) reappointments, zero (0) change/add privileges and eighteen (18) resignations. A copy of the report is available in the permanent record.</p>	<p><u>Motion No. 22.06-77</u> Moved by Dr. Ewan Johnson, seconded by Ms. Alicia Reyes, and unanimously passed that the Board approve agenda item VII.A.2. Motion carried. Dr. Arthur Bracey recused on this matter related to Baylor College of Medicine.</p>
	<p>B. General Action Item(s) Related to Quality: Correctional Health Medical Staff</p> <p>1. Approval of Credentialing Changes for Members of the Harris Health System Correctional Health Medical Staff</p> <p>There were one (1) initial appointment. A copy of the report is available in the permanent record.</p>	<p><u>Motion No. 22.06-78</u> Moved by Dr. Ewan Johnson, seconded by Ms. Alicia Reyes, and unanimously passed that the Board approve agenda item VII.B.1. Motion carried.</p>
<p>VIII. New Items for Board Consideration</p>	<p>A. Approval to Ratify the Following Five Grant Agreements Awarded to Harris Health System from the Harris County Hospital District Foundation for a Total of \$45,900,000 in Unprecedented Restricted Cash Grants:</p> <ol style="list-style-type: none"> 1. Ben Taub Hospital Level 1 Trauma Center (Ginni and Richard Mithoff Trauma Center) and Hospital Complex – \$30,000,000 2. Proceeds of the 2020 Ben Taub Humanitarian Award Jubilee of Caring for the Ben Taub Hospital Level 1 Trauma Center (Ginni and Richard Mithoff Trauma Center) - \$900,000 3. Casa De Amigos Clinic Renovation and Expansion Project - \$5,000,000 4. Quentin Mease Renovation Project - \$5,000,000 5. Lyndon B. Johnson Hospital Complex - \$5,000,000 <p>Mr. Theo Franklin, Chair, Harris County Hospital District Foundation, presented Harris Health with a check in the amount of \$45.9M in unprecedented restricted cash grants, along with a brief photo opportunity with the Board.</p>	<p><u>Motion No. 22.06-79</u> Moved by Dr. Ewan Johnson, seconded by Ms. Alicia Reyes, and unanimously passed that the Board approve agenda item VIII.A. (1 through 5). Motion carried.</p>
	<p>B. Approval of a Resolution Regarding Internal Control Environment for the Community Health Choice Component Units</p> <p>Ms. Victoria Nikitin, Senior Vice President, Finance, presented a Resolution Regarding Internal Control Environment for the Community Health Choice (CHC) Component Units.</p>	<p><u>Motion No. 22.06-80</u> Moved by Dr. Ewan Johnson, seconded by Ms. Alicia Reyes, and unanimously passed that the Board approve agenda item VIII.B. Motion carried. Mr. Finder</p>

	<p>She provided a brief overview of the HMO Financial Transaction and Reporting Recommendations including its financial review and transaction review. These recommendations are not the result of a full review of the internal control structure of the HMOs but are offered as potential best practices considering statutory reporting requirements. Discussion ensued regarding Harris Health’s reporting and oversight responsibility. Mr. Lawrence Finder recommended review of the Bylaws as well as quarterly reporting and update to the Board to address any financial concerns. A copy of the executive summary are available in the permanent record.</p>	<p>recommended Bylaws review and quarterly financial reporting and update to the Board to address any financial concerns.</p>
	<p>C. Presentation of the Harris Health System Independent Auditor’s Report and Overview for the Fiscal Year Ended February 28, 2022</p> <ol style="list-style-type: none"> 1. Acceptance of the Harris County Hospital District 401(k) Plan Independent Auditor’s Report and Financial Statements for the Years Ended December 31, 2021 and 2020 2. Acceptance of the Harris County Hospital District Pension Plan Independent Auditor’s Report and Financial Statements for the Years December 31, 2021 and 2020 3. Acceptance of the Harris Health System Single Audit Reports of Federal and State Award Programs for the Fiscal Year Ended February 28, 2022 4. Acceptance of the Harris Health System Independent Auditor’s Report and Financial Statements for the Fiscal Years Ended February 28, 2022 and 2021 <p>Mr. Chris Clark, Partner, BKD, delivered a presentation of the HHS Independent Auditor’s Report and Overview for the Fiscal Year Ended February 28, 2022. He shared that BKD Advisors and Dixon Hughes Goodman (DHG) merged its two companies to form Forvis, effective June 1, 2022. Mr. Clark noted that Forvis is the eighth largest CPA firm with \$1.4B in revenue. He stated that Forvis is presenting a draft of the financial statements and related notes and is prepared to issue an unmodified opinion. He mentioned that Harris Health accounting policies and procedures are consistent with accounting and industry standards. Mr. Clark stated that there were no difficulties encountered by the team, no disagreements with management, no contentious accounting issues, no consultations with other accountants, and no identified material weaknesses in internal controls or financial reporting. Forvis identified significant risk areas which includes management override of controls, revenue recognition, information technology and management estimates. Based on further assessment, Mr. Clark shared that no matters are reportable and/or no adjustment were required. From 2018 – 2022, Mr. Clark reported a 68% increase or \$2.5B in total assets, \$1.1B net equity (118% increase), \$1.2M cash and short – term investments (74% increase) and steady patient accounts receivable.</p>	<p><u>Motion No. 22.06-81</u> Moved by Ms. Alicia Reyes, seconded by Dr. Ewan Johnson, and unanimously passed that the Board approve agenda item VIII.C. (1 through 4). Motion carried.</p>

	<p>Additionally, Mr. Clark reported increases in net patient service revenue and supplemental funding. He provided a brief update of additional audit engagements and results as well as industry related concerns such as COVID-19 and supplemental Medical funding. Mr. Finder inquired regarding the Board approving the proposed reports in draft form. Dr. Bracey motioned for acceptance of items VII.C.1 – 4, upon the condition that the reports as drafted and submitted to the Board will be finalized by BKD. A copy of the financial reports are available in the permanent record.</p>	
<p>IX. Strategic Discussion</p>	<p>A. Harris Health System Strategic Plan Initiatives</p> <p>1. Update Regarding Ambulatory Care Services Clinic Alignment Strategy</p> <p>Dr. Jennifer Small, Executive Vice President, Ambulatory Care Services, delivered an update regarding Ambulatory Care Services Clinic Alignment Strategy. She presented a site map of HHS Clinics, Hospitals, and School Based Clinics as well as Federally Qualified Health Centers (FQHCs). Dr. Small shared Harris Health’s current sites are generally well placed in areas of needs, however with overlaps and gaps there are areas of opportunity.</p> <p>Dr. Small noted the following updates:</p> <ul style="list-style-type: none"> • Bayland Community Center has transitioned services to Vallbona Health Center. • The school – based clinics have transitioned to Pediatric and Adolescent Health Centers (PAHCs) including Pasadena, Cleveland E. Odom (CEO), Gulfgate and Casa de Amigos Health Centers. • Bear Creek Health Center has added an additional provider at Danny Jackson Health Center <p>Dr. Small stated that there is a continued focus to: 1) improve access to specialty services, 2) further evaluate establishing new access locations, 3) ensure efficient access to imaging and lab services, and 4) explore relationships with other providers of care. Professor Johnson stated in addition to access, Harris Health should also consider affordability of services. A copy of the presentation is available in the permanent record.</p>	<p>As Presented.</p>
	<p>2. Presentation and Consideration of Approval of Harris Health’s Master Planning Phase 3 Project Recommendations for Ben Taub and LBJ Hospitals</p> <p>Mr. David Attard, Senior Vice President, Facilities, Construction & Systems Engineering, delivered a presentation regarding Harris Health’s Master Planning Phase 3 Project Recommendations for Ben Taub and LBJ Hospitals.</p>	<p><u>Motion No. 22.06-82</u> Moved by Dr. Ewan Johnson, seconded by Professor Marcia Johnson, and unanimously passed that the Board approve agenda item IX.A.2. Motion carried.</p>

	<p>Recommendations shall include:</p> <ul style="list-style-type: none"> • Specific recommendation on expansion and optimization of key clinical and support service capabilities <ul style="list-style-type: none"> ○ Improvement and/or expansion of existing facilities and equipment due to obsolescence ○ Identification of key clinical constraints ○ Sequencing of recommend actions • Sustainability of existing hospital infrastructure to continue safe operations during construction and relocation activities <p>Ms. Patricia Darnauer, Executive Vice President, LBJ Hospital, provided a brief overview of LBJ’s master plan, phase 3 findings and recommendations for Radiology/Interventional Radiology (IR) and Sterile Processing Department (SPD) expansion. Dr. Glorimar Medina, Executive Vice President, BT Hospital, shared BT’s master planning project, phase 3 findings and recommendations related to Interventional Cardiology and Gastrointestinal (Endoscopy) Lab. Additionally, Dr. Medina addressed the Master Plan Phase 3 findings and recommendations which support both hospital operations such as: 1) Modernization of Women’s Services, NICU Level 1, 2) Materials Management Receiving Expansion, 3) Freight Elevator Vertical Expansion, and 4) Infrastructure Sustainment. Extensive discussion ensued regarding the Board receiving materials in a timely manner as well as the funding source to implement the recommended projects.</p> <p>Harris Health next steps include:</p> <ul style="list-style-type: none"> • Initiate programming and development activities to support recommendations on LBJ and Ben Taub Hospital campuses • Execute infrastructure sustainment projects to support BTH facility next 12-15 years with focus on high reliability/ROI projects • Continue to assess existing campuses for additional operational improvement activities and provide Board with additional recommendations as appropriate 	
	<p>3. Presentation and Introduction of Clark/Linbeck, Joint Venture, Regarding Harris Health’s Recommendation for Construction Manager at Risk (CMAR) Services for the LBJ Replacement Hospital Project</p> <p>Mr. David Attard delivered a presentation regarding Harris Health’s Recommendation for Construction Manager at Risk (CMAR) Services for the LBJ Replacement Hospital Project. Mr. Nick Feng, Vice President, Senior Client Executive, Clark/Linbeck, provided a brief summary of the Clark/Linbeck’s history and its joint venture development.</p>	<p>As Presented.</p>

	<p>Mr. Greg Colevas, Division & CEO, Clark/Linbeck, reported on firms’ portfolio which consists of healthcare, cultural projects, education facilities, commercial projects including hospitality, office and large mixed-use real estate projects. Mr. Wes Stith, President and Small Business Liaison Officer, Clark Linbeck, presented the firms’ proven MWBE success, discussed the roles and responsibility of the Economic Impact Program Team, and shared its workforce development systems. Mr. Stith stated that Clark Linbeck has invested in the growth and development of small businesses nationwide through its Strategic Partnership Program (SPP). SPP is a 10 – month executive MBA – style program designed to give small business owners a solid foundation for smart, sustainable growth. Since its inception, nearly 1,200 entrepreneurs and business leaders have completed the program nationwide, opening the doors to greater economic opportunity while strengthening our industry and communities. Mr. Stith discussed the Clark Linbeck’s overall goals, timeline, actions plans and its commitment to the success of the LBJ replacement hospital project. A copy of the presentation is available in the permanent record.</p>	
	<p>4. Presentation Regarding Bond Referendum Planning Timeline</p> <p>Ms. Maria Cowles, Senior Vice President, Chief of Staff, delivered a presentation regarding Bond Referendum Planning Timeline. She discussed the LBJ facility replacement communication and bond referendum planning timeline, noting that the bond referendum is slated for November 2023. Mr. Christian Menefee, Harris County Attorney, Harris County Attorney’s Office, delivered a high – level overview of the bond referendum process including the selection of bond counsel. He mentioned that preliminary legal concerns such as bond language and expenditures are serviced in-house, however, Harris County Attorney’s Office will work in tandem with Harris Health legal team to provide support and resources as needed. A copy of the presentation is available in the permanent record.</p>	<p>As Presented.</p>
	<p>5. Presentation Regarding Public Opinion on Harris Health Name Recognition</p> <p>Ms. Amanda Callaway, Associate Administrator, Mission Advancement, delivered a presentation regarding public opinion on Harris Health Name Recognition. She stated that Harris Health has engaged Creative Consumer Research (CCR), a local marketing research firm, to conduct a public opinion poll to determine the level of brand awareness and understanding Harris County residents have of Harris Health System. Mr. Richard Cisneros, President and Chief Research Strategist, CCR, presented the methodologies used to conduct the market research survey. He shared that there was a total of 1,200 completed surveys with approximately 300 surveys coming from each Harris County Commissioner’s precinct.</p>	<p>As Presented.</p>

	<p>Mr. Cisneros provided the following results noting potential areas of opportunity:</p> <p>Awareness</p> <p><i>Unaided Awareness</i></p> <ul style="list-style-type: none"> • Top of Mind (TOMA) – measures what brand comes to mind first when asked about a particular niche, product or industry. Harris Health ranked 10th out of 16 health facilities or systems that had two percent or more top of mind awareness. <p>Aided Awareness</p> <ul style="list-style-type: none"> • Twenty-one percent of residents have never heard of Harris Health. <p>Perceptions</p> <ul style="list-style-type: none"> • 77% of respondents perceive Harris Health’s quality of care as good or excellent. • 55% rate Harris Health better than other healthcare facilities or systems. • 81% perceive Harris Health as a valuable resource for the community. • 74% rate quality of care at least as good as other facilities in the county. • 72% would consider Harris Health for their family’s healthcare needs. <p>A copy of the presentation is available in the permanent record.</p>	
	<p>6. Update Regarding Development of Harris Health’s Minority and Women Owned Business Enterprise (M/WBE) Program</p> <p>Mr. Michael Hill, Executive Vice President, Chief Strategy & Integration Officer, delivered an update regarding Development of Harris Health’s Minority and Women Owned Business Enterprise (M/WBE) Program. He provided an overview of the Disparity Study recommendations previously presented to the Board by Colette Holt & Associates. Mr. Hill shared that Harris Health intends to hire an Administrative Director – Contract Diversity personnel who is responsible for contracts administration. He noted that the job description has been finalized and will be posted on July 1, 2022. Mr. Hill mentioned the study’s recommendation to enter into an Interlocal Agreement with Harris County for Administration of elements of Harris Health MWBE program. He stated that the goal of this collaborative effort is to establish role and responsibilities of each party. Ms. Olga Rodriguez, Vice President Community Engagement & Corporate Communications, provided a brief overview of existing and forthcoming community outreach initiatives. Mr. Jay Aiyer, First Assistant County Attorney, Harris County Attorney’s Office, urged the Board to be patient and to recognize that the MWBE efforts will take some time. Mr. Aiyer stated that Harris Health has his team’s full support and commitment to move forward with this initiative.</p>	<p>As Presented.</p>

	<p>Dr. Jobi Martinez, Vice President, Chief Diversity, Equity and Inclusion Officer, shared that she is looking forward to working collaboratively to advance DE&I initiatives throughout the system. A copy of the presentation is available in the permanent record.</p>	
<p>X. Consent Agenda Items</p>	<p>A. Consent Purchasing Recommendations</p> <p>1. Approval of Purchasing Recommendations (Items A1 through A61)</p> <p>Dr. Bracey noted that items (A2 and A61) were pulled and purchasing’s transmittals (B1 through B22) are not for approval. Ms. Jennifer Tijerina inquired regarding the reporting of identified Minority and Women Owned Business Enterprise (M/WBE) vendors. Extension discussion ensued regarding enhancing Diversity, Equity, and Inclusion (DE&I) initiatives. A copy of the purchasing recommendations is available in the permanent record.</p>	<p><u>Motion No. 22.06-83</u></p> <p>Moved by Ms. Alicia Reyes seconded by Dr. Ewan Johnson, and unanimously passed that the Board approve purchasing recommendations (Items A1, A3 through A60). Motion carried.</p>
	<p>Dr. Bracey stated that the following consent agenda items were discussed at length during the June Board Committee meetings. He noted that Consent Agenda items (X.D.1. and X.D.2) are reports and updates only and were presented in the Board packet for informational purposes only. Dr. Arthur Bracey recused on Item X.C.6.</p>	
	<p>B. Consent Committee Approval Recommendations</p> <p>1. Approval of the Annual 2022 Review of the Harris Health Quality Manual</p> <p>2. Approval of the 2022 Harris Health Patient Safety Plan</p> <p>3. Approval of the Annual Neonatal Programs Executive Reports for Ben Taub and Lyndon B. Johnson Hospitals</p>	<p><u>Motion No. 22.06-84</u></p> <p>Moved by Dr. Ewan Johnson, seconded by Ms. Alicia Reyes, and unanimously passed that the Board approve agenda item X.B.1. through X.C.7. Motion carried.</p>
	<p>C. Consent Items for Board Approval</p> <p>1. Approval to Convey a Non-Exclusive Utility Easement and Right of Way to Verizon Wireless at Ben Taub Hospital, 1504 Ben Taub Loop, Houston, Harris County, Texas</p> <p>2. Approval of an Interlocal Agreement between the Harris County Hospital District d/b/a Harris Health System and Health & Human Service Commission (HHSC), on Behalf of Patient Access Management, in an Amount Not to Exceed \$250,000 for Designated Onsite Eligibility Advisors</p> <p>3. Approval to Enter into a First Amendment to Oral and Maxillofacial Surgery Services Agreement with The University of Texas Health Science Center at Houston</p>	<p><u>Motion No. 22.06-84</u></p> <p>Moved by Dr. Ewan Johnson, seconded by Ms. Alicia Reyes, and unanimously passed that the Board approve agenda item X.B.1. through X.C.7. Motion carried.</p>

	<ol style="list-style-type: none"> 4. Approval to Enter into a Second Amendment to Dental Services Agreement with The University of Texas Health Science Center at Houston 5. Approval of Payment for the Contracted Services for UT Health for the Contract Year Ended June 30, 2023 6. Approval of Payment for the Contracted Services for Baylor College of Medicine for the Contract Year Ended June 30, 2023 7. Approval of an Interlocal Agreement between the Harris County Hospital District d/b/a Harris Health System and Texas Workforce Commission in an Amount Not to Exceed \$30,000 to Provide Harris Health Access to Obtain Wage Information and Unemployment Benefits for Harris Health Financial Assistance Program Applicants 	
	<p>D. Consent Reports and Updates to Board</p> <ol style="list-style-type: none"> 1. Updates Regarding Pending State and Federal Legislative and Policy Issues Impacting Harris Health System 2. Harris Health System Council-At-Large Meeting Minutes <ul style="list-style-type: none"> • June 13, 2022 	<p>For informational purposes only - No action required.</p>
<p>XI. Item(s) Related to Health Care for the Homeless Program</p>	<p>A. Review and Acceptance of the Following Reports for the Health Care for the Homeless Program (HCHP) as Required by the United States Department of Health and Human Services Which Provides Funding to the Harris County Hospital District d/b/a/Harris Health System to Provide Health Services to Persons Experiencing Homelessness under Section 330(h) of the Public Health Service Act Health Care for the Homeless Program.</p> <ul style="list-style-type: none"> • HCHP June 2022 Operational Update <p>Dr. Jennifer Small, Executive Vice President, Ambulatory Care Services, presented Health Care for the Homeless Program (HCHP) June 2022 operational update including Patient Services, Patient Satisfaction Report, HCHP Uniform Data System (UDS) Service Details and Quality Management Report. She reported that there were 346 new adult patients and 25 new pediatric patients associated with the program. She shared that HCHP is expected to see approximately 9,775 patients per year as required by the Health Resources and Services Administration (HRSA). At the close of May, HCHP served 3,421 unduplicated patients.</p> <p>Dr. Small stated that the amount of unduplicated patients seen overall has trended downward as a result of two (2) provider vacancies. Dr. Small mentioned that the program has identified the two staff members who will be onboarding in August. She reported that HCHP completed visits continue to remain steady compared to the prior year.</p>	<p><u>Motion No. 22.06-85</u> Moved by Ms. Alicia Reyes seconded by Dr. Ewan Johnson, and unanimously passed that the Board approve agenda item XI.A. Motion carried.</p>

	<p>Dr. Small stated that overall HCHP is meeting or exceeding its goals for nurses listened and wait time. She also reported that the program is within 5% of goal for good communication between providers/nurses as well as providers listened. However, Dr. Small shared there were some areas for improvement related to recommend facility and recommend provider.</p> <p>Ms. Tracey Burdine, Director, Health Care for the Homeless Program, provided an overview of the Uniform Data System (UDS) Service Details regarding HRSA Forms 5A through 5C. Dr. Laresa Ridge, Medical Director, Health Care for the Homeless Program, presented the Q1 Quality Management Report. She stated that the program has elected to focus on three (3) areas of focus which includes 1) Adult Body Mass Index (BMI) Assessment and Intervention, 2) Ischemic Vascular Disease (IVD) and Aspirin, and 3) Cervical Cancer Screening. Additionally, Dr. Ridge addressed the three (3) quality measures, corrective action plans and corresponding implementation dates. A copy of the operational update is available in the permanent record.</p>	
	<p>B. Approval of HCHP 2022 1st Quarter Patient Satisfaction Report</p>	<p><u>Motion No. 22.06-86</u> Moved by Dr. Ewan Johnson seconded by Ms. Alicia Reyes, and unanimously passed that the Board approve agenda item XI.B. Motion carried.</p>
	<p>C. Approval of HCHP UDS Service Details Report</p>	<p><u>Motion No. 22.06-87</u> Moved by Ms. Alicia Reyes, seconded by Dr. Ewan Johnson, and unanimously passed that the Board approve agenda item XI.C. Motion carried.</p>
	<p>D. Approval of HCHP 2022 1st Quarter Quality Management</p>	<p><u>Motion No. 22.06-88</u> Moved by Ms. Alicia Reyes, seconded by Dr. Ewan Johnson, and unanimously passed that the Board approve agenda item XI.D. Motion carried.</p>

<p>XII. Item(s) Related to Ambulatory Surgical Center at LBJ Governing Body</p>	<p>A. Approval to Remove Board of Trustee Member from the Ambulatory Surgical Center at LBJ Governing Body</p> <ul style="list-style-type: none"> • One (1) Board Member: <ol style="list-style-type: none"> 1. Professor Marcia Johnson <p>Dr. Ewan Johnson stated that Professor Marcia Johnson has taken on additional roles on the Board of Trustees including chairing the Compliance and & Audit Committee and has requested to be removed from the ASC Governing Body.</p>	<p><u>Motion No. 22.06-89</u> Moved by Dr. Ewan Johnson, seconded by Ms. Alicia Reyes, and unanimously passed that the Board approve agenda item XII.A. Motion carried.</p>
<p>XIII. Executive Session</p>	<p>At 11:14 a.m., Dr. Arthur Bracey stated that the Board would enter into Executive Session as permitted by law under Tex. Gov't Code §551.071, Tex. Gov't Code Ann. §551.074, Tex. Gov't Code §418.183, Tex. Gov't Code §551.085, Tex. Gov't Code §551.089, Tex. Health & Safety Code Ann. §161.032, Tex. Occ. Code Ann. §151.002 and Tex. Occ. Code Ann. §160.007.</p>	
	<p>C. Report by the Executive Vice President, Chief Compliance and Risk Officer, Regarding Compliance with Medicare, Medicaid, HIPAA and Other Federal and State Healthcare Program Requirements and a Status of Fraud and Abuse Investigations, Pursuant to Tex. Health & Safety Code Ann. §161.032, Tex. Gov't Code §418.183, Tex. Gov't Code §551.089, Tex. Occ. Code Ann. §160.007, Tex. Occ. Code Ann. §151.002, and Tex. Gov't Code Ann. §551.071, Including Possible Action Regarding this Matter Upon Return to Open Session.</p>	<p>PULLED</p>
	<p>D. Discussion Regarding Financial Planning Information for Community Health Choice, Inc. and Community Health Choice, Texas, Pursuant to Tex. Gov't Code Ann. §551.085 and Tex. Gov't Code Ann. §551.071 and Possible Action Upon Return to Open Session.</p> <p><i>Harris Health, by and through the Board of Trustees, hereby approves Community Health Choice Inc. (CHCI) and Community Health Choice Texas, Inc. (CHCT), the joint borrowers, to enter into an external line of credit through Zions Bancorporation, N.A., dba Amegy Bank in the aggregate principal amount not to exceed \$200 million. Joint Borrowers must obtain Harris Health Board approval for any draws in excess of the \$60 million dollars initial maximum value prior to utilizing the additional commitment capacity. Additional required conditions include the joint borrowers (1) must report the member enrollment to Harris Health Finance Management monthly; (2) must agree to use its regulatorily approved internal line of credit of \$120 million prior to utilizing outside liquidity; and (3) must agree that any draws from outside liquidity providers be repaid prior to the application of cash flow towards the repayment of the internal liquidity draws. The Board also hereby authorizes Lisa Wright, President and CEO of Community Health Choice Inc. and Community Health Choice Texas, Inc., to execute any and all documents related to such transaction.</i></p>	<p><u>Motion No. 22.06-91</u> Moved by Dr. Ewan Johnson, seconded by Ms. Alicia Reyes, and unanimously passed that the Board approve agenda item XIII.D. Motion carried.</p>

	<p>E. Consultation with Attorney Regarding the Harris County Hospital District Foundation, Pursuant to Tex. Gov’t Code Ann. §551.071, and Possible Action Regarding this Matter Upon Return to Open Session.</p>	<p>No Action Taken.</p>
	<p>F. Discussion Regarding the Evaluation of Chief Executive Officer (CEO), Pursuant to Tex. Gov’t Code Ann. §551.074, Including Approval of CEO Evaluation Framework Upon Return to Open Session.</p> <p><i>Harris Health, by and through the Board of Trustees, hereby authorizes approval of the CEO Evaluation framework pursuant to the parameters discussed in Executive Session.</i></p>	<p>Motion No. 22.06-90 Moved by Dr. Ewan Johnson, seconded by Ms. Alicia Reyes, and unanimously passed that the Board approve agenda item XIII.F. Motion carried.</p>
	<p>G. Consultation with Attorney Regarding Collaborative Opportunities with The University of Texas M.D. Anderson Cancer Center, Pursuant to Tex. Gov’t Code Ann. §551.071 and Tex. Gov’t Code Ann. §551.085.</p>	<p>No Action Taken. Mr. Lawrence Finder recused from this matter related to collaborative opportunities with M.D. Anderson.</p>
	<p>H. Consultation with Attorney Regarding Ambulatory Care Services, Pursuant to Tex. Gov’t Code Ann. §551.071 and Tex. Gov’t Code Ann. §551.085.</p>	<p>No Action Taken.</p>
XIV. Reconvene	<p>At 1:40 p.m., Dr. Arthur Bracey reconvened the meeting in open session; he noted that a quorum was present. He shared that the Board will take action on Items “D and F” of the Executive Session agenda.</p>	
	<p>Dr. Porsa announced that Harris Health System received the 2022 Gage Award for Population Health from America’s Essential Hospitals for its home visit program that helps diabetes patients manage their disease, particularly through the COVID-19 pandemic.</p>	
XV. Adjournment	<p>Moved by Dr. Ewan Johnson, seconded by Ms. Alicia Reyes, and unanimously approved to adjourn the meeting. There being no further business to come before the Board, the meeting adjourned at 1:44 p.m.</p>	

I certify that the foregoing are the Minutes of the Harris Health System Board of Trustees Meeting held on June 23, 2022.

Respectfully Submitted,

Arthur Bracey, M.D., Chair

Andrea Caracostis, M.D., Secretary

Minutes transcribed by Cherry Pierson

Thursday, June 23, 2022

Harris Health System Board of Trustees Board Meeting – Attendance

Note: For Zoom meeting attendance, if you joined as a group and would like to be counted as present, please submit an email to: BoardofTrustees@harrishealth.org before close of business the day of the meeting.

BOARD MEMBERS PRESENT	BOARD MEMBERS ABSENT
Dr. Arthur Bracey (Chair)	Dr. Andrea Caracostis (Secretary)
Dr. Ewan Johnson (Vice Chair)	Ms. Elena Marks
Ms. Alicia Reyes	Ms. Mia Mendis
Ms. Jennifer Tijerina	
Professor Marcia Johnson	
Mr. Lawrence Finder	

EXECUTIVE LEADERSHIP
Dr. Esmaeil Porsa, President & Chief Executive Officer
Ms. Lisa Wright, President & Chief Executive Officer, Community Health Choice
Ms. Amy Smith, Senior Vice President, Transitions & Post-Acute Care
Ms. Anna Majeta, Chief Financial Officer, Community Health Choice, Inc.
Ms.Carolynn Jones, Executive Vice President & Chief Compliance and Risk Officer
Mr. David Attard, Senior Vice President, Facilities, Construction and System Engineering
Ms. Debbi Garbade, Vice President, Patient Safety Risk & Management
Mr. Dwight Dopslauf, Purchasing Agent, Harris County Purchasing Office
Mr. George Hickman, Interim Senior Vice President & Chief Information Officer
Dr. Glorimar Medina-Rivera, Executive Vice President, Ben Taub Hospital
Dr. Hemant Roy, Vice Chair, Harris Health System & Ben Taub Hospital
Mr. Jack Adger, Assistant Purchasing Agent, Harris County Purchasing Office
Dr. Jason Chung, Associate Chief Medical Officer & Senior Vice President, Medical Affairs and Utilization
Mr. Jeffery Baker, Executive Director, Harris County Hospital District Foundation
Dr. Jennifer Small, Executive Vice President, Ambulatory Care Services
Dr. Jobi Martinez, Vice President, Chief Diversity, Equity and Inclusion Officer
Dr. John Foringer, Chair, Medical Executive Board
Dr. Joseph Kunisch, Vice President, Quality Programs
Ms. Kari McMichael, Vice President, Controller
Mr. Louis Smith, Senior Executive Vice President & Chief Operating Officer

Ms. Maria Cowles, Senior Vice President, Chief of Staff
Dr. Martha Mims, Vice Chair, Medical Executive Board
Dr. Matasha Russell, Chief Medical Officer, Ambulatory Care Services
Mr. Michael Hill, Executive Vice President, Chief Strategy & Integration Officer
Mr. Omar Reid, Executive Vice President, Chief People Officer
Dr. Otis Ekins, Chief Medical Officer, Harris Health Correctional Health
Ms. Olga Llamas Rodriguez, Vice President, Community Engagement & Corporate Communications
Ms. Patricia Darnauer, Executive Vice President, Lyndon B. Johnson Hospital
Mr. R. King Hillier, Vice President, Public Policy & Government Relations
Ms. Sara Thomas, Vice President Legal Affairs/Managing Attorney, Harris County Attorney's Office
Dr. Steven Brass, Executive Vice President & Chief Medical Executive
Mr. Theo Franklin, Chair, Harris County Hospital District Foundation
Dr. Tien Ko, Chief of Staff, Lyndon B. Johnson Hospital
Ms. Victoria Nikitin, Executive Vice President, Chief Financial Officer
Dr. Yashwant Chathampally, Associate Chief Medical Officer & Senior Vice President, Quality and Patient Safety

OTHERS PRESENT	
Amanda Callaway	Jerald Summers
Antoinette Cotton	LaResa Ridge, MD
Charlzetta McMurry-Horton	Matthew Schlueter
Cherry Pierson	Michael Norby
Chris Clark (BKD/Forvis)	Nicholas Bell
Christian Menefee (Harris County Attorney's Office)	Nick Feng (Clark/Linbeck)
Cynthia Cole (AFSCME)	Paul Lopez
Daniel Smith	Richard Cisneros (CCR)
Ebon Swofford	Tai Nguyen
Elizabeth Winn	Tracey Burdine
Greg Colevas (Clark/Linbeck)	Vivian Ho-Nguyen
Holly Gummert	Wes Stith (Clark/Linbeck)
Jay Aiyer (Harris County Attorney's Office)	Yasmin Othman
Jennifer Zarate	

Thursday, July 28, 2022

Board Member Recognition

Dr. Arthur Bracey, Board Chair, will Recognize Ms. Elena Marks for her Years of Service to the Harris Health System Board of Trustees

Public Comment Request and Registration Process

Pursuant to Texas Government Code §551.007, members of the public are invited to attend the regular meetings of the Harris Health System Board of Trustees and may address the Board during the [Public Comment](#) segment regarding an official agenda item that the Board will discuss, review, or take action upon, or regarding a subject related to healthcare or patient care rendered at Harris Health System. Public Comment will occur prior to the consideration of all agenda items. If you have signed up to attend as a Public Speaker virtually, a meeting link will be provided. Note: Public Speakers will be removed from the meeting after speaking and have the option to join the meeting live via <http://harrishealthtx.swagit.com/live>.

How to Request to Address the Board of Trustees

Members of the public must register in advance to speak at the Harris Health System Board of Trustees meetings. To register, members of the public must contact the Board of Trustees Office during core business hours, Monday through Friday between 8:00 a.m. to 5:00 p.m. Members of the public must submit the registration no later than 4:00 p.m. on the day before the scheduled meeting and may only register in one of the following manners:

1. Providing the requested information located in the “Speak to the Board” tile found at: <https://www.harrishealth.org/about-us-hh/board/Pages/public-comment-request-and-registration-process.aspx>.
2. Printing and completing the downloadable registration form found at: <https://www.harrishealth.org/about-us-hh/board/Pages/public-comment-request-and-registration-process.aspx>.
 - 2a. A hard-copy may be scanned and emailed to BoardofTrustees@harrishealth.org.
 - 2b. Mailing the completed registration form to 4800 Fournace Pl., Ste. E618, Bellaire, TX 77401.
3. Contacting staff at (346) 426-1524.

Prior to submitting a request to address the Harris Health System Board of Trustees, please take a moment to review the rules to be observed during the Public Comment Period.

Rules During Public Comment Period

The presiding officer of the Board of Trustees or the Board Secretary shall keep the time for speakers.

Three Minutes

A speaker, whose subject matter, as submitted, relates to an identifiable item of business on the agenda, will be requested by the presiding officer to come to the podium where they will be provided three (3) minutes to speak. A speaker, whose subject matter, as submitted, does not relate to an identifiable item of business on the agenda, will also be provided three (3) minutes to speak. A member of the public who addresses the body through a translator will be given at least twice the amount of time as a member of the public who does not require the assistance of a translator.

BOARD OF TRUSTEES

Meeting of the Board of Trustees

HARRISHEALTH
SYSTEM

Thursday, July 28, 2022

Discussion Regarding Harris Health System's Proposed Updated FY2023 Operating Budget

Budget and Tax Rate Communications Plan

2021-2022

Constituents:

- Board of Trustees (BOT)
- Commissioners Court
- Public
 - Our Patients and Council at Large
 - Medical Staff
 - Employees
 - Hospital Partners
 - TMC
 - Leadership of our Academic Partners
 - Local Business and Civic Leaders
 - Community Health Centers (FQHCs, etc.)
 - Health and Social Service Advocacy Community
 - Behavioral Health Providers

Budget Planning:

- **December 09, 2021** – BOT Budget Workshop re: the 7 month budget for the period ending September 30, 2022 (“Stub Year”), and the 12 month “Planning” budget for the new fiscal year ended September 30, 2023 (FY2023).
- **December 10, 2021 thru January 13, 2022** – BOT chair and CEO brief Commissioners Court on the same. Engagement and communication with key constituents by Executive Leadership and BOT.
- **January 6, 2022** – 7 month (“Stub Year”) Budget adopted by BOT / 12 month “Planning” budget accepted.
- **January 13, 2022** – Commissioners Court Budget hearings re: Harris Health System’s proposed budgets above.
- **February 8, 2022** – 7 month Budget Adopted by Commissioners Court / 12 month “Planning” budget accepted – BOT Chair, CEO and CFO present/attend.
- **July 2022 – September 2022** – Harris Health FY2023 (“Planning”) budget update, followed by the BOT approval of the budget in August and Commissions Court approval in September, concurrent with the tax rate discussion. BOT and CEO briefing of Commissioners Court and key constituent stakeholders during this period. BOT Chair, CEO, and CFO present/attend Court meetings.

Tax Rate Planning:

- **January through June 2022** – Meetings with identified key constituents regarding Harris Health current and future state along with community need.

- **June 2022 through August 15, 2022** – Engage with appropriate stakeholders at Harris County related to tax rate assumptions for (a) no new tax rate/no revenue, (b) maintain tax rate, and (c) maximum tax rate increase. Discuss with the BOT model tax rate assumptions developed in conjunction with the County. With each assumption create narrative of impact on the upcoming operations and tied to the needs of future capital infrastructure initiatives and additional operational costs.
- **August 15, 2022 to September 15, 2022** – Community engagement by executive leadership and BOT with key constituents’ stakeholders regarding future state of tax rate and Harris Health impacts.
- **August 2022** – BOT takes action in open session regarding a recommended tax rate for 2022.
- **September 2022 to October 2022** – Tax rate hearings and vote. Chair, CEO, and CFO attend/present.

Harris County’s Tax Rate Planning Calendar:

- **July 25, 2022** – Deadline for Harris County Appraisal District to provide the certified appraisal roll or estimates to the Tax Assessor Collector
- **August 1, 2022** – Tax Assessor Collector to submit appraisal roll for each taxing unit
- **August 1 - 7, 2022** – Tax Office to provide calculation of No New Revenue (NNR) and Voter-Approval Tax Rate (VAR) to Auditor & Office of Management and Budget Management
- **August 7, 2022** – NNR and VAR publicly posted on the website
- **August 10-August 16, 2022** – Finalization of preliminary budget
- **August 17, 2022** – Transmit the FY2023 proposed tax rates and budget to Commissioners Court
- **August 23, 2022** – First discussion of FY2023 proposed tax rates and budget
- **September 13, 2022** – Public Hearing on Budget and the proposed tax rate, and tentative approval by Commissioners Court

Harris Health System

FISCAL 2023 OPERATING BUDGET

October 1, 2022 through September 30, 2023

Executive Summary

Consistent with its strategic goal of delivering a 2.0 percent operating margin, Harris Health System originally proposed the same target for its FY 2023 planning budget presented to the Board in January 2022. Over the past few months, Harris Health Finance has partnered with executive leadership and operational leaders across the system to update the budget originally presented. The updated FY 2023 budget is informed by current market conditions, operational needs and strategic initiatives. The updated FY 2023 budget described in this document is intended to inform the Board of the projected changes to the financial picture in order to guide discussions and determine next steps as to the way forward. Proposed changes to the FY 2023 planning budget reflected in the updated scenario include the following adjustments.

Revenues: \$6.2 million reduction from the FY23 planning budget

Harris Health System revenue in the updated FY 2023 budget is projected to be \$2.3 billion, a decrease of \$6.2 million from the original planning budget. Consistent with the original FY 2023 planning budget, Harris Health is preparing for significant decreases in patient revenues resulting from the discontinuance of HRSA reimbursement for the COVID care of unfunded patients. In addition, the ACA-mandated reduction in the uncompensated care pool specific to the Medicare Disproportionate Share (DSH) program will result in a corresponding payment reduction of \$25 million for federal fiscal year FFY 2022 beginning October 2021. The combined annual impact of these reductions to Harris Health's net patient revenue budget is \$98 million, with an overall revenue decrease of over \$120 million from FY 2022. Of note, this figure excludes \$84.8 million for correctional health services to be reimbursed by the County.

❖ Ad Valorem Tax: \$7.1 million reduction from the FY23 planning budget

On October 5, 2021, the Commissioners Court unanimously adopted Harris County Hospital District's tax rate for maintenance and operations of \$0.16047 per \$100 of property valuation, down from \$0.16491 last year. Net ad valorem tax revenues have been updated based on the final calendar 2021 tax collections and reflect a 2.0 percent increase in Harris County property values consistent with prior

Harris Health System

FISCAL 2023 OPERATING BUDGET

historical trends. This resulted in a decrease in previously projected ad valorem revenue of \$7.1 million and represents an area of concern and needed upward revision.

❖ **Medicaid Supplemental Payments: \$2.1 million reduction from the FY23 planning budget**

The aggregate Medicaid Supplemental Programs revenue is budgeted at \$614 million in the FY 2023 planning budget. The aforementioned budget was, in part, contingent on the successful extension of the DSRIP funding authorized under the 1115 Waiver, which officially expired on September 30, 2021. Ultimately, Texas Health and Human Services Commission (HHCS) made a decision not to petition for a one-year DSRIP funding extension to CMS. However, the Hospital Augmented Reimbursement Program (HARP), a new statewide supplemental program providing Medicaid payments to hospitals for inpatient and outpatient services that serve Texas Medicaid fee-for-service (FFS) patients, is currently pending approval by CMS. This program will bring approximately \$120 million in additional Medicaid supplemental revenue to Harris Health. It has a reasonably high possibility of approval and is being included in the budget. The combined effect of these two programmatic changes is a revenue decrease of \$42.1 million.

Concurrently, as part of the 1115 Waiver negotiations with CMS, HHSC petitioned for a larger, resized UC pool based on the reassessment of the charity care provided by the Texas hospitals. At the time when the FY 2023 planning budget was developed, a decision at the federal level was still pending. In June 2022, this proposal has been approved by CMS and previous projections have been revised to reflect a net benefit to Harris Health of \$40 million, essentially offsetting the decrease in DSRIP funding.

❖ **Other Revenue: \$3.0 million increase from the FY23 planning budget**

Other revenues are projected at an annualized level of \$47 million in the FY 2023 planning budget. The largest, annual tobacco settlement revenue, is projected to continue at \$13 million in FY 2023. An additional \$3 million has been added to Interest Income in the updated FY2023 budget as a result of improving interest rates.

Harris Health System

FISCAL 2023 OPERATING BUDGET

Expenses: \$56.0 million increase from the FY23 planning budget

The updated operating expense for FY 2023 reflects efforts to address issues currently impacting the healthcare market environment with regards to compensation, recruitment and retention as well as strategic priorities of the System. The FY 2023 updated planning budget is informed by the most current run rate coupled with adjustments needed to mitigate ongoing staffing challenges and support strategic initiatives reflected in the Strategic Plan 2021-2025.

❖ **Compensation Cost: \$63.6 M increase from the FY23 planning budget**

The cost of the total compensation portfolio in the FY 2023 budget is projected at \$1.2 billion, of which \$54.5 million is attributed to Correctional Health which is to be reimbursed by the County. Salaries and wages comprise 51.0 percent of the total expense budget. Proposed changes to the FY 2023 planning budget reflect the following updates:

- Market adjustments originally projected at \$2.3 million for FY2023 have been revised upward based on current market surveys to reflect a total need of \$16.1 million. The result is an increase of \$13.8 million over original estimates included in the FY2023 planning budget.
- Paid Holiday conversion to extend premiums paid to eligible staff working during the holidays from three to nine paid holidays contributes an additional \$2.1 million to salary expense in the updated FY 2023 budget. This change is recommended to align Harris Health System with other healthcare facilities within the Texas Medical Center.
- Planned retention bonus payments totaling \$21 million for year two of the program were included as part of the original FY 2023 planning budget. These payments remain in the updated FY 2023 budget representing an increase of \$5 million over current run rate. This is due to the expanded payments earned in year two of the program at \$3,000 and \$5,000.
- Contract labor has increased significantly since the original FY 2023 planning budget was developed. The planning budget was predicated on the average run rate of \$5 million per month in FY 2022 compared to the updated run rate of \$9 million per month. This reflects the most significant addition to the updated FY2023 budget at approximately \$40 million annually.

Harris Health System

FISCAL 2023 OPERATING BUDGET

Mitigation strategies have been deployed throughout the organization to reduce this expense though recruitment and retention challenges continue dictate its continued use.

- Benefits associated with the aforementioned salary adjustments contribute an additional \$4.6 million to the updated FY 2023 budget.

❖ **Non-Labor Expense: \$7.6 M reduction from the FY23 planning budget**

Non-labor expense totals \$ 1.1 billion in the FY 2023 budget, of which \$30.3 million is attributed to Correctional Health which is to be reimbursed by the County. In addition to general inflationary increases built in to the FY 2023 planning budget, the updated FY 2023 budget includes the following adjustments:

- Physician Services fees were revised upward based on the most recent staffing plans, resulting in an additional \$17.4 million in expense over and above the original FY 2023 planning budget.
- The Marketplace premium subsidy program for Financial Assistance Policy patients at Harris Health currently subsidizes the individual premiums for approximately 24 thousand individuals. The announced non-renewal of enhanced subsidies associated with the Public Health Emergency is projected to increase costs by \$8.9 million in FY 2023. The final decision is pending in the US Congress at this time.
- Supplies, depreciation and interest and other purchased services are currently tracking less than originally projected in the FY 2023 planning budget thus helping to offset the additional cost outlined above.

Harris Health System

FISCAL 2023 OPERATING BUDGET

Strategic Initiatives: \$28.0 million increase from the FY23 planning budget

The Harris Health System Strategic Plan reflects the operational priorities of the health system over the next five years. Operating expense needed to support these initiatives is incremental to the baseline budget. These costs continue to be refined and the timing of projects evaluated for inclusion in the FY 2023 operating budget based on the availability of funds. Major initiatives being evaluated for inclusion in the multi-year financial plan are outlined below. Of note, Pillar 2: People is not represented below as it is already incorporated into the baseline labor budget discussed earlier.

❖ Pillar 1: Quality and Patient Safety

Harris Health will become a high-reliability organization (HRO) with quality and patient safety as a core value where zero patient harm is not only a possibility but an expectation. Major initiatives include the following:

- Implement 4-tier safety huddles to identify, review and resolve near misses and system issues while addressing human error, at risk or reckless behavior.
- Implement all agreed upon Relia and A&M recommendations related to Quality and Patient Safety to address any identified system issues.
- Develop a standardized approach that embeds Just and Accountable Culture principles among the leadership of all staffing groups with an increased focus on staff willingness to report patient safety events.

❖ Pillar 3: One Harris Health System

Harris Health will act as one system in its approach to management and delivery of healthcare. Major initiatives include:

- Improve throughput by ensuring seamless patient transitions in care and post discharge processing for ambulatory care through the addition of Patient Access Specialty Care Reps
- Promote alternatives to emergency room care through the modification of Same Day/Urgent Care hours of operation

Harris Health System

FISCAL 2023 OPERATING BUDGET

❖ Pillar 4: Population Health Management

Harris Health will measurably improve patient health outcomes by optimizing a cross-continuum approach to health that is anchored in high-impact preventative, virtual and community-based services, deployed in coordination with clinical and social services partners, and underwritten by actionable population health analytics and technology. Major initiatives include:

- Improve access to specialty care through expansion of services throughout our network of ambulatory sites.
- Improve the effectiveness and efficiency of virtual care delivery.
- Advance the remote monitoring program for general wellness and chronic disease management.

❖ Pillar 5: Infrastructure Optimization

Harris Health will invest in and optimize infrastructure related to facilities, information technology (IT) and telehealth, information security, and health informatics to increase value, ensure safety and meet the current and future needs of the patients we serve. Major initiatives include:

- Complete phase 3 of Facility Master Plan for LBJ and Ben Taub.
- Complete Ambulatory Care Facility Plan.
- Implement advanced perimeter defense mechanisms for prevention and protection against cybersecurity related attacks.
- Implement/promote Epic in FQHC and non-FQHC community-based clinics/departments to support provision of a single electronic medical record (Epic) in the community.

Of note, Pillar 5 initiatives related to LBJ include only the operating cost associated with completing the Facility Master Plan. Additional costs associated with operating a new, expanded facility are not expected to be incurred until FY 2027-2028 and are currently pending assessment.

In summary, the baseline operating expense budget for Harris Health System, originally projected at \$2.26 billion for FY 2023, is proposed to increase by \$56 million for a total of \$2.32 billion following the discussed updates. This includes an estimated \$89.3 million annual budget for Correctional Health which is to be

Harris Health System

FISCAL 2023 OPERATING BUDGET

reimbursed by the County. The resulting margin, before strategic initiatives, is a net loss of \$16.8 million or (0.7) percent. After inclusion of the Strategic Plan initiatives currently under consideration the resulting operating loss increases to \$44.8 million or (1.9) percent.

Cost Mitigation Strategies

In an effort to minimize or alleviate the resulting \$44.8 million loss to Harris Health System in FY 2023, the following mitigation strategies are presented for discussion and consideration:

❖ Break-even Margin

In light of current market conditions and operational needs, Harris Health System will commit to achieving a break-even margin as opposed to the 2.0 percent margin originally presented for FY 2023. Anything less than a break-even margin will effectively trigger a downgrade concern by the three main rating agencies leading to a serious challenge related to accessing capital markets for the strategic bond issuance.

❖ Labor Management

As previously mentioned, cost mitigation strategies have been deployed across the organization to manage and minimize contract labor expense. Contract labor is being monitored and strategies put in place to ensure appropriate review and approval of any contract labor in an effort to achieve a 5 - 10 percent reduction in utilization. Additional efforts are underway to evaluate staffing and bring it in alignment with benchmark targets where possible.

❖ Service Reductions

The System is currently evaluating services for reduction or elimination in order to decrease projected operating losses.

❖ Ad Valorem Tax Increase

While the cost of health care in terms of staffing and medical supplies has dramatically increased over the past three years, during the same time Harris Health System's effective tax rate has been cut twice resulting in an annual decreased revenue of at least \$50 million. This occurred at the

Harris Health System

FISCAL 2023 OPERATING BUDGET

same time as Harris Health System continues to rank at the bottom of other large public health systems in Texas with respect to ad valorem property tax support per county resident or per uninsured resident.

Further erosion of the tax rate for management and operations leads to inability by Harris Health to operate “in the black” and deliver uninterrupted clinical services to the residents of Harris County. If continued at the current rate, insufficient tax revenue will disrupt the multi-year positive operating performance by the System that allowed for stable, favorable bond ratings and easy access to capital. Without a strong balance sheet that Harris Health boasts today, its bond ratings will fall, the cost of capital will rise, and strategic hospital replacement will become a very costly proposition for the tax payers of the Harris County. As a result, patient care for the most vulnerable residents in the fourth most populous county in the nation will suffer a heavy setback.

Harris Health System FISCAL 2023 OPERATING BUDGET



Appendix A

Harris Health System

Statement of Revenues and Expenses

Fiscal 2023 Operating Budget (In Millions)

	Actual Audited Financials FY 2022	Planning Budget incl. Correctional Health FY 2023	Revised Budget incl. Correctional Health FY 2023	Variance to Planning Budget FY 2023
Revenue:				
1	\$ 822.0	\$ 723.7	\$ 723.7	\$ -
2	561.1	614.3	612.2	(2.1)
3	81.7	116.8	116.8	0.0
4	1,510.8	1,454.8	1,452.7	(2.1)
5	814.8	838.2	831.1	(7.1)
6	13.3	13.3	13.3	0.0
7	1.6	2.0	5.0	3.0
8	829.7	853.4	849.3	(4.1)
9	\$ 2,340.4	\$ 2,308.2	\$ 2,302.0	\$ (6.2)
Expense:				
10	\$ 792.7	\$ 863.2	\$ 922.2	\$ 59.0
11	259.4	288.8	293.4	4.6
12	1,052.1	1,152.0	1,215.6	63.6
13	271.5	298.7	282.7	(16.0)
14	370.1	425.6	443.0	17.4
15	280.6	293.2	289.0	(4.2)
16	71.9	93.5	88.6	(4.9)
17	\$ 2,046.2	\$ 2,262.9	\$ 2,318.9	\$ 56.0
18	\$ 294.2	\$ 45.4	\$ (16.8)	\$ (62.2)
19	12.6%	2.0%	-0.7%	-2.7%

Impact of Identified Strategic Initiatives:				
20	Pillar 1 - Quality & Patient Safety	0.0	0.4	0.0
21	Pillar 2 - People	in baseline	in baseline	0.0
22	Pillar 3 - One Harris Health	0.0	5.4	5.4
23	Pillar 4 - Population Health Management	0.0	12.5	12.5
24	Pillar 5 - Infrastructure Optimization	0.0	9.7	9.7
25	Incremental Operating Expense	0.0	28.0	28.0
26	Combined Operating Income (Loss) Including Strategic Initiatives	\$ 45.4	\$ (44.8)	\$ (90.2)
27	Combined Total Margin	2.0%	-1.9%	

Harris Health System Strategic Financial Plan FISCAL 2023-2027 (in Millions)

	Planning Budget incl. Correctional Health FY 2023	Revised Budget incl. Correctional Health FY 2023	Projected FY 2024	Projected FY 2025	Projected FY 2026	Projected FY 2027	
Revenue:							
1	Net Patient Service Revenue	\$ 723.7	\$ 723.7	\$ 735.4	\$ 747.4	\$ 759.6	\$ 772.1
2	Medicaid Supplemental Programs	614.3	612.2	615.9	619.7	623.4	627.2
3	Other Operating Revenue	116.8	116.8	120.1	123.5	127.1	130.8
4	Total Operating Revenue	1,454.8	1,452.7	1,471.4	1,490.6	1,510.1	1,530.1
5	Net Ad Valorem Tax Revenue	838.2	831.1	847.7	864.7	882.0	899.6
6	Net Tobacco Settlement Revenue	13.3	13.3	13.3	13.3	13.3	13.3
7	Interest Income & Other	2.0	5.0	5.1	5.2	5.3	5.4
8	Total Non-operating Revenue	853.4	849.3	866.1	883.1	900.5	918.3
9	Total Net Revenue	\$2,308.2	\$2,302.0	\$2,337.5	\$2,337.5	\$2,410.6	\$2,448.4
Expense:							
10	Salaries and Wages	\$863.2	\$922.2	\$954.4	\$987.8	\$1,022.4	\$1,058.2
11	Employee Benefits	288.8	293.4	305.2	317.4	330.1	343.3
12	Total Labor Cost	1,152.0	1,215.6	1,259.6	1,305.2	1,352.5	1,401.5
13	Supplies	298.7	282.7	294.0	305.8	318.0	330.7
14	Physician Services	425.6	443.0	465.1	488.4	512.8	538.4
15	Purchased Services	293.2	289.0	300.6	312.6	325.1	338.1
16	Depreciation, Amortization & Interest	93.5	88.6	93.9	99.5	105.5	111.8
17	Total Operating Expense	\$2,262.9	\$2,318.9	\$2,413.2	\$2,511.5	\$2,613.9	\$2,720.6
18	Operating Income (Loss)	\$45.4	\$(16.8)	\$(75.7)	\$(137.8)	\$(203.2)	\$(272.2)
19	Total Margin	2.0%	-0.7%	-3.2%	-5.8%	-8.4%	-11.1%

Impact of Identified Strategic Initiatives:							
20	Pillar 1 - Quality & Patient Safety	0.0	0.4	0.4	0.4	0.4	0.4
21	Pillar 2 - People	in baseline	in baseline	in baseline	in baseline	in baseline	in baseline
22	Pillar 3 - One Harris Health	0.0	5.4	6.4	6.6	6.8	7.1
23	Pillar 4 - Population Health Management	0.0	12.5	21.1	24.5	25.4	26.3
24	Pillar 5 - Infrastructure Optimization *	0.0	9.7	46.1	51.9	53.7	55.6
25	Incremental Operating Expense	\$0.0	\$28.0	\$74.1	\$83.4	\$86.3	\$89.3
26	Combined Operating Income (Loss) Including Strategic Initiatives	\$45.4	\$(44.8)	\$(149.8)	\$(221.2)	\$(289.5)	\$(361.5)
27	Combined Total Margin	2.0%	-1.9%	-6.4%	-9.3%	-12.0%	-14.8%

*Of note, Pillar 5 initiatives related to LBJ include only the operating cost associated with completing the Facility Master Plan. Additional cost associated with operating a new, expanded facility is not expected to be incurred until FY 2028.

Thursday, July 28, 2022

Consideration of Approval of the Following Reports for the Health Care for the Homeless Program as Required by the United States Department of Health and Human Services Which Provides Funding to the Harris County Hospital District d/b/a/Harris Health System to Provide Health Services to Persons Experiencing Homelessness under Section 330(h) of the Public Health Service Act Health Care for the Homeless Program

Operational Update for Review and Discussion

- **HCHP July 2022 PowerPoint**

Attached for consideration of approval:

- **HCHP Q1 Budget Report**
- **2022 Consumer Advisory Council Report**
- **HCHP Legislative Mandates Policy**

Administration recommends that the Board approves the Health Care for the Homeless Program Reports as required by the United States Department of Health and Human Services which provides funding to the Harris County Hospital District d/b/a/ Harris Health System to provide health services to persons experiencing homelessness under Section 330 (h) of the Public Health Service Act for the Homeless Program.

HARRIS HEALTH SYSTEM

Health Care for the Homeless Monthly Update Report July 2022

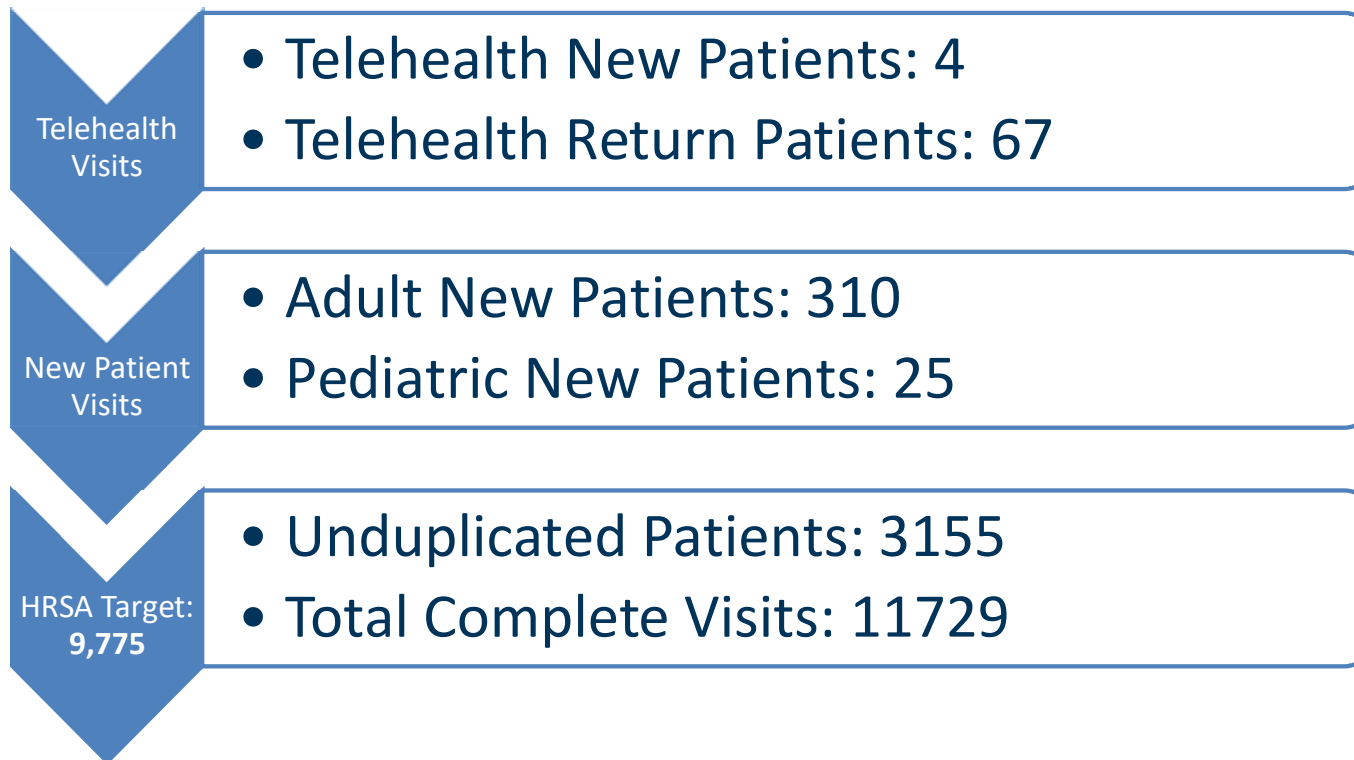
Jennifer Small AuD, MBA, CCC-A, Executive Vice President, Ambulatory Care Services

Tracey Burdine, Director, Health Care for the Homeless Program

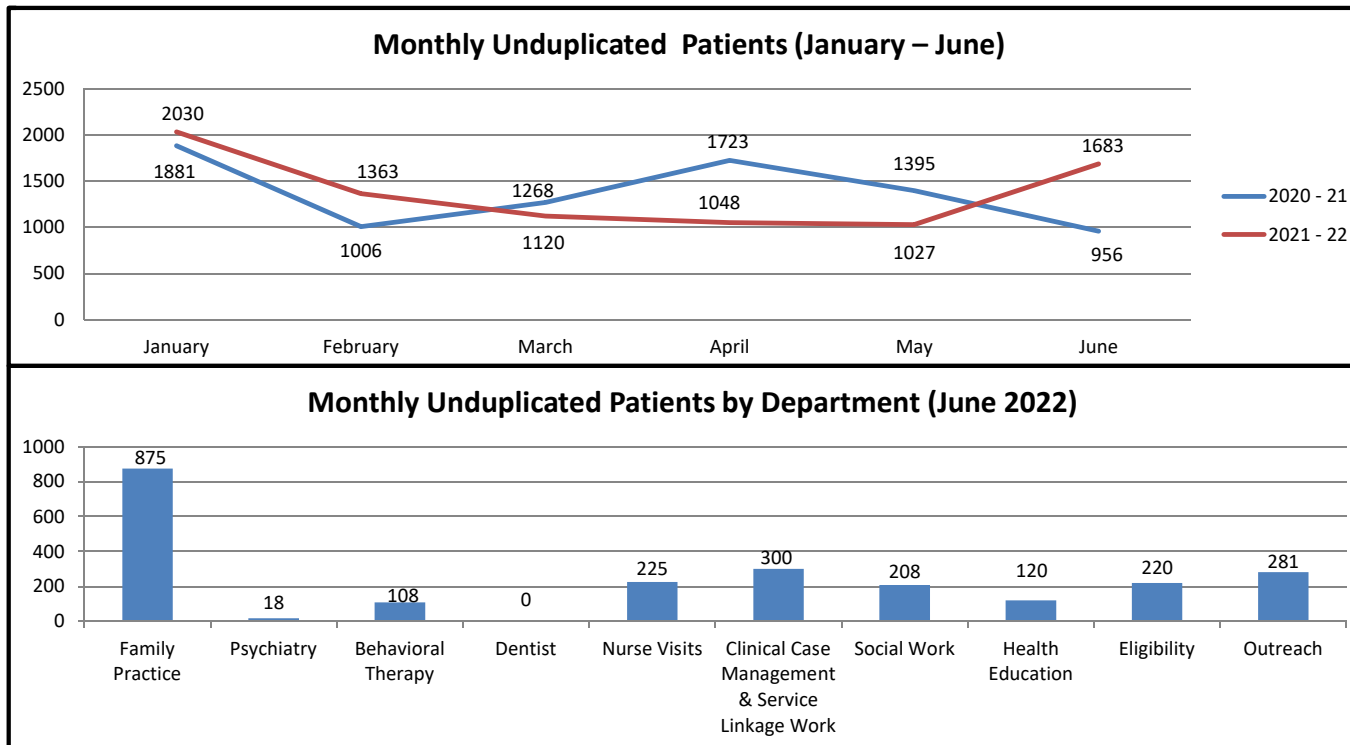
Agenda

- Operational Update
 - Patient Services
 - Consumer Advisory Council Report
 - HCHP Q1 Budget Report
 - HCHP Legislative Mandates Policy

Patients Served

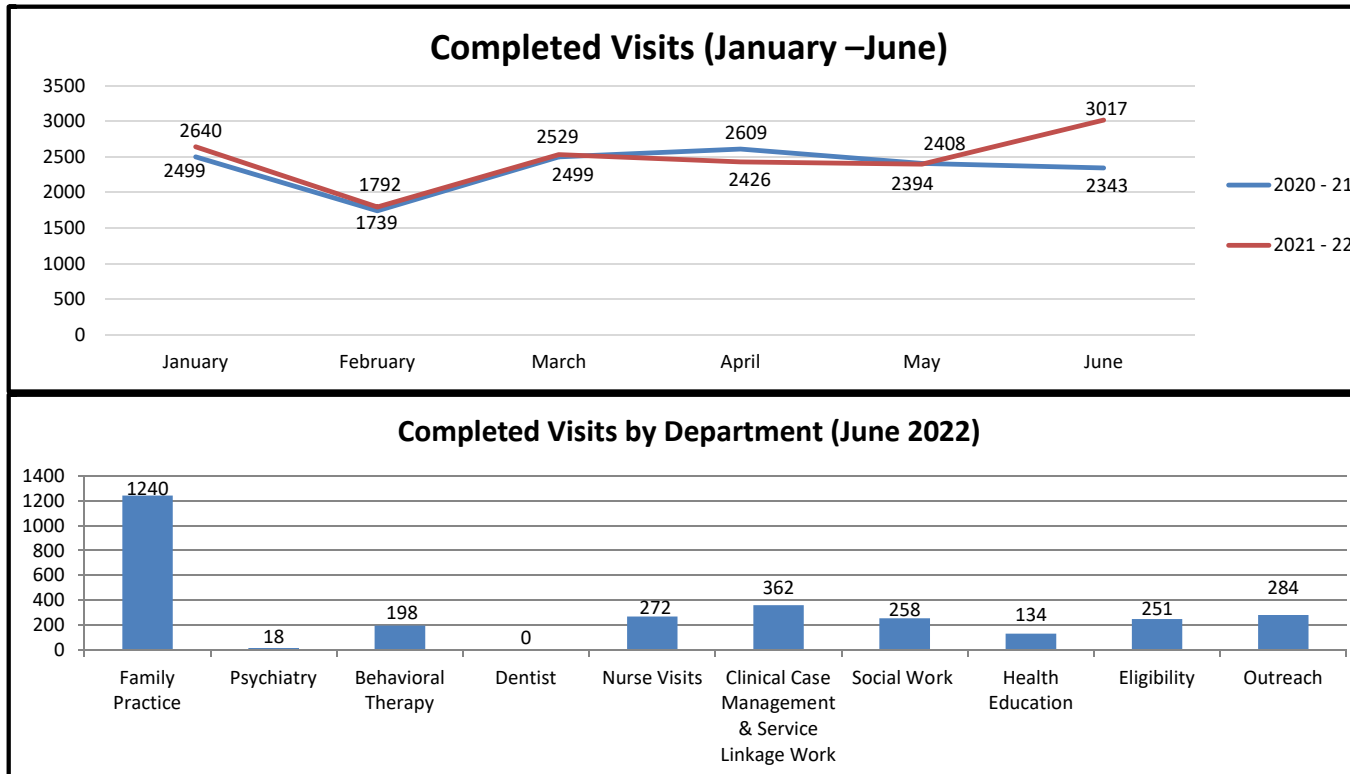


Operational Update



Mobile Dental Unit services suspended due to vehicle maintenance

Operational Update



Mobile Dental Unit services suspended due to vehicle maintenance.

Operational Update

Highlights of Council Activities March 2022 – May 2022

- Members received updates regarding changes to the eligibility and registration processes.
- Members were informed of the bid process for purchasing new mobile units.
- Members were informed of the negotiations with the University of Texas – Dental School for a dental contract to operate the dental mobile unit.
- The council received a copy of the 2018-2021 UDS comparison report.
- Members were informed of patient-centered medical home applications submitted to the National Committee for Quality Assurance

Operational Update

Homeless -Primary Grants and Harris Health Funding				
Period: January 1, 2022 – December 31, 2022				
YTD March 2022				
Line Item	Annual Budget	YTD Total Expense	Annualized Expense	% Used Annualized
Personnel/Fringe	\$ 4,914,841	\$ 892,877.53	\$ 3,571,510.12	72.67%
Travel	\$6,109.00	\$3,091.52	\$6100.00	99.85%
Supplies	\$232,129.67	\$ 58,127.62	\$ 232,510.48	100.16%
Equipment	\$526,127.92	-	-	-
Contractual	\$801,779.50	\$ 7,574.42	\$ 311,124.68	38.80%
Other	\$77,594.39	\$ 11,759.36	\$ 47,037.44	60.62%
Total	\$ 6,558,581.48	\$ 973,430.45	\$ 3,893,721.80	59.37%

Legislative Mandates Policy

- The policy outlines limitations contained in the Consolidated Appropriations Act.
- Previously part of the Financial and Grant Management Policy.
- Policy is annually audited by HRSA for compliance.
- Example of limitations on spending federal grant funds: restriction on abortions, ban on funding human embryo research, restriction of pornography on computer networks.

BOARD OF TRUSTEES

Meeting of the Board of Trustees

HARRISHEALTH
SYSTEM

Thursday, July 28, 2022

Consideration of Approval of HCHP 1st Quarter Budget Report

BOARD OF TRUSTEES

Meeting of the Board of Trustees

HARRISHEALTH
SYSTEM

Thursday, July 28, 2022

Consideration of Approval of HCHP 2022 Consumer Advisory Council Report

HCHP Consumer Advisory Council Report

Highlights of Council Activities from March 2022 – May 2022:

Meetings were held via WebEx and teleconference due to the COVID-19 pandemic.

- Members received updates on ongoing operational changes at Harris Health and the Health Care for the Homeless Program (HCHP) because of the COVID-19 pandemic, and updates on locations for testing and vaccinations for people experiencing homelessness.
- Members reviewed reports related to medical services, dental care, outreach, social work, case management, psychiatry, behavioral health, patient registration/eligibility, HIV testing, health education, outreach services, procedures clinic, patient satisfaction, quality and performance improvement.
- Members provided updates on new encampment areas on which to conduct outreach services.
- Members received updates regarding changes to the eligibility and registration processes.
- The council was informed of the closure of the Jackson Hinds Garden Clinic, increase of an additional day at Salvation Army Family, the reopening of the Harmony House clinic, and the new clinic to be opened at the Jensen Navigation Center.
- Members were informed of the bid process for purchasing new mobile units.
- Members were informed of the negotiations with the University of Texas – Dental School for a dental contract to operate the dental mobile unit.
- The council received a copy of the 2018-2021 UDS comparison report.
- Members were informed of patient-centered medical home applications submitted to the National Committee for Quality Assurance.

BOARD OF TRUSTEES

Meeting of the Board of Trustees

HARRISHEALTH
SYSTEM

Thursday, July 28, 2022

Consideration of Approval of HCHP Legislative Mandate Policy



POLICY AND REGULATIONS MANUAL

Policy No:
Page Number: 1 of 7
Effective Date: 0
Board Motion No.
Last Review Date:
Due For Revision:

TITLE: LEGISLATIVE MANDATES – HEALTHCARE FOR THE HOMELESS PROGRAM

PURPOSE: To outline the current limitations contained within the Consolidated Appropriations Act to ensure the Harris Health System Healthcare for the Homeless Program (HCHP) does not use federal grant funds to support prohibited activities.

POLICY STATEMENT:

The Healthcare for the Homeless Program will spend federal grant funds in compliance with the Consolidated Appropriations Act that is adopted each year by the legislature.

POLICY ELABORATIONS:

Annually, the Federal government appropriates funds for its departments and programs through the Consolidated Appropriations Act. This act contains provisions that limit the use of grants funds by Health Resources and Services Administration (HRSA) grantees, like the Healthcare for the Homeless Program. The Legislative Mandates generally recur on a continuing annual basis with the passage of a new Appropriations Act, and are restated in guidance issued by the Office of Federal Assistance Management within HRSA.

I. DEFINITIONS:

- A. HARRIS HEALTH HEALTHCARE FOR THE HOMELESS PROGRAM (HCHP):** A program that provides outreach services to Homeless Individuals through Harris Health’s Ambulatory Care Services Community Health Program. The HCHP also provides comprehensive primary health services at shelter-based clinics and mobile health and mobile dental units, on-site case management, financial eligibility determination, and registration for services, as well as, on-site mental health, substance abuse counseling, and residential treatment.

- B. HUMAN EMBRYO OR EMBRYOS:** Any organism, not protected as a human subject that is derived by fertilization, parthenogenesis, cloning, or any other means from one or more human gametes or human diploid cells.

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POLICY AND REGULATIONS MANUAL

Policy No:
Page Number: 2 of 7
Effective Date: 0
Board Motion No.
Last Review Date:
Due For Revision:

C. **LEGISLATIVE MANDATES:** Provisions within the annual Consolidated Appropriations Act that restrict federal grantees from using federal grant funds, including grants received from the HRSA, to support certain specific activities.

II. COMPLIANCE WITH HRSA MANDATES

The Healthcare for the Homeless Program shall comply with all Legislative Mandates when spending federal grant funds. The current Legislative Mandates include the following:

- Salary Limitation
- Gun Control
- Anti-Lobbying
- Acknowledgment of Federal Funding
- Restriction on Abortions
- Exceptions to Restriction on Abortions
- Ban on Funding Human Embryo Research
- Limitation on Use of Funds for Promotion of Legalization of Controlled Substances
- Restriction of Pornography on Computer Networks
- Restriction on Distribution of Sterile Needles
- Confidentiality Agreements

A. HRSA’s Legislative Mandates will be reviewed annually by the Director of the HCHP, who may seek assistance from the Harris County Attorney’s Office, and, if changes to the Legislative Mandates are made, Harris Health policies shall be revised accordingly to include such changes and any new requirements from the Consolidated Appropriations Act. This revised policy will be approved by the Board of Trustees.

B. The HCHP Director will be responsible for ensuring that staff receive any training required based on Legislative Mandate changes.

C. Harris Health will incorporate the Legislative Mandates into its audit of the HCHP Program.

D. Harris Health shall:

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POLICY AND REGULATIONS MANUAL

Policy No:
Page Number: 3 of 7
Effective Date: 0
Board Motion No.
Last Review Date:
Due For Revision:

1. Set the salary limitation for charging of salaries to federal grant funds at a rate not to exceed the Executive Level II salary in the federal government;
2. Not use any HRSA funds:
 - a. To advocate or promote gun control;
 - b. For publicity or propaganda purposes; or for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself, other than for normal and recognized executive legislative relationships, for publicity or propaganda purposes;
 - c. To pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government;

NOTE: The prohibitions in subsections b. and c. shall include any activity to advocate or promote any proposed, pending or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

- d. For any abortion or for Health Benefits Coverage that includes coverage of abortion. This limitation does not:
 - i. Apply to an abortion (1) if the pregnancy is the result of an act of rape or incest; or (2) in the case where a woman suffers from a physical disorder,

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- physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the woman in danger of death unless an abortion is performed;
- ii. Prohibit the expenditure by a State, locality, entity or private person of State, local, or private funds; OR
 - iii. Restrict the ability of any managed care provider from offering abortion coverage or the ability of a State or locality to contract separately with such a provider for such coverage with State funds (other than a State's or locality's contribution of Medicaid matching funds);
- e. Make funds available to a Federal agency or program, or to a State or local government, if such agency, program, or government subjects any institutional or individual Health Care Entity to discrimination on the basis that the Health Care Entity does not provide, pay for, provide coverage of, or refer for abortions;
- f. For the creation of a Human Embryo or Embryos for research purposes;
- g. Any activity that promotes the legalization of any drug or other substance included in schedule 1 of the schedules of controlled substances except for normal and recognized executive-congressional communications. This limitation shall not apply when there is significant medical evidence of a therapeutic advantage to the use of such drug or other substance or that federally sponsored clinical trials are being conducted to determine therapeutic advantage;
- h. To purchase any sterile needles for the hypodermic injection of any illegal drug. Nor, to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug;
- i. To maintain or establish a computer network unless such network blocks the viewing, downloading, and exchanging of pornography. The foregoing shall not limit the use of funds necessary for any federal, state, tribal, or local law enforcement agency or any other entity carrying out criminal investigations, prosecution, or adjudication activities;



POLICY AND REGULATIONS MANUAL

Policy No:
Page Number: 5 of 7
Effective Date: 0
Board Motion No.
Last Review Date:
Due For Revision:

- j. To fund a contract, grant, or cooperative agreement with an entity that requires employees or contractors of such entity seeking to report fraud, waste, or abuse to sign internal confidentiality agreements or statements prohibiting or otherwise restricting such employees or contractors from lawfully reporting such waste, fraud, or abuse to a designated investigative or law enforcement representative of a Federal department or agency authorized to receive such information.

E. Funding Acknowledgement:

When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, Harris Health shall clearly state:

The percentage of the total costs of the program or project which will be financed with Federal money;

The dollar amount of Federal funds for the project or program; and

Percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources.

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POLICY AND REGULATIONS MANUAL

Policy No:
Page Number: 6 of 7
Effective Date: 0
Board Motion No.
Last Review Date:
Due For Revision:

REFERENCES/BIBLIOGRAPHY:

Grants Policy Bulletin on Legislative Mandates in Grant Management for FY 2022

Health Center Program Compliance Manual – Health Resources and Services Administration (HRSA), Bureau of Primary Healthcare

OFFICE OF PRIMARY RESPONSIBILITY:

Harris Health System Healthcare for the Homeless Program

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POLICY AND REGULATIONS MANUAL

Policy No:
Page Number: 7 of 7
Effective Date: 0
Board Motion No.
Last Review Date:
Due For Revision:

REVIEW/REVISION HISTORY:

Effective Date	Version # (If Applicable)	Review/ Revision Date (Indicate Reviewed or Revised)	Approved by:

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Thursday, July 28, 2022

Consideration of Approval for an Amendment to the Grant Contract Between the Harris County Hospital District d/b/a Harris Health System (the Subrecipient) and Harris County (the Recipient) for Ryan White Part A Services

This amendment between the Harris County Hospital District d/b/a Harris Health System and Harris County, by and through its Public Health Department (HCPH), relates to the Ryan White Part A Program. Pursuant to the contract, Harris Health provides primary medical care, psychiatric services, obstetric and gynecological care and local pharmacy assistance program to HIV positive patients of Harris Health System.

- This amendment increases the current grant award by \$6,456,865, bringing the total funds awarded to Health Health System to \$8,519,173.50.
- The term of this agreement is March 1, 2022 through February 28, 2023.

Administration recommends approval of this Amendment between the Harris County Hospital District d/b/a Harris Health System and Harris County.

Thank you.

**FIRST AMENDMENT TO CONTRACT BETWEEN HARRIS COUNTY AND
HARRIS HEALTH SYSTEM**

THE STATE OF TEXAS §
 §
COUNTY OF HARRIS §

This First Amendment to Contract (“First Amendment”) is made and entered into by and between **Harris County** (“the County”) a body corporate and politic under the laws of the State of Texas and **HARRIS HEALTH SYSTEM** (“the Subrecipient”).

RECITALS

On or about March 01, 2022, the County entered into a Contract with the Subrecipient (C.A. File No. 22GEN0578) (“the Contract”) for the Subrecipient to provide certain services to certain HIV-infected and affected individuals in the Houston Eligible Metropolitan Area (“the Services”). These services are being funded with federal grant monies received by the County under the Ryan White HIV/AIDS Treatment Extension Act of 2009.

The County and Subrecipient now desire to amend the Contract to increase the amount of funds allocated to the Subrecipient by the amount of \$6,456,864.97 to provide the Services (“First Amendment”).

NOW, THEREFORE, the County and Subrecipient in consideration of the mutual covenants and First Amendment to Agreements herein contained do mutually agree as follows:

TERMS:

1. Article V. of the Contract, entitled "COMPENSATION AND PAYMENT FOR SERVICES", paragraph F., is amended to read as follows:

"F. The Consolidated Appropriations Act, 2021, Division H, § 202, (P.L.116-260) enacted December 27, 2020, limits the salary amount that may be awarded and charged to HRSA grants and cooperative agreements to the Federal Executive Pay Scale Level II rate set at \$203,700.00, effective January 2022. This amount reflects an individual's base salary exclusive of fringe benefits. An individual's institutional base salary is the annual compensation that the recipient organization pays an individual and excludes any income an individual may be permitted to earn outside the applicant organization duties. HRSA funds may not be used to pay a salary in excess of this rate. This salary limitation also applies to Subrecipients under a HRSA grant or cooperative agreement."

2. It is understood and agreed that First Amended Attachments Nos. 01 and 02 shall replace Attachments Nos. 01 and 02 of the Contract in their entirety. First Amended Attachments Nos. 01 and 02 are attached hereto and incorporated herein by reference. Any and all references in the Contract to Attachment No. 01 shall be references to First Amended Attachment No. 01. Any and all references in the Contract to Attachment No. 02 shall be

references to First Amended Attachment No. 02. Any and all references in the Contract to Attachment No. 03 shall be references to First Amended Attachment No. 03. Any and all references in the Contract to Attachment No. 04 shall be references to First Amended Attachment No. 04.

3. Except as set forth herein, all other terms and provisions of said Contract shall remain in full force and effect as originally written and subsequently amended.
4. The County executes this First Amendment by and through the County Judge acting pursuant to Order of Commissioners Court of Harris County, Texas, so authorizing. This First Amendment shall not become effective until executed by all parties hereto and remain in full force and effect until 2/28/2023. At the County's option, the Contract may be renewed on the same terms and conditions for four (4) one-year periods (each a "Renewal Term").
5. Contractor's funds will be increased by Six Million Four Hundred Fifty-Six Thousand Eight Hundred Sixty-Four and 97/100 Dollars, (\$6,456,864.97) for providing services. Having previously certified funds in the amount of Two Million Sixty-Two Thousand Three Hundred Eight and 50/100 Dollars (\$2,062,308.50), the total funds available under the Contract is Eight Million Five Hundred Nineteen Thousand One Hundred Seventy-Three and 47/100 Dollars (\$8,519,173.47). Contractor understands and agrees, said understanding and agreement also being of the absolute essence of this First Amendment, that the total maximum compensation that Contractor may become entitled to for the Services performed under this Contract and First Amendment, and the total maximum sum that the County shall become liable to pay to Contractor under this Amendment for the Services, shall not under any conditions, circumstances, or interpretations thereof exceed the sum of Eight Million Five Hundred Nineteen Thousand One Hundred Seventy-Three and 47/100 Dollars (\$8,519,173.47).
6. Contractor further understands and agrees that payment for the Services under this Contract shall be made from Grant Funds awarded to the County for the term of the Contract. It is expressly understood and agreed that the County shall rely solely on Grant Funds under the Grant awarded to the County with which to pay its obligations for the Services provided under this Contract. The County shall not be liable under any circumstances or any interpretations hereof for any costs under the Contract until the Grant Funds are actually received by the County and then only to the extent that such monies are actually received and certified available for this Contract by the County Auditor, as evidenced by the issuance of a Purchase Order for the amount. Contractor agrees that the Grant Funds awarded to the County are the exclusive funding of the Contract.
7. The Parties understand that payment obligations created by this Contract are conditioned upon the availability of third-party funds (e.g., federal funds awarded to the State or County) from the United States Public Health Service, Health Resources and Services Administration ("HRSA") and appropriated for the payment of such obligations under the Grant. In the event these funds are discontinued or reduced during the Contract term, the County shall not be liable for payment of any funds above the actual Grant Funds the

County receives. If such a discontinuation/reduction occurs and the Parties are unable to renegotiate the Contract upon mutually acceptable terms, Contractor's sole and exclusive remedy shall be to terminate this Contract. The County obligation to make any payments under the Contract is limited to the amount of the Grant Funds. Contractor agrees that it will not be entitled to any damages or remedies of any kind including, but not limited to liquidated or incidental damages, late fees, penalties, or finance charges. Failure to certify funds or to certify sufficient funding for any reason shall not be considered a breach of the Contract.

APPROVED AS TO FORM:

HARRIS COUNTY

CHRISTIAN D. MENELEE

County Attorney

By: _____

T. Scott Petty
Assistant County Attorney
C.A. File No. 22GEN2114

By: _____

Lina Hidalgo
County Judge

Date signed: _____

APPROVED:

HARRIS COUNTY PUBLIC HEALTH

By: _____

Ericka Brown, MD, MBA
Director, Community Health and Wellness Division

Date signed: _____

ATTEST:

Harris Health System

By: _____

Secretary

By: _____

Esmail Porsa, M.D.
President & Chief Executive Officer

Date Signed: _____

ORDER OF COMMISSIONERS COURT
Authorizing execution of an amendment to a contract

The Commissioners Court of Harris County, Texas, met in regular session at its regular term at the Harris County Administration Building in the City of Houston, Texas, on _____, with all members present except _____.

A quorum was present. Among other business, the following was transacted:

**ORDER AUTHORIZING FIRST AMENDMENT TO THE CONTRACT BETWEEN
HARRIS COUNTY AND HARRIS HEALTH SYSTEM**

Commissioner _____ introduced an order and moved that Commissioners Court adopt the order. Commissioner _____ seconded the motion for adoption of the order. The motion, carrying with it the adoption of the order, prevailed by the following vote:

	Yes	No	Abstain
Judge Lina Hidalgo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comm. Rodney Ellis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comm. Adrian Garcia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comm. Tom S. Ramsey, P.E.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comm. R. Jack Cagle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The County Judge thereupon announced that the motion had duly and lawfully carried and that the order had been duly and lawfully adopted. The order adopted follows:

IT IS ORDERED that:

1. The Harris County Judge is authorized to execute on behalf of Harris County a First Amendment to the Contract in an amount not to exceed \$6,456,864.97 with Harris Health System. The First Amendment is incorporated by reference and made a part of this order for all intents and purposes as thought set out in full word for word.
2. All Harris County officials and employees are authorized to do any and all things necessary or convenient to accomplish the purposes of this order.

FIRST AMENDED ATTACHMENT NO. 01

SECTION I. SCOPE OF WORK

- HRSA Service Category: 1. Outpatient/Ambulatory Medical Care
2. AIDS Pharmaceutical Assistance (local)
3. Medical Case Management
4. Case Management (non-Medical)
5. Emergency Financial Assistance – Pharmacy Assistance
6. Outreach

- Local Service Category: Adult Comprehensive Primary Medical Care
i. Targeted to Public Clinic
ii. Targeted to Women at Public Clinic

Amount Available: Total Award Funding: \$8,021,873.00

- 1. Primary Medical Care: \$6,027,300.00
 - i. Targeted to Public Clinic: \$3,927,300.00
 - ii. Targeted to Women at Public Clinic: \$2,100,000.00
- 2. LPAP: \$520,360.00
- 3. Medical Case Management: \$398,302.00 (5.0 FTE)
 - i. Targeted to Public Clinic: \$276,825.00
 - ii. Targeted to Women at Public Clinic: \$ 75,285.00
 - iii. Targeted to Youth: \$ 46,192.00
- 4. Service Linkage: \$426,472.00 (8.5 FTE)
 - i. Targeted to Public Clinic: \$370,935.00
 - ii. Targeted to Youth: \$ 55,537.00
- 5. Emergency Financial Assistance: \$509,439.00
(At least 75% of funds must be for medications)
- 6. Outreach: \$140,000.00

Note: The Houston Ryan White Planning Council (RWPC) determines annual Part A and MAI service category allocations & reallocations. RWGA has sole authority over contract award amounts.

- Target Population: Comprehensive Primary Medical Care – Community Based
i. Targeted to Public Clinic
ii. Targeted to Women at Public Clinic

Client Eligibility: PLWHA residing in the Houston EMA (prior approval required for non-EMA clients). Subrecipient must adhere to Targeting requirements and Budget limitations as applicable.
Age, Gender, Race, Ethnicity, Residence, etc.

Financial Eligibility: *See Approved Financial Eligibility for Houston EMA/HSDA*

Budget Type: Hybrid Fee for Service

Budget Requirement or Restrictions: Primary Medical Care:

100% of clients served under the *Targeted to Women at Public Clinic* subcategory must be female

10% of funds designated to primary medical care must be reserved for invoicing diagnostic procedures at actual cost.

Subrecipients may not exceed the allocation for each individual service component (Primary Medical Care, Medical Case Management, Local Pharmacy Assistance Program and Service Linkage) without prior approval from RWGA.

Local Pharmacy Assistance Program (LPAP):

Houston RWPC guidelines for Local Pharmacy Assistance Program (LPAP) services: Subrecipient shall offer HIV medications from an approved formulary for a total not to exceed \$18,000 per contract year per client. Subrecipient shall offer HIV-related medications for a total not to exceed \$3,000 per contract year per client. These guidelines are determined by the RWPC. The RWPC determines the subcategories that shall include Ryan White LPAP funding.

Medications must be provided in accordance with Houston EMA guidelines, HRSA/HAB rules and regulations and applicable Office of Pharmacy Affairs 340B guidelines.

At least 75% of the total amount of the budget for LPAP services must be solely allocated to the actual cost of medications and may not include any storage, administrative, processing or other costs associated with managing the medication inventory or distribution.

EFA-Pharmacy Assistance: Direct cash payments to clients are not permitted. It is expected that all other sources of funding in the community for emergency financial assistance will be effectively used and that any allocation of RWHAP funds for these purposes will be as the payer of last resort, and for limited amounts, uses, and periods of time. Continuous provision of an allowable service to a client should not be funded through emergency financial assistance.

Service Unit Definition/s: **Outpatient/Ambulatory Medical Care:** One (1) unit of service = One (1) primary care office/clinic visit or telehealth which includes the following:

- Primary care physician/nurse practitioner, physician's assistant or clinical nurse specialist examination of the patient, and
- Medication/treatment education

- Medication access/linkage
- OB/GYN specialty procedures (as clinically indicated)
- Nutritional assessment (as clinically indicated)
- Laboratory (as clinically indicated, not including specialized tests)
- Radiology (as clinically indicated, not including CAT scan or MRI)
- Eligibility verification/screening (as necessary)
- Follow-up visits wherein the patient is not seen by the MD/NP/PA are considered to be a component of the original primary care visit.
- Outpatient Psychiatric Services: 1 unit of service = A single (1) office/clinic visit or telehealth wherein the patient is seen by a State licensed and board-eligible Psychiatrist or qualified Psychiatric Nurse Practitioner. This visit may or may not occur on the same date as a primary care office visit.

Medication Education: 1 unit of service = A single pharmacy visit wherein a Ryan White eligible client is provided medication education services by a qualified pharmacist. This visit may or may not occur on the same date as a primary care office visit. Maximum reimbursement allowable for a medication education visit may not exceed \$50.00 per visit. The visit must include at least one prescription medication being provided to clients. A maximum of one (1) Medication Education Visit may be provided to an individual client per day, regardless of the number of prescription medications provided.

AIDS Pharmaceutical Assistance (local and EFA): A unit of service = a transaction involving the filling of a prescription or any other allowable medication need ordered by a qualified medical practitioner. The transaction will involve at least one item being provided for the client but can be any multiple. The cost of medications provided to the client must be invoiced at actual cost.

Medical Case Management: 1 unit of service = 15 minutes of direct medical case management services to an eligible PLWHA performed by a qualified medical case manager.

Outreach: 1 unit of service = 15 minutes of direct client service providing outreach services by an Outreach Worker for eligible HIV-infected clients, including other allowable activities (includes staff trainings, meetings, and assessments at determined by Ryan White Grant Administration).

Service Linkage (non-Medical Case Management): 1 unit of service = 15 minutes of direct service linkage services to an eligible PLWHA performed by a qualified service linkage worker.

Nutritional Assessment and Plan: 1 unit of service = A single comprehensive nutritional assessment and treatment plan performed by a Licensed, Registered Dietician initiated upon a physician's order. Does not include the provision of Supplements or other products (clients may be referred to the Ryan White funded Medical Nutritional

Therapy provider for provision of medically necessary supplements). The nutritional assessment visit may or may not occur on the same date as a medical office visit.

Primary Care Wellness Visit: 1 unit of service = A single (1) office/clinic visit or telehealth wherein a client is seen by a licensed physical therapist to promote and maintain healthy body composition. Visit includes, but is not limited to, strength, flexibility, or cardiovascular fitness training, pain management, and Bioelectric Impedance Analysis (BIA) body composition testing.

HRSA Service
Category
Definition:

Outpatient/Ambulatory medical care is the provision of professional diagnostic and therapeutic services rendered by a physician, physician's assistant, clinical nurse specialist, or nurse practitioner in an outpatient setting. Settings include clinics, medical offices, and mobile vans where clients generally do not stay overnight. Emergency room services are not outpatient settings. Services includes diagnostic testing, early intervention and risk assessment, preventive care and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, education and counseling on health issues, well-baby care, continuing care and management of chronic conditions, and referral to and provision of specialty care (includes all medical subspecialties). Primary medical care for the treatment of HIV infection includes the provision of care that is consistent with the Public Health Service's guidelines. Such care must include access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies.

AIDS Pharmaceutical Assistance (local) includes local pharmacy assistance programs implemented by Part A or Part B Grantees to provide HIV/AIDS medications to clients. This assistance can be funded with Part A grant funds and/or Part B base award funds. Local pharmacy assistance programs are not funded with ADAP earmark funding.

Medical Case Management services (including treatment adherence) are a range of client-centered services that link clients with health care, psychosocial, and other services. The coordination and follow-up of medical treatments is a component of medical case management. These services ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care, through ongoing assessment of the client's and other key family members' needs and personal support systems. Medical case management includes the provision of treatment adherence counseling to ensure readiness for, and adherence to, complex HIV/AIDS treatments. Key activities include (1) initial assessment of service needs; (2) development of a comprehensive, individualized service plan; (3) coordination of services required to implement the plan; (4) client monitoring to assess the efficacy of the plan; and (5) periodic re-evaluation and adaptation of the plan as necessary over the life of the client. It includes client-specific advocacy and/or review of utilization of services. This includes all types of case management including face-to-face, phone contact, and any other forms of communication.

Case Management (non-Medical) includes the provision of advice and assistance in obtaining medical, social, community, legal, financial, and other needed services. Non-

medical case management does not involve coordination and follow-up of medical treatments, as medical case management does.

Emergency Financial Assistance provides limited one-time or short-term payments to assist the RWHAP client with an emergent need for paying for essential utilities, housing, food (including groceries, and food vouchers), transportation, and medication. Emergency financial assistance can occur as a direct payment to an agency or through a voucher program.

Outreach Services include the provision of the following three activities: Identification of people who do not know their HIV status and linkage into Outpatient/Ambulatory Health Services, Provision of additional information and education on health care coverage options, Reengagement of people who know their status into Outpatient/Ambulatory Health Services

Standards of
Care:

Subrecipients must adhere to the most current published Part A/B Standards of Care for the Houston EMA/HSDA. **Services must meet or exceed applicable United States Department of Health and Human Services (DHHS) guidelines for the Treatment of HIV/AIDS.**

Local Service
Category
Definition/
Services to be
Provided:

Outpatient/Ambulatory Primary Medical Care: Services include on-site physician, physician extender, nursing, phlebotomy, radiographic, laboratory, pharmacy, intravenous therapy, home health care referral, licensed dietician, patient medication education, and patient care coordination. The Subrecipient must provide continuity of care with inpatient services and subspecialty services (either on-site or through specific referral to appropriate medical provider upon primary care Physician's order).

Services provided to women shall further include OB/GYN physician & physician extender services on-site or by referral, OB/GYN services, colposcopy, nursing, phlebotomy, radiographic, laboratory, pharmacy, intravenous therapy, home health care referral, licensed dietician, patient medication/women's health education, patient care coordination, and social services. The Subrecipient must provide continuity of care with inpatient services and subspecialty services (either on-site or through specific referral protocols to appropriate agencies upon primary care Physician's order).

Outpatient/Ambulatory Primary Medical Care must provide:

- Continuity of care for all stages of adult HIV infection;
- Laboratory and pharmacy services including intravenous medications (either on-site or through established referral systems);
- Outpatient psychiatric care, including lab work necessary for the prescribing of psychiatric medications when appropriate (either on-site or through established referral systems);
- Access to the Texas ADAP program (either on-site or through established referral systems);
- Access to compassionate use HIV medication programs (either directly or through established referral systems);
- Access to HIV related research protocols (either directly or through established referral systems);
- Must at a minimum, comply with Houston EMA/HSDA Part A/B Standards for HIV Primary Medical Care. The Subrecipient must demonstrate on an ongoing basis the ability to provide state-of-the-art HIV-related primary care medicine in accordance with the most recent DHHS HIV treatment guidelines. Rapid advances in HIV treatment protocols require that the Subrecipient provide services that to the greatest extent possible maximize a patient's opportunity for long-term survival and maintenance of the highest quality of life possible.
- On-site Outpatient Psychiatry services.
- On-site Medical Case Management services.
- On-site Medication Education.
- Physical therapy services (either on-site or via referral).
- Specialty Clinic Referrals (either on-site or via referral).
- On-site pelvic exams as needed for female patients with appropriate follow-up treatment and referral.
- On site Nutritional Counseling by a Licensed Dietitian.

Women's Services must also provide:

- Well woman care, including but not limited to: PAP, pelvic exam, HPV screening, breast examination, mammography, hormone replacement and education, pregnancy testing, contraceptive services excluding birth control medications.
- Obstetric Care: ante-partum through post-partum services, child birth/delivery services. Perinatal preventative education and treatment.
- On-site or by referral Colposcopy exams as needed, performed by an OB/GYN physician, or physician extender with a colposcopy provider qualification.
- Social services, including but not limited to, providing women access to child care, transportation vouchers, food vouchers and support groups at the clinic site;

Nutritional Assessment: Services include provision of information about therapeutic nutritional/supplemental foods that are beneficial to the wellness and increased health conditions of clients by a Licensed Dietitian. Services may be provided either through educational or counseling sessions. Clients who receive these services may utilize the Ryan White Part A-funded nutritional supplement provider to obtain recommended nutritional supplements in accordance with program rules. Clients are limited to one (1) nutritional assessment per calendar year without prior approval of RWGA.

Patient Medication Education Services must adhere to the following requirements:

- Medication Educators must be State Licensed Medical Doctor (MD), Nurse Practitioner (NP), Physician Assistant (PA), Nurse (RN, LVN) or Pharmacist. Prior approval must be obtained prior to utilizing any other health care professional not listed above to provide medication education.
- Clients who will be prescribed ongoing medical regimens (i.e. ART) must be assessed for adherence to treatment at every clinical encounter using the EMA's approved adherence assessment tool. Clients with adherence issues related to lack of understanding must receive more education regarding their medical regimen. Clients with adherence issues that are behavioral or involve mental health issues must be provided counseling by the Medical Case Manager, Physician or Physician Extender and/or licensed nursing staff and, if clinically indicated, assessment and treatment by a qualified Psychiatrist or Psychiatric Nurse Practitioner.

Outpatient Psychiatric Services:

The program must provide:

- Diagnostic Assessments: comprehensive evaluation for identification of psychiatric disorders, mental status evaluation, differential diagnosis which may involve use of other clinical and laboratory tests, case formulation, and treatment plans or disposition.
- Emergency Psychiatric Services: rapid evaluation, differential diagnosis, acute treatment, crisis intervention, and referral. Must be available on a 24-hour basis including emergency room referral.

- Brief Psychotherapy: individual, supportive, group, couple, family, hypnosis, biofeedback, and other psychophysiological treatments and behavior modification.
- Psychopharmacotherapy: evaluation and medication treatment of psychiatric disorders, including, but not limited to, anxiety disorders, major depression, pain syndromes, habit control problems, psychosis and organic mental disorders.
- Rehabilitation Services: Physical, psychosocial, behavioral, and/or cognitive training.

Screening for Eye Disorders: Subrecipient must ensure that patients receive appropriate screening and treatment for CMV, glaucoma, cataracts, and other related problems.

Local Medication Assistance Program (LPAP): LPAP provides pharmaceuticals to patients otherwise ineligible for medications through private insurance, Medicaid/Medicare, State ADAP, SPAP or other sources. Allowable medications are only those on the Houston EMA Ryan White Part A Formulary. Eligible clients may be provided Fuzeon™ on a case-by-case basis with prior approval of Ryan White Grant Administration (RWGA). The cost of Fuzeon™ does not count against a client’s annual maximum. HIV-related medication services are the provision of physician or physician-extender prescribed HIV-related medications to prevent serious deterioration of health. Does not include drugs available to the patient from other programs or payers or free of charge (such as birth control and TB medications) or medications available over the counter (OTC) without prescription.

Subrecipient must offer all medications on the Texas ADAP formulary, for a total not to exceed \$18,000.00 per contract year per client. Subrecipient must provide allowable HIV-related medications (i.e. non-HIV medications) for a total not to exceed \$3,000 per contract year per client.

Emergency Financial Assistance – Pharmacy Assistance: provides limited one-time and/or short-term 30-day supply of pharmaceuticals to patients otherwise ineligible for medications through private insurance, Medicaid/Medicare, State ADAP, SPAP or other sources. One refill for up to 30-day supply available with RWGA prior approval. Allowable medications are only those HIV medications on the Houston EMA Ryan White Part A Formulary. Does not include drugs available to the patient from other programs or payers or free of charge or medications available over the counter (OTC) without prescription. Contractor must offer all medications on the Texas ADAP formulary.

Medical Case Management Services: Services include screening all primary medical care patients to determine each patient’s level of need for Medical Case Management services, performing a comprehensive assessment, including an assessment of the patient’s health literacy, and developing a medical service plan for each client that demonstrates a documented need for such services, monitoring medical service plan to ensure its implementation, and educating client regarding wellness, medication and health care appointment adherence. The Medical Case Manager serves as an advocate for the client and as a liaison with medical providers on behalf of the client. The Medical

Case Manager ensures linkage to mental health, substance abuse and other client services as indicated by the medical service plan.

Service Linkage: The purpose of Service Linkage is to assist clients with the procurement of needed services so that the problems associated with living with HIV are mitigated. Service Linkage is a working agreement between a client and a Service Linkage Worker for an indeterminate period, based on client need, during which information, referrals and service linkage are provided on an as-needed basis. Service Linkage assists clients who do not require the intensity of Medical Case Management per RWGA Quality Management guidelines. Service Linkage is both office-based and field based. Service Linkage Workers are expected to coordinate activities with referral sources where newly-diagnosed or not-in-care PLWHA may be identified, including 1:1 case conferences with testing site personnel to ensure the successful transition of referrals into Primary Care Services. Such incoming referral coordination includes meeting prospective clients at the referring Provider location in order to develop rapport with individuals prior to the individual's initial Primary Care appointment and ensuring such new intakes to Primary Care services have sufficient support to make the often difficult transition into ongoing primary medical care. Service Linkage also includes follow-up to re-engage lost-to-care patients. Lost-to-care patients are those patients who have not returned for scheduled appointments with Provider nor have provided Provider with updated information about their current Primary Medical Care provider (in the situation where patient may have obtained alternate service from another medical provider). Subrecipient must document efforts to re-engage lost-to-care patients prior to closing patients in the CPCDMS. Service Linkage extends the capability of existing programs by providing "hands-on" outreach and linkage to care services to those PLWHA who are not currently accessing primary medical care services. Service Linkage includes the issuance of bus pass vouchers and gas cards per published RWGA guidelines. Service Linkage complements and extends the service delivery capability of Medical Case Management services.

Outreach: Providing allowable Ryan White Program outreach and service linkage activities to newly-diagnosed and/or Lost-to-Care PLWHA who know their status but are not actively engaged in outpatient primary medical care with information, referrals and assistance with medical appointment setting, mental health, substance abuse and psychosocial services as needed; advocating on behalf of clients to decrease service gaps and remove barriers to services helping clients develop and utilize independent living skills and strategies. Assist clients in obtaining needed resources, including bus pass vouchers and gas cards per published HCPHES/RWGA policies. Outreach services must be conducted at times and in places where there is a high probability that individuals with HIV infection and/or exhibiting high-risk behavior, designed to provide quantified program reporting of activities and outcomes to accommodate local evaluation of effectiveness, planned and delivered in coordination with local and state HIV prevention outreach programs to avoid duplication of effort, targeted to populations known, through local epidemiologic data or review of service utilization data or strategic planning processes, to be at disproportionate risk for HIV infection.

Agency
Requirements:

Providers and system must be Medicaid/Medicare certified.

Eligibility and Benefits Coordination: Subrecipient must implement consumer-friendly, culturally and linguistically appropriate new and ongoing patient eligibility verification and benefit coordination processes that ensure accountability with Ryan White Payer of Last Resort requirements while achieving maximum utilization of eligible benefits. Eligibility processes should provide clients with a meaningful understanding of their benefits, expected out-of-pocket expenses and other information needed to ensure full and continued participation in care.

LPAP and EFA Services: Subrecipient must:

Provide pharmacy services on-site or through an established contractual relationship that meets all requirements. Alternate (off-site) approaches must be approved prior to implementation by RWGA.

Either directly, or via subcontract with an eligible 340B Pharmacy program entity, must:

Ensure a comprehensive financial intake application to determine client eligibility for this program to insure that these funds are used as a last resort for purchase of medications.

Ensure the documented capability of interfacing with the Texas HIV Medication Program operated by the Texas Department of State Health Services. This capability must be fully documented and is subject to independent verification by RWGA.

Ensure medication assistance provided to clients does not duplicate services already being provided in the Houston area. The process for accomplishing this must be fully documented and is subject to independent verification by RWGA.

Ensure, either directly or via a 340B Pharmacy Program Provider, at least 2 years of continuous documented experience in providing HIV/AIDS medication programs utilizing Ryan White Program or similar public sector funding. This experience must be documented and is subject to independent verification by RWGA.

Ensure all medications are purchased via a qualified participant in the federal 340B Drug Pricing Program and Prime Vendor Program, administered by the HRSA Office of Pharmacy Affairs. Note: failure to maintain 340B or Prime Vendor drug pricing may result in a negative audit finding, cost disallowance or termination of contract awarded. Subrecipient must maintain 340B Program participation throughout the contract term. All eligible medications must be purchased in accordance with Program 340B guidelines and program requirements.

Ensure Houston area HIV/AIDS service providers are informed of this program and how the client referral and enrollment processes functions. Subrecipient must maintain documentation of such marketing efforts.

Implement a consistent process to enroll eligible patients in available pharmaceutical company Patient Assistance Programs prior to using Ryan White Part A funded LPAP resources.

Ensure information regarding the program is provided to PLWHA, including historically under-served and unserved populations (e.g., African American, Hispanic/Latino, Asian, Native American, Pacific Islander) and women not currently obtaining prescribed HIV and HIV-related medications.

Offer, at no charge to the client, delivery options for medication refills, including but not limited to courier, USPS or other package delivery service.

Case Management Operations and Supervision: The Service Linkage Workers (SLW) and Medical Case Managers (MCM) must function within the clinical infrastructure of Subrecipient and receive ongoing supervision that meets or exceeds published Standards of Care. A MCM may supervise SLWs.

Staff Requirements: Subrecipient is responsible for ensuring that services are provided by State licensed internal medicine and OB/GYN physicians, specialty care physicians, psychiatrists, registered nurses, nurse practitioners, vocational nurses, pharmacists, physician assistants, clinical nurse specialists, physician extenders with a colposcopy provider qualification, x-ray technologists, State licensed dietitians, licensed social worker and ancillary health care providers in accordance with appropriate State licensing and/or certification requirements and with knowledge and experience of HIV disease. In addition, Subrecipient must ensure the following staff requirements are met:

Outpatient Psychiatric Services: Director of the Program must be a Board-Certified Psychiatrist. Licensed and/or Certified allied health professionals (Licensed Psychologists, Physicians, Psychiatric Nurse Practitioners, Licensed Master Social Workers, Licensed Professional Counselors, Licensed Marriage and Family Therapists, Certified Alcohol and Drug Abuse Counselors, etc.) must be used in all treatment modalities. Documentation of the Director's credentials, licensures and certifications must be in personnel file. Documentation of the Allied Health professional licensures and certifications must be in personnel file.

Medication and Adherence Education: The program must utilize an RN, LVN, PA, NP, pharmacist or MD licensed by the State of Texas, who has at least two (2) years paid experience in the preceding five (5) years in HIV/AIDS care, to provide the educational services. Licensed social workers who have at least two (2) years paid experience in the preceding five (5) years in HIV/AIDS care may also provide adherence education and counseling.

Nutritional Assessment (primary care): Services must be provided by a licensed registered dietician. Dietitians must have a minimum of two (2) years of experience providing nutritional assessment and counseling to PLWHA.

Medical Case Management: The program must utilize a state licensed Social Worker to provide Medical Case Management Services. The Subrecipient must maintain the assigned number of Medical Case Management FTEs throughout the contract term. **Subrecipient must provide to RWGA the names of each Medical Case Manager and the individual assigned to supervise those Medical Case Managers by 03/31/22, and thereafter within 15 days after hire.**

Service Linkage: The program must utilize Service Linkage Workers who have at a minimum a Bachelor's degree from an accredited college or university with a major in social or behavioral sciences. Documented paid work experience in providing client services to PLWHA may be substituted for the Bachelor's degree requirement on a 1:1 basis (1 year of documented paid experience may be substituted for 1 year of college). All Service Linkage Workers must have a minimum of one (1) year paid work experience with PLWHA. Subrecipient must maintain the assigned number of Service Linkage FTEs throughout the contract term. **Subrecipient must provide to RWGA the names of each Service Linkage Worker and the individual assigned to supervise those Service Linkage Workers by 03/31/22, and thereafter within 15 days after hire.**

Supervision of Case Managers: The Service Linkage Workers and Medical Case Managers must function within the clinical infrastructure of Subrecipient and receive ongoing supervision that meets or exceeds Houston EMA/HSDA Part A/B Standards of Care for Service Linkage and Medical Case Management as applicable. A MCM may supervise SLWs.

Special Requirements: **All primary medical care services must meet or exceed current United States DHHS Treatment Guidelines for the treatment and management of HIV disease.**

Subrecipient must provide all required program components - Primary Medical Care, Medical Case Management, Service Linkage (non-medical Case Management) and Local Pharmacy Assistance Program (LPAP) services.

Primary Medical Care Services: Services funded under this grant cannot be used to supplant insurance or Medicare/Medicaid reimbursements for such services. Clients eligible for such reimbursement may not be billed to this contract. Medicare and private insurance co-payments may be eligible for reimbursement under Ryan White Health Insurance Assistance (HINS) program guidelines. Patients needing such assistance should be referred to the local Ryan White-funded HINS provider for assistance. Under no circumstances may the Subrecipient bill the County for the difference between the reimbursement from Medicaid, Medicare or Third-Party insurance and the fee schedule under the contract. Furthermore, potential clients who are Medicaid/Medicare eligible or have other Third Party payers may not be denied services or referred elsewhere by the Subrecipient based on their reimbursement status (i.e. Medicaid/Medicare eligible clients may not be referred elsewhere in order that non-Medicaid/Medicare eligible clients may be added to the contract). Failure to serve Medicaid/Medicare eligible clients based on their reimbursement status will be grounds for the immediate termination of contract.

Diagnostic Procedures: A single Diagnostic Procedure limited to procedures on the approved list of diagnostic procedures (posted on the RWGA website) without prior County approval. Approved diagnostic procedures will be reimbursed at invoice cost. Part A and Part A/MAI-funded programs must refer to the RWGA website for the most current list of approved diagnostic procedures and corresponding codes: www.hcphtx.org/rwga. **Diagnostic procedures not listed on the website must have prior approval by RWGA.**

Outpatient Psychiatric Services: Client must not be eligible for services from other programs/providers or any other reimbursement source (i.e. Medicaid, Medicare, private insurance) unless the client is in crisis and cannot be provided immediate services from the other programs/providers. In this case, clients may be provided services, as long as the client applies for the other programs/providers, until the other programs/providers can take over services. Program must be supervised by a Psychiatrist and include diagnostic assessments, emergency evaluations and psycho-pharmacotherapy.

Maintaining Referral Relationships (Point of Entry Agreements): Subrecipient must maintain appropriate relationships with entities that constitute key points of access to the health care system for individuals with HIV disease, including but not limited to, Harris Health System and other Houston EMA-located emergency rooms, Harris County Jail, Texas Department of Criminal Justice incarceration facilities, Immigration detention centers, substance abuse treatment and detoxification programs, adult and juvenile detention facilities, Sexually Transmitted Disease clinics, federally qualified health centers (FQHC), HIV disease counseling and testing sites, mental health programs and homeless shelters. These referral relationships must be documented with written collaborative agreements, contracts or memoranda of understanding between Subrecipient and appropriate point of entry entities and are subject to audit by RWGA. Subrecipient and POE entity staff must regularly (e.g. weekly, bi-weekly depending on volume of referrals) meet 1:1 to discuss new referrals to primary medical care services. Such case conferences must be documented in the client record and properly entered into the CPCDMS.

Use of CPCDMS Data System: Subrecipient must comply with CPCDMS business rules and procedures. Subrecipient must enter into the CPCDMS all required clinical data, including but not limited to, HAART treatment including all changes in medication regimens, Opportunistic Infections, screening and treatment for STDs and Hepatitis A, B, C and other clinical screening and treatment data required by HRSA, TDSHS and the County. Subrecipient must perform Registration updates in accordance with RWGA CPCDMS business rules for all clients wherein Subrecipient is client's CPCDMS record-owning agency. Subrecipient must utilize an electronic verification system to verify insurance/3rd party payer status monthly or per visit (whichever is less frequent).

Bus Pass Distribution: The County will provide Subrecipient with METRO bus pass vouchers. Bus Pass vouchers must be distributed in accordance with RWGA policies and procedures, standards of care and financial eligibility guidelines. Subrecipient may only issue METRO bus pass vouchers to clients wherein the Subrecipient is the CPCDMS record owning Subrecipient. METRO bus pass vouchers shall be distributed as follows:

Expiration of Current Bus Pass: In those situation wherein the bus pass expiration date does not coincide with the CPCDMS registration update the Subrecipient must distribute METRO bus pass vouchers to eligible clients upon the expiration of the current bus pass or when a Value-based bus card has been expended on eligible transportation needs. Subrecipient may issue METRO bus passes to eligible clients living outside the METRO

service area in those situations where the Subrecipient has documented in the client record that the client will utilize the METRO system to access needed HIV-related health care services located in the METRO service area.

Gas Cards: Primary Medical Care Subrecipients must distribute gasoline vouchers to eligible clients residing in the rural service area in accordance with RWGA policies and procedures, standards of care and financial eligibility guidelines. Gas Cards are only available to Rural primary medical care Subrecipients without prior approval by RWGA.

Subrecipient must comply with CPCDMS system business rules and procedures.

Subrecipient must submit proof of active System for Award Management (SAM) registration annually, and thereafter prior to expiration of active registration.

Only individuals diagnosed with HIV/AIDS residing in the Houston EMA (Harris, Chambers, Fort Bend, Liberty, Montgomery and Waller Counties) will be eligible for services.

Objective 1: By 2/28/23 to provide at least **2,375** unduplicated eligible HIV-infected adult clients¹ with comprehensive outpatient primary health care services as documented by entries in the CPCDMS database.

Objective 2: By 2/28/23 to provide at least **1,025** unduplicated eligible HIV-infected adult female clients² with comprehensive outpatient primary health care services as documented by entries in the CPCDMS database.

Objective 3: By 2/28/23 to provide at least **320** unduplicated eligible HIV-infected adult clients³ with medical case management services as documented by entries in the CPCDMS database.

Objective 4: By 2/28/23 to provide at least **260** unduplicated eligible HIV-infected adult female clients⁴ with medical case management services as documented by entries in the CPCDMS database.

Objective 5: By 2/28/23 to provide at least **470** unduplicated eligible HIV-infected adult clients with outpatient psychiatry services as documented by entries in the CPCDMS database.

Objective 6: By 2/28/23 to provide at least **3,720** unduplicated eligible HIV-infected adult clients with service linkage services as documented by entries in the CPCDMS database.

¹ For purposes of calculating unduplicated clients served under primary medical care, a client shall be counted if he/she had two or more physician or physician extender visits more than 90 days apart between 3/1/22 and 5/31/22.

² For purposes of calculating unduplicated female clients served under primary medical care, a client shall be counted if she had two or more physician or physician extender visits more than 90 days apart during the contract year.

³ For medical case management, a client shall be counted if they had two or more primary care visits more than 90 days apart and medical case management services during the contract year.

⁴ For medical case management targeted to women, a female client shall be counted if she had two or more primary care visits more than 90 days apart and medical case management services during the contract year.

- Objective 7:** By 2/28/23 to provide at least **330** new unduplicated eligible HIV-infected adult clients⁵ comprehensive new patient intake services as documented by entries in the CPCDMS database.
- Objective 8:** By 2/28/23 to provide at least **130** unduplicated eligible HIV-infected Youth with medical case management services as documented by entries in the CPCDMS database.
- Objective 9:** By 2/28/23 to provide at least **250** unduplicated eligible HIV-infected Youth with service linkage services as documented by entries in the CPCDMS database.
- Objective 10:** By 2/28/23 to provide at least **2,880** unduplicated eligible HIV-infected clients with medication education services as documented by entries in the CPCDMS database.
- Objective 11:** By 2/28/23 to provide at least **195** unduplicated eligible HIV-infected clients⁶ with local pharmacy assistance program services as documented by entries in the CPCDMS database.

SECTION II. SPECIAL PROVISIONS

Subrecipient agrees to submit billing under the following criteria:

1. All bills must be submitted no later than 30 days after the end of each month in which services were provided.
2. All required CPCDMS data entry for each billing month must be entered into the CPCDMS no later than 30 days after the end of each month in which services were provided.
3. All charges, such as pharmacy and take-home supplies, not eligible to be billed to this contract may be billed to patients according to Subrecipient’s billing procedures.

All information and educational materials developed and provided by the Subrecipient will be accurate, comprehensive, and consistent with the current findings of the United States Public Health Service.

Subrecipient must comply with the Client Level Reporting and Ryan White HIV/AIDS Treatment Extension Act Services Data Report filing requirements established by HRSA. The County will provide the Subrecipient with the required format for submitting reports in accordance with these requirements.

The Act requires that resources be allocated at no less than the percentage constituted by the ratio of the population of women, infants, youth, and children with HIV/AIDS to the general population with HIV/AIDS. For the Houston EMA, the following minimum percentages of funding must be utilized to provide services to women, infants, children, and youth as applicable under the Subrecipient’s scope of services:

23.75%	Women (ages 25 and older)
0.00%	Infants (ages 0 - < 1 year)
0.18%	Children (ages 1 – 12 years)
3.70%	Youth (ages 13 – 24)

⁵ For New Patient Intakes a client shall be counted if they had a new patient intake visit during the contract year.

⁶ For local pharmacy assistance services, a client shall be counted if they had two or more primary care visits more than 90 days apart and local pharmacy assistance during the contract year.

FIRST AMENDED ATTACHMENT NO. 02

BUDGET

Primary Health Care Visits by Physician or Physician Extender

		<u>Total</u>
FEE CHARGED PER UNIT OF SERVICE		\$350.00
One (1) unit of service = One (1) primary care office/clinic visit or telehealth which includes the following:		
<ul style="list-style-type: none">• Primary care physician/nurse practitioner, physician’s assistant or clinical nurse specialist examination of the patient, and• Medication/treatment education• Medication access/linkage• Nutritional assessment (as clinically indicated)• Laboratory (as clinically indicated, not including specialized tests)• Radiology (as clinically indicated, not including CAT scan or MRI)• Eligibility verification/screening (as necessary)• Follow-up visits wherein the patient is not seen by the MD/NP/PA are considered to be a component of the original primary care visit. In situations where a client is examined by both the Physician and Physician Extender on the same date, only the Physician Visit may be billed. Subrecipient must obtain prior written approval from RWGA in order to bill both a Physician Extender and Physician visit occurring on the same date. Such “same day” multiple patient visits by both a PE and MD must be for distinct, separate clinical interventions (e.g. patient is seen by appointment by a designated NP for well woman care and by an Infectious Disease physician for HIV care) and must be clearly documented in both the clinic appointment system and patient medical record.		
NUMBER OF UNITS OF SERVICE TO BE PROVIDED		10,332
TOTAL COST OF THESE SERVICES		(\$350.00 x 10,332) \$3,616,200.00
Personnel	\$212.99	
Fringe	\$ 59.65	
Travel	\$.12	
Equipment	\$.00	
Supplies	\$.00	
Contractual	\$ 77.24	
Other	\$.00	
TOTAL	\$350.00	

Total Amount of Funds for Disbursements of Diagnostic Procedures* \$1,386,900.00

List of Diagnostic Procedures located at www.hcpbes.org/rwga. Approved diagnostic procedures will be reimbursed at invoice cost. *Diagnostic procedure code and client 11-digit code must be provided on invoice to process reimbursements.

Total Amount of Funds for Disbursements of EFA Disbursements \$509,439.00

An EFA disbursement is to provide limited one-time and/or short-term 30-day supply of HIV pharmaceuticals. PAP paperwork should be stated immediately so that they are available to bridge any remaining eligibility determination gaps, and preserve the payer of last resort mandate.

Total Amount of Funds to be Disbursed for LPAP Disbursements \$520,360.00

A disbursement is the actual cost of medication(s) provided to a Ryan White eligible client

FIRST AMENDED ATTACHMENT NO. 02

BUDGET
Outpatient Psychiatry Visits

		<u>Total</u>
FEE CHARGED PER UNIT OF SERVICE		\$150.00
<p>1 unit of service = A single (1) office/clinic visit or telehealth wherein the patient is seen by a State licensed and board-eligible Psychiatrist or qualified Psychiatric Nurse Practitioner. This visit may or may not occur on the same date as a primary care office visit.</p>		
NUMBER OF UNITS OF SERVICE TO BE PROVIDED		806
TOTAL COST OF THESE SERVICES	(\$150.00 x 806)	\$120,900.00
Personnel	\$ 91.38	
Fringe	\$ 25.47	
Travel	\$.05	
Equipment	\$.00	
Supplies	\$.00	
Contractual	\$ 33.10	
Other	<u>\$.00</u>	
TOTAL	\$150.00	

FIRST AMENDED ATTACHMENT NO. 02

BUDGET

Medical Intake – New Clients Only

FEE CHARGED PER UNIT OF SERVICE

One (1) unit of service = A single (1) office/clinic visit or telehealth wherein a new client intake occurs. This visit shall occur prior to the date of the first primary care office visit. Maximum reimbursement allowable for intake visit may not exceed \$900.00 and may only be billed once ever per patient. The unit fee includes all labs, chest x-ray and diagnostic procedures ordered for new patients, patient eligibility, nursing assessment and patient advocacy efforts provided during the initial new patient intake visit. Only a patient not previously seen for outpatient HIV care at any HCHD Health Center is eligible for a New Patient Intake visit. **No other labs or diagnostic procedures provided on the date of the new patient visit or ordered as a component of the new patient visit, may be billed in addition to the new client intake fee.**

Total

\$900.00

NUMBER OF UNITS OF SERVICE TO BE PROVIDED

468

\$421,200.00

TOTAL COST OF THESE SERVICES

(\$900.00 x 468)

Personnel	\$548.56
Fringe	\$152.50
Travel	\$.32
Equipment	\$.00
Supplies	\$.00
Contractual	\$198.62
Other (Lab Work)	<u>\$.00</u>
TOTAL	\$900.00

FIRST AMENDED ATTACHMENT NO. 02

BUDGET
Medication Education Visits

		<u>Total</u>
FEE CHARGED PER UNIT OF SERVICE		\$50.00
<p>One (1) unit of service = A single (1) pharmacy visit wherein a Ryan White eligible client is provided medication education services by a qualified pharmacist. This visit may or may not occur on the same date as a primary care office visit. Maximum reimbursement allowable for a medication education visit may not exceed \$50.00 per visit. The visit must include at least one prescription medication being provided to clients. A maximum of one (1) Medication Education Visit may be provided to an individual client per day, regardless of the number of prescription medications provided.</p>		
NUMBER OF UNITS OF SERVICE TO BE PROVIDED		7,230
TOTAL COST OF THESE SERVICES	(\$50.00 x 7,230)	\$361,500.00
Personnel	\$ 40.15	
Fringe	\$ 9.85	
Travel	\$.00	
Equipment	\$.00	
Supplies	\$.00	
Contractual	\$.00	
Other	<u>\$.00</u>	
TOTAL	\$ 50.00	

FIRST AMENDED ATTACHMENT NO. 02

BUDGET
Medical Case Management

	<u>Total</u>
FEE CHARGED PER UNIT OF SERVICE	\$25.00
<p>1 unit of service = 15 minutes of direct client service providing medical care coordination by a Medical Case Manager for eligible HIV-infected clients, including other allowable activities*. Subrecipient must enter time in exact increments of 1 minute each. For example, 23 minutes of medical case management services to an eligible client must be entered into the CPCDMS as 23 minutes. Subrecipient may not round time up or down. <i>The RWGA designated units for completing Assessments & Service Plans may only be billed twice per contract year (i.e., every 6 months) which consist of two (2) units for a comprehensive assessment or service plan, and one (1) unit for a brief assessment.</i></p>	
NUMBER OF UNITS OF SERVICE TO BE PROVIDED	15,932.08
TOTAL COST OF THESE SERVICES	(\$25.00 x 15,932.08) \$398,302.00

Personnel	\$19.53
Fringe	\$ 5.46
Travel	\$.01
Equipment	\$.00
Supplies	\$.00
Contractual	\$.00
Other	\$.00
TOTAL	\$25.00

* Case Management/SLW Other Allowable Activities

Service	Minutes	Comments
Online TDSHS Case Management Certification	Maximum of 16 hours (contingent on completing course and making passing score)	As required by SOC
Online FEMA Training	Maximum 180 min. per req. courses (contingent on completion certificate)	As required by SOC
Online Certified Application Counselor Training	Maximum 360 minutes (contingent on completion certificate)	As required by SOC
Online CPCDMS Training Module	Maximum of 2 hours (upon completion of all modules)	As required
Case Mgmt. trainings & meetings¹	Exact ¹	As required by SOC
CPCDMS trainings¹	Exact ¹	As required
Mandatory Meetings and/or Trainings Required by RWGA¹	Exact ¹	As required

¹Only billable if provided by RWGA staff, and excludes breaks and lunch

FIRST AMENDED ATTACHMENT NO. 02

BUDGET

Service Linkage Worker (Non-medical Case Management)

		<u>Total</u>
FEE CHARGED PER UNIT OF SERVICE		\$20.00
<p>1 unit of service = 15 minutes of direct client service providing non-medical case management services by a Service Linkage Worker for eligible HIV-infected clients, including other allowable activities*. Subrecipient must enter time in exact increments of 1 minute each. For example, 23 minutes of medical case management services to an eligible client must be entered into the CPCDMS as 23 minutes. Subrecipient may not round time up or down. <i>The RWGA designated units for completing Assessments & Service Plans may only be billed twice per contract year (i.e., every 6 months) which consist of two (2) units for a comprehensive assessment or service plan, and one (1) unit for a brief assessment.</i></p>		
NUMBER OF UNITS OF SERVICE TO BE PROVIDED		21,323.60
TOTAL COST OF THESE SERVICES	(\$20.00 x 21,323.60)	\$426,472.00
Personnel	\$15.64	
Fringe	\$ 4.35	
Travel	\$.01	
Equipment	\$.00	
Supplies	\$.00	
Contractual	\$.00	
Other	<u>\$.00</u>	
TOTAL	\$20.00	

FIRST AMENDED ATTACHMENT NO. 02

BUDGET

Outreach (Non-Medical Case Management)

		<u>Total</u>
FEE CHARGED PER UNIT OF SERVICE		\$55.00
<p>1 unit of service = 15 minutes of direct client service providing non-medical case management services by a Service Linkage Worker for eligible HIV - infected clients, including other allowable activities*. Contractor must enter time in exact increments of 1 minute each. For example, 23 minutes of nonmedical case management services to an eligible client must be entered into the CPCDMS as 23 minutes. Contractor may not round time up or down. <i>The RWGA designated units for completing Assessments, Service Plans, and outreach intervention completion may be billed as designated by RWGA staff</i></p>		
NUMBER OF UNITS OF SERVICE TO BE PROVIDED		2,545.4545
TOTAL COST OF THESE SERVICES	(\$55.00 x 2,545.4545)	\$140,000.00
Personnel	\$44.17	
Fringe	\$10.83	
Travel	\$.00	
Equipment	\$.00	
Supplies	\$.00	
Contractual	\$.00	
Other	<u>\$.00</u>	
TOTAL	\$55.00	

*includes staff trainings, meetings, and assessments at determined by Ryan White Grant Administration.

Total Amount of Funds to Provide Training to Staff on Evidence Based Interventions \$0.00

FIRST AMENDED ATTACHMENT NO. 02

BUDGET
Nutritional Assessment

		<u>Total</u>
FEE CHARGED PER UNIT OF SERVICE		\$150.00
<p>1 unit of service = A single (1) comprehensive nutritional assessment and treatment plan performed by a Licensed, Registered Dietician initiated upon a physician's order. Does not include the provision of Supplements or other products (clients may be referred to the Ryan White funded Medical Nutritional Therapy provider for provision of medically necessary supplements). The nutritional assessment visit may or may not occur on the same date as a medical office visit. Limit one assessment per client per contract year.</p>		
NUMBER OF UNITS OF SERVICE TO BE PROVIDED		200
TOTAL COST OF THESE SERVICES	(\$150.00 x 200)	\$30,000.00
Personnel	\$117.45	
Fringe	\$ 32.50	
Travel	\$.05	
Equipment	\$.00	
Supplies	\$.00	
Contractual	\$.00	
Other	<u>\$.00</u>	
TOTAL	\$150.00	

FIRST AMENDED ATTACHMENT NO. 02

BUDGET

Primary Care Physical Therapy Visit

		<u>Total</u>
FEE CHARGED PER UNIT OF SERVICE		\$150.00
One (1) unit of service = A single (1) office/clinic visit or telehealth wherein a client is seen by licensed physical therapist to promote and maintain healthy body composition. Visit includes, but is not limited to, strength, flexibility, or cardiovascular fitness training, pain management, and Bioelectric Impedance Analysis (BIA) body composition testing.		
		604
NUMBER OF UNITS OF SERVICE TO BE PROVIDED		
		\$90,600.00
TOTAL COST OF THESE SERVICES	(\$150.00 x 604)	
Personnel	\$117.45	
Fringe	\$ 32.50	
Travel	\$.05	
Equipment	\$.00	
Supplies	\$.00	
Contractual	\$.00	
Other	<u>\$.00</u>	
TOTAL	\$150.00	

TOTAL **\$8,021,873.00**

Total reimbursements to the Subrecipient under the Contract shall not exceed \$8,021,873.00. The Subrecipient further understands and agrees that the Subrecipient shall only be reimbursed for expenses incurred in connection with the Subrecipient’s adult outpatient primary medical health care, medical case management, non-medical case management and local pharmacy assistance program.

The Subrecipient shall submit its final request for payment to the County no later than March 31, 2023.

FIRST AMENDED ATTACHMENT NO. 03

SECTION I. SCOPE OF WORK

Houston EMA Ryan White Ending the HIV Epidemic Service Definition Test and Treat Outpatient Primary Medical Care including Emergency Financial Assistance – Pharmacy Assistance Services (Revision Date: April 2020)	
HRSA Service Category	1. Outpatient/Ambulatory Health Services 2. Emergency Financial Assistance
Local Service Category Title:	Test and Treat Primary Medical Care i. Outpatient/Ambulatory Health Services ii. Emergency Financial Assistance – Pharmacy Assistance
Amount Available:	1. Ending the HIV Epidemic: <u>\$497,300.47</u> i. EHE Primary Medical Care: <u>\$428,876.55</u> ii. EHE EFA-Pharmacy: <u>\$ 68,423.92</u>
Target Population:	Test and Treat Primary Medical Care i. Newly Diagnosis with HIV ii. Return to Care after greater than 12 months (No Houston EMA Ryan White Services)
Client Eligibility: Age, Gender, Race, Ethnicity, Residence, etc.	PLWH residing in the Harris County (prior approval required for non-Harris County clients). Sub-recipient must adhere to Targeting requirements and Budget limitations as applicable.
Financial Eligibility:	Not Applicable
Budget Type:	Hybrid Fee for Service
Budget Requirement or Restrictions:	100% of clients served in a Targeted subcategory must be members of the targeted population. Sub-recipient may not exceed the allocation for each individual service component (Primary Medical Care and Emergency Financial Assistance – Pharmacy Assistance) without prior approval from RWGA. Emergency Financial Assistance – Pharmacy Assistance:

	<p>Continuous provision of an allowable service (medications) to a client must not be funded through Emergency Financial Assistance.</p> <p>Sub-recipient shall offer only HIV treatment medications from an approved formulary.</p> <p>Medications must be provided in accordance with Houston EMA guidelines, HRSA/HAB rules and regulations and applicable Office of Pharmacy Affairs 340B guidelines.</p> <p>At least 75% of the total amount of the budget for EFA services must be solely allocated to the actual cost of medications and may not include any storage, administrative, processing or other costs associated with managing the medication inventory or distribution.</p>
<p>Service Unit Definition/s:</p>	<p>Test and Treat Outpatient/Ambulatory Medical Care: One (1) unit of service = One (1) primary care office/clinic visit or telehealth which includes the following:</p> <ul style="list-style-type: none"> • Primary care physician/nurse practitioner, physician’s assistant or clinical nurse specialist examination of the patient, and • Medication/treatment education • Medication access/linkage • Laboratory (as clinically indicated, not including specialized tests) • Eligibility verification/screening (as necessary) <p>Test and Treat Emergency Financial Assistance – Pharmacy Assistance: One (1) unit of service = a transaction involving the filling of a prescription or any other allowable medication need ordered by a qualified medical practitioner. The transaction will involve at least one item being provided for the client but can be any multiple. The cost of medications provided to the client must be invoiced at actual cost.</p>
<p>HRSA Service Category Definition:</p>	<ul style="list-style-type: none"> • Outpatient/Ambulatory Health Services provide diagnostic and therapeutic-related activities directly to a client by a licensed healthcare provider in an outpatient medical setting. Outpatient medical settings may include clinics, medical offices, mobile vans, using telehealth technology, and urgent care facilities for HIV-related visits. Allowable activities include: • Medical history taking • Physical examination • Diagnostic testing (including HIV confirmatory and viral load testing), as

	<p>well as laboratory testing • Treatment and management of physical and behavioral health conditions • Behavioral risk assessment, subsequent counseling, and referral • Preventive care and screening • Pediatric developmental assessment • Prescription and management of medication therapy • Treatment adherence • Education and counseling on health and prevention issues • Referral to and provision of specialty care related to HIV diagnosis, including audiology and ophthalmology</p> <ul style="list-style-type: none"> • Emergency Financial Assistance provides limited one-time or short-term payments to assist an HRSA RWHAP client with an urgent need for essential items or services necessary to improve health outcomes, including: utilities, housing, food (including groceries and food vouchers), transportation, medication not covered by an AIDS Drug Assistance Program or AIDS Pharmaceutical Assistance, or another HRSA RWHAP-allowable cost needed to improve health outcomes. Emergency Financial Assistance must occur as a direct payment to an agency or through a voucher program.
Standards of Care:	<p>Sub-recipient must adhere to the most current published Part A Standards of Care for the Houston EMA.</p> <p>Test and Treat Services must meet or exceed applicable United States Department of Health and Human Services (HHS) Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV.</p>
Local Service Category Definition/Services to be Provided:	<p>Test and Treat Outpatient/Ambulatory Primary Medical Care: Services include physician, physician extender, nursing, phlebotomy, radiographic, laboratory, pharmacy, intravenous therapy, home health care referral, patient medication education, and patient care coordination. The Sub-recipient must provide continuity of care with inpatient services and subspecialty services (either on-site or through specific referral to appropriate medical provider upon primary care Physician’s order).</p> <p>Test and Treat Outpatient/Ambulatory Primary Medical Care must provide:</p> <ul style="list-style-type: none"> • Be performed within 72 hours of HIV diagnosis, or presenting to clinic for return to care patients • Continuity of care for all stages of adult HIV infection;

	<ul style="list-style-type: none"> • Laboratory and pharmacy services including intravenous medications (either on-site or through established referral systems); • On-site Outpatient psychiatric care, including lab work necessary for the prescribing of psychiatric medications when appropriate (either on-site or through established referral systems); • Access to the Texas ADAP program (either on-site or through established referral systems); • Access to compassionate use HIV medication programs (either directly or through established referral systems); • Access to HIV related research protocols (either directly or through established referral systems); • Must at a minimum, comply with Houston EMA/HSDA Part A/B Standards for HIV Primary Medical Care. The Sub-recipient must demonstrate on an ongoing basis the ability to provide state-of-the-art HIV-related primary care medicine in accordance with the most recent HHS HIV treatment guidelines. Rapid advances in HIV treatment protocols require that the Sub-recipient provide services that to the greatest extent possible maximize a patient’s opportunity for long-term survival and maintenance of the highest quality of life possible. • On-site Medical Case Management services. • On-site Medication Education. <p>Test and Treat Emergency Financial Assistance – Pharmacy Assistance: Pharmacy Assistance provides limited one-time and/or short-term supply of up to 30 days of HIV treatment pharmaceuticals to patients. Medication is dispensed within 72 hours of HIV diagnosis or presenting to clinic for return to care patients. One refill for up to 30-day supply available with RWGA prior approval. Allowable medications are only those HIV treatment medications on the Houston EMA Ryan White Part A Formulary. Does not include drugs available to the patient from other programs or payers or free of charge or medications available over the counter (OTC) without prescription. Sub-recipient must offer all medications on the Texas ADAP formulary.</p>
Agency Requirements:	<p>Providers and system must be Medicaid/Medicare certified.</p> <p>Eligibility and Benefits Coordination: Sub-recipient must implement consumer-friendly, culturally and linguistically appropriate new and returning patient eligibility verification and benefit coordination processes that ensure successful patient transition to Ryan White, or other public or private medical care. Eligibility processes should provide clients with a meaningful</p>

understanding of their benefits, expected out-of-pocket expenses and other information needed to ensure full and continued participation in care.

Test and Treat Emergency Financial Assistance – Pharmacy

Assistance: Sub-recipient must provide pharmacy services on-site or through an established contractual relationship that meets all requirements. Alternate (off-site) approaches must be approved prior to implementation by RWGA.

Either directly, or via subcontract with an eligible 340B Pharmacy program entity, must:

Ensure the documented capability of interfacing with the Texas HIV Medication Program operated by the Texas Department of State Health Services. This capability must be fully documented and is subject to independent verification by RWGA.

Ensure medication assistance provided to clients does not duplicate services already being provided in the Houston area. The process for accomplishing this must be fully documented and is subject to independent verification by RWGA.

Ensure all medications are purchased via a qualified participant in the federal 340B Drug Pricing Program and Prime Vendor Program, administered by the HRSA Office of Pharmacy Affairs. Note: failure to maintain 340B or Prime Vendor drug pricing may result in a negative audit finding, cost disallowance or termination of contract awarded. Sub-recipient must maintain 340B Program participation throughout the contract term. All eligible medications must be purchased in accordance with Program 340B guidelines and program requirements.

Ensure Houston area HIV/AIDS service providers are informed of this program and how the client referral and enrollment processes functions. Sub-recipient must maintain documentation of such marketing efforts.

Ensure information regarding the program is provided to PLWH, including historically under-served and unserved populations (e.g., African American, Hispanic/Latino, Asian, Native American, Pacific Islander) and women not currently obtaining prescribed HIV medications.

Offer, at no charge to the client, delivery options for medication refills, including but not limited to courier, USPS or other package delivery service.

Staff Requirements:	Sub-recipient is responsible for ensuring that services are provided by State licensed internal medicine and OB/GYN physicians, specialty care physicians, psychiatrists, registered nurses, nurse practitioners, vocational nurses, pharmacists, physician assistants, clinical nurse specialists, physician extenders, licensed social worker and ancillary health care providers in accordance with appropriate State licensing and/or certification requirements and with knowledge and experience of HIV disease.
Special Requirements:	<p>All primary medical care services must meet or exceed current HHS Treatment Guidelines for the treatment and management of HIV disease.</p> <p>Sub-recipient must submit Ending the HIV Epidemic Test and Treat Clinic protocol for review and approval no later than July 9, 2021. Protocol must fully document clinic operations necessary to complete initiate HIV medication treatment within 72 hours for all newly diagnosed and return to care PLWH. Protocol approval and review will be conducted collaborative by RWGA and South Central AETC local performance site, at Baylor College of Medicine.</p> <p>The Subrecipient must participate in the local AETC technical assistance and related Ending the HIV Epidemic Test and Treat program quality improvement activities implemented by the County, including access to client clinical records by the County, or the County’s duly authorized representatives, for the purpose of assessing the extent to which HIV health services provided by the Subrecipient are consistent with the most recent U.S. Department of Health and Human Services (“HHS”) recommendations for the rapid initiation of antiretroviral therapy.</p> <p>Sub-recipient must provide all required program components - Primary Medical Care and Emergency Financial Assistance – Pharmacy Assistance services.</p> <p>Primary Medical Care Services: Services funded under this grant cannot be used to supplant insurance or Medicare/Medicaid reimbursements for such services. Clients eligible for such reimbursement may not be billed to this contract. Medicare and private insurance co-payments may be eligible for reimbursement under Ryan White Health Insurance Assistance (HINS) program guidelines. Patients needing such assistance should be referred to the local Ryan White-funded HINS provider for assistance. Under no circumstances may the Sub-recipient bill the County for the difference between the reimbursement from Medicaid, Medicare or Third-Party insurance and the fee schedule under the contract. Furthermore, potential clients who are Medicaid/Medicare eligible or have other Third Party payers may not be denied services or referred</p>

elsewhere by the Sub-recipient based on their reimbursement status (i.e. Medicaid/Medicare eligible clients may not be referred elsewhere in order that non-Medicaid/Medicare eligible clients may be added to the contract). Failure to serve Medicaid/Medicare eligible clients based on their reimbursement status will be grounds for the immediate termination of contract.

Maintaining Referral Relationships (Point of Entry Agreements): Sub-recipient must maintain appropriate relationships with entities that constitute key points of access to the health care system for individuals with HIV disease, including but not limited to, Harris Health System and other Houston EMA-located emergency rooms, Harris County Jail, Texas Department of Criminal Justice incarceration facilities, Immigration detention centers, substance abuse treatment and detoxification programs, adult and juvenile detention facilities, Sexually Transmitted Disease clinics, federally qualified health centers (FQHC), HIV disease counseling and testing sites, mental health programs and homeless shelters. These referral relationships must be documented with written collaborative agreements, contracts or memoranda of understanding between Sub-recipient and appropriate point of entry entities and are subject to audit by RWGA. Sub-recipient and POE entity staff must regularly (e.g. weekly, bi-weekly depending on volume of referrals) meet 1:1 to discuss new referrals to primary medical care services. Such case conferences must be documented in the client record and properly entered into the CPCDMS.

Use of CPCDMS Data System: Sub-recipient must comply with CPCDMS business rules and procedures. Sub-recipient must enter into the CPCDMS all required clinical data, including but not limited to, ART treatment including all changes in medication regimens, Opportunistic Infections, screening and treatment for STDs and other clinical screening and treatment data required by HRSA, TDSHS and the County. Sub-recipient must ensure accuracy of related HIV testing in HHD Maven system. Sub-recipient must perform Registration updates in accordance with RWGA CPCDMS business rules for all clients wherein Sub-recipient is client's CPCDMS record-owning agency.

Patient Transportation: The County will provide Sub-recipient with access to Test and Treat Patient Ride Sharing Services. Test and Treat Patient Ride Sharing Services must be used in accordance with RWGA policies and procedures, standards of care and patient eligibility guidelines.

Subrecipient must comply with CPCDMS system business rules and procedures.

Subrecipient must submit proof of active System for Award Management (SAM) registration annually, and thereafter prior to expiration of active registration.

Only individuals diagnosed with HIV/AIDS residing in Harris County will be eligible for services.

Objective 1: By 2/28/23 to provide at least **1,244** unduplicated eligible HIV-infected adult clients with comprehensive Outpatient/Ambulatory Health Services and/or Emergency Financial Assistance as documented by entries in the CPCDMS database.

SECTION II. SPECIAL PROVISIONS

Subrecipient agrees to submit billing under the following criteria:

1. All bills must be submitted no later than 30 days after the end of each month in which services were provided.
2. All required CPCDMS data entry for each billing month must be entered into the CPCDMS no later than 30 days, match any extension, after the end of each month in which services were provided.
3. All charges, such as pharmacy and take-home supplies, not eligible to be billed to this contract may be billed to patients according to subrecipient's billing procedures.

All information and educational materials developed and provided by the Subrecipient will be accurate, comprehensive, and consistent with the current findings of the United States Public Health Service.

Subrecipient must comply with the Client Level Reporting and Ending The HIV Epidemic: A Plan for America Data Report filing requirements established by HRSA. The County will provide the Subrecipient with the required format for submitting reports in accordance with these requirements.

FIRST AMENDED ATTACHMENT NO. 04

BUDGET

Ending the HIV Epidemic:

Primary Health Care Visits by Physician or Physician Extender

		<u>Total</u>
FEE CHARGED PER UNIT OF SERVICE		\$350.00
One (1) unit of service = One (1) primary care office/clinic visit or telehealth which includes the following:		
<ul style="list-style-type: none">• Primary care physician/nurse practitioner, physician’s assistant or clinical nurse specialist examination of the patient, and• Medication/treatment education• Medication access/linkage• Laboratory (as clinically indicated, not including specialized tests)• Eligibility verification/screening (as necessary)		
NUMBER OF UNITS OF SERVICE TO BE PROVIDED		1,225
TOTAL COST OF THESE SERVICES	(\$350.00 x 1,225)	\$428,750.00
Personnel	\$212.99	
Fringe	\$ 59.65	
Travel	\$.12	
Equipment	\$.00	
Supplies	\$.00	
Contractual	\$ 77.24	
Other	<u>\$.00</u>	
TOTAL	\$350.00	

Total Amount of Funds for Disbursements of Diagnostic Procedures* \$126.55
List of Diagnostic Procedures located at www.hcpbes.org/rwga. Approved diagnostic procedures will be reimbursed at invoice cost. *Diagnostic procedure code and client 11-digit code must be provided on invoice to process reimbursements.

Total Amount of Funds for Disbursements of EFA Disbursements \$68,423.92
An EFA disbursement is to provide a limited one-time and/or short-term supply of up to 30 days of HIV treatment pharmaceuticals to patients. PAP paperwork should be stated immediately so that they are available to bridge any remaining eligibility determination gaps and preserve the payer of last resort mandate.

TOTAL **\$497,300.47**

Total reimbursements to the Subrecipient under the Contract shall not exceed \$497,300.47. The Subrecipient further understands and agrees that the Subrecipient shall only be reimbursed for expenses incurred in connection with the Subrecipient’s adult outpatient primary medical health care, medical case management, non-medical case management and local pharmacy assistance program.

The Subrecipient shall submit its final request for payment to the County no later than March 31, 2023.

Thursday, May June 23rd, 2022

Consideration to Approve a Grant Agreement Between the Harris County Hospital District d/b/a Harris Health System and the March of Dimes

Harris Health System is a recipient of a grant from the March of Dimes to fund the NICU Family Support program at LBJ Hospital:

- This agreement provides funding not to exceed \$150,000.00
- The grant agreement will fund 1.0 FTE Program Coordinator.
- The term of the agreement is July 1, 2022 through June 30, 2024.

Administration Recommends Approval of this Grant Agreement Between Harris County Hospital District d/b/a Harris Health System and the March of Dimes.

Thank you.



**MARCH OF DIMES
NICU FAMILY
SUPPORT®**

**HARRIS HEALTH SYSTEM
LYNDON B. JOHNSON
HOSPITAL**

PATIENT EXPERIENCE

March of Dimes NICU Initiatives *partners with hospitals, NICUs and families in order to improve the NICU family experience*, through education, program initiatives, and strategic partnerships

PROGRAM PARTNERSHIP

NICU FAMILY SUPPORT®



LYNDON B. JOHNSON HOSPITAL

WHAT DOES THE PROGRAM DO?



Educates NICU Families



Educates NICU Staff



Improves the NICU experience



NFS PROGRAM COORDINATOR

LOGISTICS

- Hospital Employee
- Peer Access Network
- MOD National Team – Ongoing Coaching & Consulting
 - 1:1 Calls
 - Group Calls
 - Market Collaboration
- Salary & Program Budget integrated (benefits package not included)

ROLE: PROGRAM COORDINATION

- Parent Education – deliver & coordinate NICU experts
- Staff Education – facilitate access
- PX – Integrate hospital's goals, lead projects, provide MOD resources, bedside support, host activities/events for patient satisfaction

PARTNERSHIP COSTS

- *Initial Partnership Length: 2 years*
- *Cost: \$235,000*
 - *Staff salary*
 - *Program budget*
 - *Printed materials*
 - *CNEs*
 - *Regular consulting*
 - *Toolkits for implementation*
- *Hospital responsibility:*
 - *Benefits package*
 - *Standard employee costs (computer, phone, desk, etc.)*



QUESTIONS?

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Thursday, July 28, 2022

Executive Session

Deliberation Regarding Purchase, Exchange, Lease or Value of Real Property, Pursuant Tex. Gov't Code Ann. §551.072 and Possible Action Upon Return to Open Session, Including Consideration of Approval of the Acquisition, Including Eminent Domain as Necessary of Certain Real Property (Eight [8] Fee Simple Tracts for the Public Project Known as the LBJ Hospital Replacement Project) and Delegation to Harris Health System's President and CEO the Authority to Approve the Acquisition Costs Negotiated by the Harris County Real Property Division Subject to Certain Conditions

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