



Our Vision

Central Texas is a model healthy community.

Our Mission

By caring for those who need it most, Central Health improves the health of our community.

Our Values

Central Health will achieve excellence through:

Stewardship - We maintain public trust through fiscal discipline and open and transparent communication.

Innovation - We create solutions to improve healthcare access.

Right by All - By being open, anti-racist, equity-minded, and respectful in discourse, we honor those around us and do right by all people.

Collaboration - We partner with others to improve the health of our community.

AD HOC POLICY AND BYLAWS COMMITTEE

Tuesday, October 21, 2025, 5:00 p.m.

Or immediately following the Ad Hoc CommUnityCare Liaison Committee Meeting

Videoconference meeting¹

A quorum of the Committee and the presiding officer will be present at:

Central Health Administrative Offices 1111
E. Cesar Chavez St.
Austin, Texas 78702
Board Room

Members of the public may attend the meeting at the address above, or observe and participate in the meeting by connecting to the Zoom meeting link listed below (copy and paste into your web browser):

<https://us06web.zoom.us/j/89540422970?pwd=K0244p0P4UzofUTgR3s7dGtG36UDAP.1>

Meeting ID: 895 4042 2970

Passcode: 618704

Links to livestream video are available at the URL below (copy and paste into your web browser):

<https://www.youtube.com/@tchealthdistrict/streams>

Or to participate by telephone only:

Dial: (346) 248 7799

Meeting ID: 895 4042 2970

Passcode: 618704

The Committee may meet via videoconference with a quorum present in person and will allow public participation via videoconference and telephone as allowed under the Open Meetings Act. Although a quorum of the Committee will be physically present at the location posted in the meeting notice, members of the public are free to observe the meeting virtually and participate in public comment, if desired, through the virtual meeting link or telephone number listed on each meeting notice.

A member of the public who wishes to make comments virtually during the Public Communication portion of the meeting must properly register with Central Health **no later than 3:30 p.m. on October 21, 2025**. Registration can be completed in one of three ways:

- Complete the virtual sign-in form at <https://www.centralhealth.net/meeting-sign-up/>;
- Call 512-978-9190. Please leave a voice message with your full name and your request to comment via telephone at the meeting; with the name of the meeting at which you wish to speak; or
- Sign-in at the front desk on the day of the meeting, prior to the start of the meeting.

Individuals who register to speak on the website or by telephone will receive a confirmation email and/or phone call by staff with instructions on how to join the meeting and participate in public communication.

PUBLIC COMMUNICATION

Public Communication rules for Central Health Board and Committee meetings include setting a fixed amount of time per person to speak and limiting Committee responses to public inquiries, if any, to statements of specific factual information or existing policy. The Public Communication portion of the meeting will begin at approximately 5:00 p.m.

COMMITTEE AGENDA²

1. Approve the minutes of the September 22, 2025 Ad Hoc Policy and Bylaws Committee meeting. (*Action Item*)
2. Discuss and take appropriate action on revisions to the Central Health Amended and Restated Bylaws.³ (*Action Item*)
3. Receive a presentation from staff, discuss, and take appropriate action on Central Health policies and the process for policy development.³ (*Action Item*)
4. Discuss updates on matters related to policies recommended in the performance review by Mazars USA Contracted by Travis County.³ (*Informational Item*)
5. Confirm the next regular Ad Hoc Policy and Bylaws Committee meeting date, time, and location. (*Informational Item*)

Notes:

¹ This meeting may include one member of the Ad Hoc Policy and Bylaws Committee participating by videoconference. It is the intent of the presiding officer to be physically present and preside over the meeting at Central Health Administrative Offices, 1111 E. Cesar Chavez St., Austin, TX 78702, Board Room. This meeting location will be open to the public during the open portions of the meeting, and any member participating by videoconference shall be both visible and audible to the public whenever the member is speaking. **Members of the public are strongly encouraged to participate remotely through the toll-free videoconference link or telephone number provided.**

- ² The Ad Hoc Policy and Bylaws may take items in an order that differs from the posted order and may consider any item posted on the agenda in a closed session if the item involves issues that require consideration in a closed session and the Committee announces that the item will be considered during a closed session. A quorum of Central Health's Board of Managers may convene or participate via videoconference to discuss matters on the Committee agenda. However, Board members who are not Committee members will not vote on any Committee agenda items, nor will any full Board action be taken.
- ³ Possible closed session discussion under Texas Government Code §551.071 (Consultation with Attorney).

Any individual with a disability who plans to attend this meeting and requires auxiliary aids or services should notify Central Health at least two days in advance, so that appropriate arrangements can be made. Notice should be given to the Board Governance Manager by telephone at (512) 978-8049.

Cualquier persona con una discapacidad que planee asistir o ver esta reunión y requiera ayudas o servicios auxiliares debe notificar a Central Health con la mayor anticipación posible de la reunión, pero no menos de dos días de anticipación, para que se puedan hacer los arreglos apropiados. Se debe notificar al Gerente de Gobierno de la Junta por teléfono al (512) 978-8049.

Consecutive interpretation services from Spanish to English are available during Public Communication or when public comment is invited. Please notify the Board Governance Manager by telephone at (512) 978-8049 if services are needed.

Servicios de interpretación consecutiva del español al inglés están disponibles durante la Comunicación Publica o cuando se le invita al público a comentar. Notifique al Gerente de Gobierno de la Junta por teléfono al (512) 978-8049 si necesita servicios.

**STAYS IN FILE****CENTRAL HEALTH****Our Vision**

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- 3 Possible closed session discussion under Texas Government Code §551.071 (Consultation with Attorney).

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Came to hand and posted on a Bulletin Board in the
County Recording Office, Austin, Travis County, Texas on this the
15 day of October 2025
By Dyana Limon-Mercado Deputy
County Clerk, Travis County, Texas



ARIEL HERNANDEZ



202581434

**FILED AND RECORDED
OFFICIAL PUBLIC RECORDS**

Dyana Limon-Mercado
Dyana Limon-Mercado, County Clerk
Travis County, Texas

Oct 15, 2025 02:14 PM
Fee: \$0.00 **HERNANDEZA**



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AD HOC POLICY AND BYLAWS COMMITTEE

October 21, 2025

AGENDA ITEM 1

Approve the minutes of the September 22, 2025 Ad Hoc Policy and Bylaws Committee Meeting. (*Action Item*)

MINUTES OF MEETING – SEPTEMBER 22, 2025
CENTRAL HEALTH
AD HOC POLICY AND BYLAWS COMMITTEE

On Monday, September 22, 2025, a meeting of the Central Health Ad Hoc Policy and Bylaws Committee convened in open session at 9:05 a.m. in person at the Central Health Administrative Offices and remotely by toll-free videoconference. Clerk for the meeting was Valerie Guerra.

Committee members present in person: Chair Valadez, Manager May, and Manager Rodriguez

Committee members present via audio and video: Manager Jones

Board members present via audio and video or in person: Manager Kitchen, Manager Museitif (arrived at 9:11 a.m.), and Manager Brinson

COMMITTEE AGENDA

1. Approve the minutes of the October 25, 2023 Ad Hoc Policy and Bylaws Committee meeting.

Clerk's Notes: Discussion on this item began at 9:06 a.m.

Manager Rodriguez moved that the Committee approve the minutes of the October 25, 2023 Ad Hoc Policy and Bylaws Committee meeting.

Manager May seconded the motion.

Chairperson Valadez	For
Manager Jones	For
Manager May	For
Manager Rodriguez	For

2. Discuss and take appropriate action on revisions to the Central Health Amended and Restated Bylaws.

Clerk's Notes: Discussion on this item began at 9:06 a.m. Travis County Attorney's Office provided the Board with the Bylaws. If after review there are any provisions they would like committee to review, discuss, or edit, they can be discussed at meeting or sent to David Duncan and Perla Cavazos.

At 9:40 a.m. Chairperson Valadez announced that Board was convening in closed session to discuss agenda item 2 under Texas Government Code §551.071 (Consultation with Attorney).

At 10:52 a.m. the Board returned to open session.

3. Receive a presentation from staff and discuss existing Central Health policies and the process for policy development.

Clerk's Notes: Discussion on this item began at 9:40 a.m.

At 9:40 a.m. Chairperson Valadez announced that the Committee was convening in closed session to discuss agenda item 3 under Texas Government Code §551.071 (Consultation with Attorney).

At 10:52 a.m. the Committee returned to open session.

4. Confirm the next Ad Hoc Policy and Bylaws Committee meeting date, time, and location.

Manager May moved that the Committee adjourn.

Manager Rodriguez seconded the motion.

Chairperson Valadez	For
Manager Jones	Absent
Manager May	For
Manager Rodriguez	For

The meeting was adjourned at 11:41 a.m.

ATTESTED TO BY:

Cynthia Valadez, Chairperson
Central Health Ad Hoc Policy and Bylaws
Committee

Manuel Martin, Secretary
Central Health Board of Managers



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AD HOC POLICY AND BYLAWS COMMITTEE

October 21, 2025

AGENDA ITEM 2

Discuss and take appropriate action on revisions to Cental Health Amended and Restated Bylaws. (*Action Item*)



AGENDA ITEM SUBMISSION FORM

This form is to provide a general overview of the agenda item in advance of posting for the Board meeting. Proposed motion language is a recommendation only and not final until the meeting and may be changed by the Board Manager making the motion. All information in this form is subject to the Public Information Act.

Agenda Item Meeting Date October 21, 2025

Who will present the agenda item? (Name, Title) Travis County Attorney's Office

General Item Description Discuss and take appropriate action on revisions to Central Health Amended and Restated Bylaws

Is this an informational or action item? Action Item

Fiscal Impact _____

Recommended Motion (if needed – action item) N/A

Key takeaways about agenda item, and/or feedback sought from the Board of Managers:

- Enclosed are the Bylaws. Please review and let us know if there is any provision of the Bylaws that you would like the Committee to review, discuss, or edit. Any recommendations should be
- 1) discussed at the meeting or sent to David Duncan and Perla Cavazos.

2) _____

What backup will be provided, or will this be a verbal update? (Backup is due one week before the meeting.) Current Bylaws

Estimated time needed for presentation & questions? 30 minutes

Is closed session recommended? (Consult with attorneys.) No

Form Prepared By/Date Submitted: Valerie Guerra/October 14, 2025

**AMENDED AND RESTATED BYLAWS OF THE
TRAVIS COUNTY HEALTHCARE DISTRICT
EFFECTIVE NOVEMBER 15, 2023
BOARD OF MANAGERS**

TABLE OF CONTENTS

PREAMBLE	1
DEFINITIONS	1
ARTICLE I VISION/MISSION/PURPOSE	2
ARTICLE II RESPONSIBILITIES AND POWERS OF THE DISTRICT	2
ARTICLE III DUTIES AND AUTHORITIES OF THE BOARD	2
ARTICLE IV APPOINTMENT OF THE BOARD	3
ARTICLE V CONFLICT OF INTEREST	4
ARTICLE VI OFFICERS OF THE BOARD	4
6.0 CHAIRPERSON OF THE BOARD	4
6.1 VICE-CHAIRPERSON OF THE BOARD	5
6.2 SECRETARY	5
6.3 TREASURER	5
6.4 ELECTIONS AND APPOINTMENTS	6
6.10 REMOVAL AND RESIGNATIONS	6
ARTICLE VII COMMITTEES	7
7.0 BUDGET AND FINANCE COMMITTEE	7
7.1 EXECUTIVE COMMITTEE.....	7
7.2 STRATEGIC PLANNING COMMITTEE.....	8
7.3 MEDICAL COMMITTEE.....	9
7.4 SPECIAL COMMITTEES AND SUBCOMMITTEES	9
7.6 COMPOSITION AND TERM.....	9
7.8 QUORUM AND VOTING	10
7.9 AGENDAS	10
7.10 ADVISORY AND AUXILIARY COMMITTEES.....	10
7.11 MEDICAL EXECUTIVE BOARD INTERACTION AND AUTHORITY	11
ARTICLE VIII MEETINGS OF THE BOARD.....	11
8.0 GENERAL PROVISION.....	11
8.1 REGULAR MEETINGS.....	11
8.2 ANNUAL MEETINGS.....	11

8.4	SPECIAL MEETINGS	12
8.5	EMERGENCY MEETINGS.....	12
8.6	ORDER OF BUSINESS	12
8.7	CLOSED SESSION.....	12
8.8	QUORUM.....	13
8.9	MANNER OF ACTION	13
8.11	NOTICE OF MEETING	13
8.14	RECORD OF MEETINGS	13
8.15	CONDUCT OF MEETINGS	13
8.16	PUBLIC PARTICIPATION AT MEETINGS	14
8.18	AGENDAS	14
ARTICLE IX PRESIDENT AND CEO.....		14
ARTICLE X PUBLIC STATEMENTS AND PRONOUNCEMENTS		16
ARTICLE XI INDEMNITY AND INSURANCE.....		16
ARTICLE XII CONFLICT OF BYLAWS		17
ARTICLE XIII AMENDMENTS AND ALTERATIONS TO BYLAWS		17
ARTICLE XIV MISCELLANEOUS ORGANIZATIONAL PROVISIONS		18
ARTICLE XV ADOPTION		18

**AMENDED AND RESTATED BYLAWS
OF THE
BOARD OF MANAGERS**

**TRAVIS COUNTY HEALTHCARE DISTRICT
D/B/A CENTRAL HEALTH**

PREAMBLE

The Travis County Healthcare District d/b/a Central Health (“District”) Board of Managers hereby adopts these Amended and Restated Bylaws to provide a framework for self-government of the District. This framework permits the District to operate pursuant to the Constitution and governing statutes of the State of Texas, including Chapter 281 of the Texas Health and Safety Code. Portions of these governing laws are included in these Bylaws for the purpose of clarification.

DEFINITIONS

“Board” means the Board of Managers of the District. The term “Board” shall have the same meaning as the term “board” under Chapter 281 of the Texas Health and Safety Code.

“Board Member” means a person appointed to serve on the Board and duly qualified. Board Members are Public Officers. Members may also be referred to as Managers.

“Commissioners Court” means the members of the Commissioners Court of Travis County, Texas, being the elected officials of Travis County who are responsible for appointing certain Board Members.

“District” means the Travis County Healthcare District d/b/a Central Health.

“Duly Qualified” means that a Public Officer has satisfied all legal prerequisites to serve in the appointed office including completing and filing all legally required papers or bonds and swearing and recordation of all necessary oaths.

“Medical Executive Board” means a board created by Texas Health and Safety Code §281.02815 which is independent of the Board and is charged with adopting, maintaining, and enforcing policies to ensure that a physician employed by the District exercises the physician’s independent medical judgment in providing care to patients.

“Municipality” means the municipality with the largest population in Travis County.

“President and Chief Executive Officer (CEO)” means the individual appointed by the Board to perform the duties described in Article IX. The term “President and CEO” shall have the same meaning as the term “administrator” under Chapter 281 of the Texas Health and Safety Code.

“Program Budget” means a budget designed to reflect the costs of activities (programs) that are undertaken to achieve specific goals and objectives.

“Public Officer” means a person who is appointed or elected to a public office created by law, where the office has duties which involve the person exercising discretion over some sovereign function of government for the public.

“Travis County” means the Texas political subdivision that is surrounded by Williamson, Bastrop, Caldwell, Hays, Blanco, and Burnet Counties. Travis County is comprised of 1,023 square miles and its territory fully encompasses nine municipalities: Bee Cave, Creedmoor, Jonestown, Lago Vista, Lakeway, Manor, Rollingwood, Sunset Valley, and Westlake Hills. Portions of seven municipalities, most notably Pflugerville and Austin, extend outside of Travis County’s boundaries.

ARTICLE I

VISION

1.0 Central Texas is a model healthy community.

MISSION

1.1 By caring for those who need it most, Central Health improves the health of our community.

PURPOSE

1.2 The purpose of the District is to provide hospital and medical care to the extent required by law and to fulfill any other lawful purpose.

ARTICLE II

RESPONSIBILITIES AND POWERS OF THE DISTRICT

2.0 It is the responsibility of the District to seek to meet the requirements imposed upon it by Texas law.

2.1 Notwithstanding anything herein to the contrary, the District shall have all powers and rights that have been granted under Article IX, Section 9 of the Texas Constitution, Chapter 281 of the Texas Health and Safety Code, and all other applicable laws.

ARTICLE III

DUTIES AND AUTHORITIES OF THE BOARD

3.0 To the extent not prohibited or limited by law, the Board shall:

- (A) be the governing body of the District;
- (B) approve the annual budget for the District;
- (C) retain independent auditors to make an annual audit of the fiscal records of the District;
- (D) accept the annual audit at an open meeting and make the annual audit publicly available;
- (E) select the depository for the funds of the District;
- (F) appoint the President and CEO of the District and a Compliance Officer for the District, and may appoint an Assistant Administrator;
- (G) approve, adhere to, and enforce the policies developed for the operation of the District, unless otherwise delegated to the President and CEO;
- (H) seek approval from the Commissioners Court on matters as required by law;
- (J) approve, modify, or deny contracts, unless otherwise delegated to a committee or the President and CEO;
- (K) develop a philosophy and strategic goals for the District to be reflected in a comprehensive, coordinated strategic plan ("Strategic Plan");
- (L) serve as an advocate for the District;
- (M) appoint members to the governing boards of affiliated entities or other entities as provided by law, agreement, or other mechanism; and
- (N) meet other requirements imposed by law upon the Board.

ARTICLE IV

APPOINTMENT OF THE BOARD

- 4.0 The Commissioners Court shall appoint four (4) members to the Board. The governing body of the Municipality shall appoint four (4) members to the Board, and the Commissioners Court and the Municipality shall jointly appoint one member to the Board. In selecting the members of the Board, the Board shall encourage the Commissioners Court and the Municipality to consider the duties of the Board, the candidates' interests, availability, skills, and reputation for objectivity and fairness, as well as any legal conflicts that may impact the candidate's ability to effectively engage as a Board member.
- 4.1 The members of the Board serve staggered four-year terms, with as near as possible to one-fourth of the members' terms expiring each year.

- 4.2 Subject to agreement by the Commissioners Court and the governing body of the Municipality, appointments shall take place each December, with terms beginning on January 1.
- 4.3 Members of the Board shall serve the length of their term and are eligible for re-appointment.
- 4.4 If a member resigns or is otherwise incapable of fulfilling his or her term, the Commissioners Court and/or the Municipality, as applicable, shall appoint an interim member to the Board to serve until the permanent member's term expires.
- 4.5 In accordance with Article XVI, Section 17 of the Texas Constitution, members of the Board shall continue to perform the duties of their offices until their successors are duly qualified for the office.

ARTICLE V

CONFLICT OF INTEREST

- 5.0 The requirements in this Article V are in addition to all requirements the Board members may be subject to under any policies adopted by the Board.
- 5.1 Members of the Board shall comply with Chapter 171 of the Texas Local Government Code by recusing themselves from any vote or decision and abstaining from participation in discussions on matters in which they have a substantial interest.

ARTICLE VI

OFFICERS OF THE BOARD

CHAIRPERSON

- 6.0 The Chairperson of the Board serves as the chief officer of the Board and shall have responsibility and authority for:
 - (A) enforcing compliance with standards of ethical conduct and professional demeanor by the Board in their relations with each other, District staff, and the community that the District serves;
 - (B) appointing Board members to serve on Board committees and the chair of ad hoc committees;
 - (C) presiding over Board and Executive Committee meetings and, in the absence of another committee's chair, either presiding over the committee meeting or appointing another member of the committee to do so; and
 - (D) performing such other duties as are assigned by statute, these Bylaws, or other action of the Board.

VICE-CHAIRPERSON

- 6.1 The Vice-Chairperson of the Board shall have responsibility and authority for:
- (A) serving as chair of the Strategic Planning Committee unless the Board votes otherwise;
 - (B) assisting the Chairperson as requested;
 - (C) in the case of absence, death, resignation, disability, refusal to serve, removal, or disqualification of the Chairperson, perform the duties of the Chairperson until the Chairperson shall resume his or her office or until the expiration of the Chairperson's term as Chairperson; and
 - (D) performing such other duties as are assigned by statute, these Bylaws, or other action of the Board.

SECRETARY

- 6.2 The Secretary shall have responsibility and authority for:
- (A) ensuring the adequacy and accuracy of minutes taken or recordings of the Board meetings;
 - (B) keeping a suitable record of each Board meeting and the Official Seal of the District, or delegating the keeping of such record and/or the Seal of the District to the President and CEO;
 - (C) in the case of the absence, death, resignation, disability, refusal to serve, removal, or disqualification of the Chairperson and Vice-Chairperson, perform the duties of the Chairperson until the Chairperson and/or , Vice-Chairperson shall resume his or her office or until the terms of the elected Chairperson, and Vice-Chairperson have expired; and
 - (D) performing such other duties as are assigned by statute, these Bylaws, or other action of the Board.

TREASURER

- 6.3 The Treasurer shall have responsibility and authority for:
- (A) serving as chair of the Budget and Finance Committee unless the Board votes otherwise;
 - (B) in the case of the absence, death, resignation, disability, refusal to serve, removal, or disqualification of the Chairperson, Vice-Chairperson, and Secretary, exercising the duties of the Chairperson, as Acting Chairperson, until the

Chairperson, Vice-Chairperson, or Secretary shall resume his or her office or the terms of the Chairperson, Vice-Chairperson, and Secretary have expired; and

- (C) performing such other duties as are assigned by statute, these Bylaws, or other action of the Board.

ELECTIONS AND APPOINTMENTS

- 6.4 Every two (2) years, unless two-thirds of the Board vote to accept nominations for Board officers prior to the second year of the current Board officer's term, the members shall elect from among themselves a Chairperson, Vice-Chairperson, and Treasurer, and shall appoint a Secretary.
- 6.5 Nominations for the position of Chairperson, Vice-Chairperson, Treasurer, and any other position that requires election or appointment may be made by a Board member at a Board meeting or by a special ad hoc committee established pursuant to Section 7.1.1(A). Board members may nominate themselves for any Board officer position.
- 6.6 Elections or appointments conducted at Board meetings shall be conducted in an open meeting. Unless a different number is required by law, a majority vote of a quorum is required to elect a nominee for each position set forth in this Article VI.
- 6.7 When a Board officer position other than Chairperson becomes vacant, an election or appointment for the position shall take place at the next meeting of the Board, or as soon thereafter as practicable.
- 6.8 No Board member may hold the same office for more than one (1) term, unless two-thirds of the Board vote to suspend the term limits imposed by these Bylaws.
- 6.9 Board Officer elections shall be held at the annual meeting as described in Section 8.3(A). Officers shall take office as of the first day of the next year, unless the annual meeting and elections are delayed, in which case the newly elected officers shall take office the first day of the month following the annual meeting.

REMOVAL AND RESIGNATIONS

- 6.10 A Board member may be removed from office pursuant to Chapter 87 of the Texas Local Government Code or other Texas law. Additionally, a Board member may resign at any time by giving written notice to the Board Chairperson or Secretary and to the governmental entity that appointed the member (i.e., the Travis County Commissioners Court and/or the governing body of the Municipality). Any such resignation shall take effect as soon as a replacement is appointed and qualified to serve in the office.

ARTICLE VII

COMMITTEES

7.0 ***BUDGET AND FINANCE COMMITTEE***

The Budget and Finance Committee shall be responsible for assisting the President and CEO in preparing the District's annual budget, reviewing and monitoring financial statements, advising on audit matters, and making recommendations regarding financial transactions. The Budget and Finance Committee shall meet as deemed necessary by the Treasurer.

7.0.1 The Budget and Finance Committee shall also:

- (A) advise on financial policies of the District, as necessary;
- (B) assist in the selection of an external independent auditor; and
- (C) review the annual audit report prepared by the independent auditor.

7.0.2 The Budget and Finance Committee shall have standing authority to act on behalf of the Board with respect to the following:

- (A) approve the expenditure of funds for goods and services at any meeting of the committee at which at least seven (7) members of the committee (including, without limitation, any Board members who are not regular appointed members of the committee but who are appointed automatically to be members of the committee for such meeting in accordance with Section 7.7.3 of these Bylaws) are present, and with respect to such expenditure, at least five (5) of the committee members vote for approval at such meeting in a session that is open to the public;
- (B) approve the appointment of depositories;
- (C) ratify investments and take appropriate action on cash management, borrowings, and other District financial transactions; and
- (D) receive financial information from affiliated organizations.

7.1 ***EXECUTIVE COMMITTEE***

The Executive Committee shall be comprised of Board officers and shall be responsible for making recommendations concerning the types of appointments described in Article III, candidates for Board officers, the President and CEO's employment, items for future Board discussions, and compliance activities.

7.1.1 The Executive Committee shall:

- (A) ensure the formation of a special ad hoc committee comprised of two (2) Executive Committee members, one of whom must be the outgoing Board Chairperson, and two members of the Board who are not members of the Executive Committee for the purpose of (i) accepting nominations for Board officers; (ii) discussing the merits that a particular Board member may bring to the position that he or she has expressed interest in assuming; and (iii) making recommendations on candidates for Board officers. As outlined in Section 7.5, the outgoing Chairperson shall appoint the members of such special ad hoc committee, and he or she shall do so at least one (1) month prior to the date on which Board officers are set to be elected or appointed;
- (B) present the Board with nominations for candidates to the governing boards of affiliated entities or other entities who have contracts with or are under the oversight of the District. Appointed candidates shall receive no compensation for their services and shall represent the District in their service on the entity board;
- (C) conduct and make recommendations to the Board concerning the President and CEO's evaluation process and compensation;
- (D) review policies and other documentation related to the District's compliance program;
- (E) monitor and advise on compliance investigations and corrective action plans; and
- (F) seek input from District staff and Board members on governance processes, including the development of Board agendas under Section 8.18.

7.2 *STRATEGIC PLANNING COMMITTEE*

The Strategic Planning Committee shall be responsible for developing the Strategic Plan and performance metrics and dashboards related to the business of the District.

7.2.1 The Strategic Planning Committee shall:

- (A) develop and present the Strategic Plan to the Board;
- (B) monitor the implementation of the Strategic Plan;
- (C) recommend interim updates to the Strategic Plan whenever such updates are, in the opinion of the committee, necessary to reflect the

District's current operating environment or shifting priorities, such as new strategic initiatives;

- (D) assist in evaluating service delivery methods in relation to the implementation of the Strategic Plan;
- (E) develop and recommend communication strategies that align with the Strategic Plan and promote District initiatives;
- (F) develop and recommend community engagement strategies that align with the Strategic Plan and promote District initiatives; and
- (G) receive reports from District staff on the progress and results of communications and community engagement initiatives.

7.3 MEDICAL COMMITTEE

The Medical Committee shall act as a liaison between the Medical Executive Board (MEB) and the Central Health Board of Managers. The Medical Committee has no supervisory authority over the Medical Executive Board and their activities. Any conflicts shall be resolved via the process developed in 7.12.

7.3.1 The Medical Committee shall:

- (A) receive reports and information from the Chair of the MEB on activities of the MEB as outlined in the bylaws Section 7.11; and
- (B) provide pertinent information and reports to the full Board as necessary.

SPECIAL COMMITTEES AND SUBCOMMITTEES

7.4 Special ad hoc committees may be created by the Chairperson of the Board to perform specific tasks or to address specific issues. The formation of a special ad hoc committee must be approved by the Board, unless another section of these Bylaws gives a different person or body the ability to approve of the committee's creation. All special ad hoc committees are accountable to the Board.

7.5 Any committee may elect to perform any of its designated advisory functions by constituting any two of its members as a subcommittee for that purpose and reporting such action to the Board. Any such subcommittee may include non-board members in addition to members of the committee.

COMPOSITION AND TERM

7.6 Except as otherwise specified herein, committees shall be composed of no more than four Board members, each of whom shall be appointed by, and may be removed by, the Chairperson of the Board. The Chairperson of the Board shall be an ex-officio member,

without vote, of all committees, provided, however, that the Chairperson shall be automatically appointed as a temporary committee member, with the right to vote, whenever such appointment is necessary to achieve a quorum of a committee.

- 7.7 Committee members are appointed for a term of one (1) year and shall serve until the end of this period or until the member's successor is appointed, unless the member shall resign or be removed from the committee. The Chairperson may appoint an interim successor to the committee for a member whose Board term has expired and who is holding over as a Board member but who has resigned his or her committee position. Any such interim successor may serve until the meeting of the Board at which the Board votes to consent to the appointment of a new committee member.

QUORUM AND VOTING

- 7.8 Committees are advisory in nature and, unless they have been given authority to act on behalf of the Board under these Bylaws or through Board action, may not take action on their own other than to make recommendations to the Board. To the extent that committees are authorized to develop strategies and make recommendations, committee members have voting privileges.

7.8.1 Quorum Generally. A majority of the voting members of a committee shall constitute a quorum.

7.8.2 Quorum of the Budget and Finance Committee. A quorum of the Budget and Finance Committee shall consist of either: (A) a majority of the voting members of the committee or (b) a majority of the Board.

7.8.3 Special Voting Rights Related to the Budget and Finance Committee. All non-committee Board members in attendance at a Budget and Finance Committee meeting are automatically appointed as members of such committee and shall have the same voting rights, without limitations, as regularly-appointed members of the Budget and Finance Committee.

AGENDAS

- 7.9 The committee Chair shall have final approval of items to be placed on a committee agenda.

ADVISORY AND AUXILIARY COMMITTEES

- 7.10 If authorized or required by state law or Board policy, the Board shall appoint advisory or auxiliary committees of non-Board members to assist the District. These committees may be composed of volunteers, independent contractors, or employees. The terms, qualifications, and methods of appointment of these committees shall be governed by relevant state law, Board policy, and the Bylaws. The Board shall designate the chair and vice-chair, if any, of each such committee.

MEDICAL EXECUTIVE BOARD INTERACTION AND AUTHORITY

- 7.11 The Medical Executive Board (“MEB”) shall oversee, on behalf of the District, all aspects of the practice of medicine as defined by state law, including peer review, credentialing, and the oversight of the safety, quality, and appropriateness of the care, treatment, and services provided to patients (“Practice of Medicine”). The Board shall not supervise or control the Practice of Medicine, as prohibited by Texas Occupations Code Title 3, Subtitle B.
- 7.12 In cooperation with the District’s Medical Executive Board, the Board shall develop and implement a conflict management process to resolve any conflict between a policy adopted by the Medical Executive Board and a policy of the District.
- 7.13 For all matters relating to the Practice of Medicine, each physician employed by the District shall ultimately report to the chair of the Medical Executive Board. For all standards of conduct or employee policies not involving the Practice of Medicine that apply to all employees of the District, each physician employed by the District shall ultimately report to the President and CEO.
- 7.14 In matters that may raise mixed issues involving the Practice of Medicine and standards of conduct applicable to all District employees, the District’s President and CEO and the Chair of the MEB shall resolve such issues through the District’s conflict management process.

ARTICLE VIII

MEETINGS OF THE BOARD

GENERAL PROVISION

- 8.0 All regular, annual, special, and emergency meetings of the Board shall be held in accordance with the Texas Open Meetings Act, Chapter 551 of the Texas Government Code, and District policy.

REGULAR MEETINGS

- 8.1 Regular meetings of the Board shall be held at least once a month at the District headquarters, 1111 E. Cesar Chavez, Austin, Texas, unless another location is specified. The date and time of all regular meetings to occur during a calendar year will be established by the Chairperson and adopted at the annual Board meeting. When necessary, the Board may add or cancel a regular meeting or change the date of a regular meeting by motion adopted at a meeting of the Board. Regular meetings shall begin at a time designated by the Chairperson.

ANNUAL MEETINGS

- 8.2 The Board will conduct an annual meeting in December of each year or at another regular meeting designated by the Chair.

- 8.3 The following activities should occur at the annual meeting:
- (A) election and appointment of officers of the Board, if appropriate that year;
 - (B) review of the Bylaws, if appropriate that year;
 - (C) disclosure of conflict-of-interest statements by Board members; and
 - (D) address such other matters as may come to the attention of the Board.

SPECIAL MEETINGS

- 8.4 Special meetings of the Board may be held on any date that permits the President and CEO to provide notice of the meeting in compliance with Chapter 551 of the Texas Government Code and may be called by: (A) the Chairperson; (B) the written request of at least four (4) Board members to the President and CEO; or (C) a motion adopted at a meeting of the Board. Special meetings shall begin at a time designated by the Chairperson or a time specified by motion of the Board. The business to be discussed and acted upon at the special meeting shall be confined to the purpose or purposes for which the meeting was called.

EMERGENCY MEETINGS

- 8.5 Emergency meetings of the Board may be called by the Chairperson or the Vice-Chairperson after receiving confirmation from legal counsel that an emergency or urgent public necessity exists and if there are issue(s) whose consideration cannot be postponed until a special or regular meeting. Posting of notice for emergency meetings shall be done in accordance with the requirements set forth in the Open Meetings Act, Chapter 551 of the Texas Government Code. An emergency or urgent public necessity exists only if immediate action is required by the Board because of (A) an imminent threat to public health and safety; or (B) a reasonably unforeseeable situation. At an emergency meeting, the Board may only deliberate and take action on matters directly related to responding to the emergency or urgent public necessity identified in the notice of the meeting, or other matters for which normal notice has been given under the Open Meetings Act.

ORDER OF BUSINESS

- 8.6 The order of business at Board meetings shall be determined by the Chairperson. The agenda may include reports from Board committees.

CLOSED SESSION

- 8.7 The Board may enter a closed session after establishing a quorum, calling the meeting to order, and announcing, in open session, that a closed session will be held in accordance with the policies and procedures of the Board and in compliance with the requirements set forth in the Open Meetings Act, Chapter 551 of the Texas Government Code.

QUORUM

- 8.8 The presence of the majority of the Board shall constitute a quorum for the transaction of business, but if a meeting must cease due to the lack of a quorum, the meeting chair may announce a later specified date when the meeting will be rescheduled with a quorum present. A quorum of the Board must be physically present at the main meeting location.

MANNER OF ACTION

- 8.9 Except as otherwise specified, the action of a majority of the members present and voting at a meeting at which a quorum is physically present shall be the action of the group. Board members participating via videoconference will be considered as present and voting in accordance with applicable laws, rules, and District policy.
- 8.10 No final action, decision, or vote shall be taken while the Board is convened in closed session, and any motion to adjourn must be made after the Board has reconvened in an open meeting.

NOTICE OF MEETING

- 8.11 Board meetings will be posted pursuant to the requirements set forth in the Open Meetings Act, Chapter 551 of the Texas Government Code.
- 8.12 Board members shall be notified of regular and special meetings at least seventy-two (72) hours prior to the scheduled time of the meetings.
- 8.13 Board members shall be notified of emergency meetings called under Section 8.5 above at least two hours prior to the time of the meeting.

RECORD OF MEETINGS

- 8.14 The Board shall either (A) prepare or direct the President and CEO to prepare minutes or (B) make a recording of each open meeting. The recording or minutes of meetings shall contain each subject of discussion and deliberation, all motions, seconds, and the vote, if any, on such motions. Minutes shall be signed by the presiding officer and attested to by the Secretary.

CONDUCT OF MEETINGS

- 8.15 The most recent edition of *Robert's Rules of Order Newly Revised*, when not in conflict with other Board-adopted rules of procedure, these Bylaws, or applicable law, shall be the rules of parliamentary procedure and order for the Board and its committees, except that there shall be no requirement to read the minutes and the chair of any meeting may (A) vote and (B) establish time limits for discussion of each agenda item without the necessity of receiving a two-thirds vote of the Board.

PUBLIC PARTICIPATION AT MEETINGS

- 8.16 Members of the public who desire to deliver oral comments at a Board or Committee meeting must complete the required sign-in form before the time set by the Board or Committee for public comment registration. The Board may develop a policy addressing how public comment will be received, including specifying the number of speakers allowed and the length of time each speaker may speak. Persons wishing to speak before the Board shall provide the following information:
- (A) name and address;
 - (B) the name of the person or group, if any, the speaker is representing;
 - (C) the agenda item upon which the person wishes to speak, if any; and
 - (D) if the matter does not relate to an agenda item, a brief description of the nature of the matter to be addressed by the speaker.
- 8.17 If a member of the public enquires about a subject for which notice has not been given as required by the Open Meetings Act, Chapter 551 of the Texas Government Code, the Board or Committee may provide a statement of specific factual information or a recitation of existing policy in response to the enquiry by the speaker. Any deliberation of or decision about the subject of the speaker's enquiry shall be limited to a proposal to place the subject on the agenda for a subsequent meeting.

AGENDAS

- 8.18 The Chairperson shall have final approval of items to be placed on Board meeting agendas. The Vice-Chairperson may approve the Board agenda if the Chairperson of the Board is, or appears to be, unable to approve the agenda in time to allow the President and CEO to post the agenda in compliance with the Open Meetings Act, Chapter 551 of the Texas Government Code. The President and CEO shall be responsible for preparing, posting, and distributing the meeting agenda and any associated written materials to the Board.
- 8.19 The Chairperson may direct the President and CEO to add one or more agenda items to a posted agenda if there is time to post a revised agenda or supplement in compliance with the Open Meetings Act, Chapter 551 of the Texas Government Code.

ARTICLE IX

PRESIDENT AND CEO

- 9.0 The Board shall appoint a President and CEO who is qualified by training and experience. The President and CEO shall be held accountable for the management of the District and shall ensure that the District's activities are within the limits prescribed by law and the policies adopted by the Board. Except as limited by law, District policy, or action of the Board, the President and CEO or designee shall, at a minimum:

- (A) advise and assist the Board in managing, controlling, and administering the District's business;
- (B) administer and enforce the policies, procedures, and rules necessary for the operation of the District;
- (C) employ, evaluate, and discharge all employees of the District, subject to an annual approved budget;
- (D) develop and maintain personnel policies and practices of the District;
- (E) prepare, revise, and recommend an annual budget that reflects expected revenues and expenditures to the Board and the Commissioners Court for approval;
- (F) spend budgeted funds in accordance with District policies and procedures in order to accomplish the strategic goals of the District;
- (G) make budget transfers between line items within the same Program Budget;
- (H) supervise the District's business affairs to ensure that funds are collected and used to the best possible advantage;
- (I) supervise the purchase of supplies, services, and equipment in accordance with District policies and procedures;
- (J) attend all meetings of the Board and committees thereof;
- (K) execute contracts, amendments, and renewals in accordance with Board approved policies and procedures;
- (L) execute documents on behalf of the Board which do not require individual discretion and are carried out as the result of statutory or regulatory mandates, or established procedures, including but not limited to, the execution of tax resale deeds and license agreements;
- (M) perform such other duties as may be delegated by the Board to serve the best interests of the District;
- (N) make an annual report to the Board, Commissioners Court, the Texas Health and Human Services Commission or its successor, and the comptroller as soon as practicable after the close of the fiscal year as required by Section 281.092 of the Texas Health and Safety Code;
- (O) perform duties as required by Section 281.071, Texas Health and Safety Code, concerning payment and support, as necessary;
- (P) serve as the agent for service of process on behalf of the District;

- (Q) oversee and make timely decisions on litigation matters in which the District is or may become named in a legal action, with the exception that the President and CEO may not accept or reject any settlement offer or initiate any legal action without Board approval;
 - (R) inform the Board in the most appropriate manner of material operational or financial issues as identified by the Board;
 - (S) identify threats and opportunities and make recommendations to the Board; and
 - (T) meet such other requirements imposed by law or the Board upon the President and CEO.
- 9.1 The President and CEO serves at the will of the Board and for terms of not more than four (4) years. Before assuming duties, the President and CEO shall execute a bond payable to the District in the amount of not less than \$10,000, which bond is conditioned on the faithful performance of the President and CEO's duties and any other requirements determined by the Board. The President and CEO shall be entitled to compensation as determined by the Board.
- 9.2 If the President and CEO is incapacitated, absent for a period of more than 72 hours, or unable to perform his or her duties, the Assistant Administrator as described in Section 281.027, Texas Health and Safety Code, who is the same individual that holds the title of Deputy Administrator at the District, shall perform any or all of the duties of the President and CEO necessary for the operation of the District.
- 9.3 Notwithstanding the foregoing, the Board reserves its right to manage, control, and administer the District.

ARTICLE X

PUBLIC STATEMENTS AND PRONOUNCEMENTS

- 10.0 The Chairperson, after conducting reasonable due diligence, may make, or authorize his or her designee to make, public statements and pronouncements on behalf of the Board.

ARTICLE XI

INDEMNITY AND INSURANCE

- 11.0 If, as, upon such conditions, and to the extent permitted or required by Texas law, the District shall indemnify any member of the Board and the President and CEO against all costs and expenses reasonably incurred or imposed upon the same in connection with any action, suit, or proceeding that results from the Board member or President and CEO's service, regardless of whether the action, suit, or proceeding is based on actions that occurred prior to or subsequent to the adoption of these Bylaws. The costs and expenses for which such persons shall be indemnified include attorney's fees and all amounts paid

or payable by any Board member or the President and CEO (other than amounts paid or payable to the District itself), pursuant to any judgment or any reasonable settlement agreement.

- 11.1 The District may also, to the extent expressly permitted by Chapter 102 of the Texas Civil Practice and Remedies Code and any other applicable Texas laws, indemnify any other officer or employee of the District against all costs and expenses reasonably incurred or imposed upon the same in connection with any action, suit, or proceeding that results from the officer or employee's service to the District. Notwithstanding the foregoing, the District makes no express or implied guaranty or promise that it will indemnify an officer or employee in a particular situation, and no officer or employee of the District shall be entitled to rely upon this section for that purpose.
- 11.2 The District shall acquire liability insurance if, in the opinion of the Board, that insurance is reasonably affordable and, among other things, provides indemnity and/or defense of any member of the Board for claims or expenses, except to the extent prohibited by Texas law.
- 11.3 Nothing in Article XI is intended to, or should be construed to, require the District to indemnify any of the persons identified in Sections 11.0 and 11.1 above against the costs and expenses of any action, suit, or proceeding if:
 - (A) no law expressly permits the District to provide such indemnity; or
 - (B) such person(s) shall be finally adjudged in said action, suit, or proceeding or, in the event of a settlement, determined by the Board to have been guilty of violations of law, acting in bad faith, or exhibiting reckless or grossly negligent behavior in the performance of their duties to the District.
- 11.4 Additionally, any grant or denial of indemnity under this Article XI represents an exercise of discretionary functions of the Board.

ARTICLE XII

CONFLICT OF BYLAWS

- 12.0 If any provision of these Bylaws is now or hereinafter becomes in conflict with any federal or state statute, regulation, or any other law relating to the operation of the District, such statute or other law, as long as it is in effect, shall take precedence over these Bylaws.

ARTICLE XIII

AMENDMENTS AND ALTERATIONS TO BYLAWS

- 13.0 Every two (2) years, the Board shall review these Bylaws. Proposed revisions shall be submitted to the Board at least seven (7) working days prior to the meeting at which a vote

to amend the Bylaws is scheduled. The submitted revisions must be in writing and include the exact wording of the existing Bylaws' language, if any, and the proposed change(s).

ARTICLE XIV

MISCELLANEOUS ORGANIZATIONAL PROVISIONS


- 14.0 The District fiscal year shall begin October 1 and shall end the following September 30.
- 14.1 The form of the official seal of the District shall consist of two hands shaking with a stethoscope superimposed over an outline of the State of Texas surrounded by two concentric circles with the name "Travis County Healthcare District" displayed in the space between the two circles. The seal may be either embossed or stamped. The Secretary has the responsibility of retaining the seal, but may delegate the retention of the seal to the President and CEO. Affixing the seal is not necessary to authenticate or attest a document unless the seal is required by applicable law.

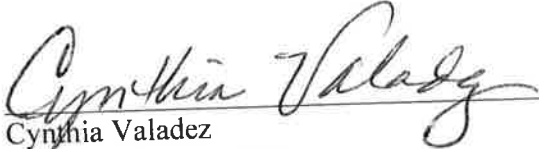
ARTICLE XV

ADOPTION

- 15.0 These Amended and Restated Bylaws shall become effective immediately upon their acceptance and adoption and shall supersede all previous Bylaws heretofore adopted by the Board of the District.

Accepted and adopted by the Board of the Travis County Healthcare District at Austin, Travis County, Texas, on the 15th day of November, 2023.


Charles Bell
Chairperson, Board of Managers
Travis County Healthcare District


Cynthia Valadez
Secretary, Board of Managers
Travis County Healthcare District



Our Vision

Central Texas is a model healthy community.

Our Mission

By caring for those who need it most, Central Health improves the health of our community.

Our Values

Central Health will achieve excellence through:

Stewardship - We maintain public trust through fiscal discipline and open and transparent communication.

Innovation - We create solutions to improve healthcare access.

Right by All - By being open, anti-racist, equity-minded, and respectful in discourse, we honor those around us and do right by all people.

Collaboration - We partner with others to improve the health of our community.

AD HOC POLICY AND BYLAWS COMMITTEE

October 21, 2025

AGENDA ITEM 3

Receive a presentation from staff, discuss, and take appropriate action on Central Health policies and the process for policy development.³



AGENDA ITEM SUBMISSION FORM

This form is to provide a general overview of the agenda item in advance of posting for the Board meeting. Proposed motion language is a recommendation only and not final until the meeting and may be changed by the Board Manager making the motion. All information in this form is subject to the Public Information Act.

Agenda Item Meeting Date October 21, 2025

Who will present the agenda item? (Name, Title) Dr. Pat Lee, President and CEO, and Andy Buhl, Director of Compliance

General Item Description Receive a presentation from staff and discuss existing Central Health policies and process for policy development.

Is this an informational or action item? Informational Item

Fiscal Impact _____

Recommended Motion (if needed – action item) N/A

Key takeaways about agenda item, and/or feedback sought from the Board of Managers:

In the backup are the list of Central Health policies and a small sample of policies as examples. Please review and let us know if there is a provision of any policy that you would like the

1) Committee to review and discuss.

2) _____

What backup will be provided, or will this be a verbal update? (Backup is due one week before the meeting.) List of Policies

Estimated time needed for presentation & questions? 30 minutes

Is closed session recommended? (Consult with attorneys.) Yes

Form Prepared By/Date Submitted: Valerie Guerra/October 14, 2025

Policy Title: Code of Conduct and Ethics for Board Members	
Policy #: CMP-010P	
Effective Date: May 2010	
Last Review Date: April 2025	
Policy Owner: Chief Compliance and Risk Officer	
Executive Sponsor: Chief Executive Officer	
Attachments: None	
<input checked="" type="checkbox"/> Central Health Specific	<input type="checkbox"/> Enterprise Included

PURPOSE

- I. This Code of Conduct and Ethics for Board Members is a component of the written compliance policies for the Central Health Compliance Program. The Code of Conduct and Ethics for Board Members is a set of standards for legal and ethical business conduct that requires all Central Health Board members to comply with applicable federal and state laws governing Central Health's governance and to provide guidance to Board members regarding Board conduct and practices. The Code of Conduct and Ethics for Board Members will be distributed to all Board members upon appointment.

II. SCOPE

This Code of Conduct and Ethics for Board Members applies to all Board members in carrying out their duties and authorities pursuant to their constitutional and statutory mandates, as well as those outlined in governing documents and policies.

III. DEFINITIONS

None.

IV. POLICY

1) Be Honest

All Central Health Board members must be honest in the performance of their duties for Central Health.

2) Follow applicable law, policies, and procedures

Central Health is committed to complying, and Board members are under an ongoing duty to comply with all applicable state and federal laws, regulations, guidelines, and Central Health policies and procedures, where applicable, including this Code of Conduct and Ethics for Board Members. Noncompliance with Central Health policies, procedures federal or state laws, regulations, guidelines, or any implication or suspicion thereof must be brought to the attention of a Board Chairperson, Legal Counsel or the Compliance Officer.

3) Maintain and protect information

Certain actions and transactions, including compliance-related transactions, must be accurately documented on a timely basis according to Central Health policy and procedures and in accordance with applicable state and federal laws and regulations. Falsifying a government record may result in criminal liability. Central Health has provided a Record Management Policy that establishes guidance regarding the creation, distribution, retention, storage, retrieval, and destruction of documents. The Record Management policy outlines retention for (i) all records and documentation required by state and federal law for participation in state or federal health care programs; and (ii) all records necessary to protect the integrity of Central Health.

4) Protect Central Health assets

Central Health property, facilities, equipment, supplies, personnel time, and accounts receivable (including monies owed to Central Health) are Central Health assets. Central Health Board members must respect Central Health property and maintain and protect it. Central Health assets and property, including but not limited to computers, supplies, staff time, records, business records and cash, may not be used for personal use or gain. Equipment and supplies removed from Central Health must be accounted for, used for Central Health business and all equipment and unused disposable goods must be returned in good condition.

5) Respect the rights of others

All persons at Central Health should be treated with dignity and respect.

Central Health does not tolerate harassment or discrimination of any personnel or member of the public in any manner or form, and specifically, on the basis of sex, race, color, national origin, citizenship status, marital status, sexual orientation, veteran status, religion, age, or disability. Suspected harassment or discrimination shall be reported to the Board Chairperson or Compliance Officer.

6) Business transactions must be conducted free from offers or solicitation of gifts

Central Health Board members must conduct all Central Health business with honesty and integrity. Central Health Board members are expected to conduct business in a manner that is free from offers or solicitation of gifts, favors, or other improper inducements. Business transactions with outside vendors, contractors and other third parties must be free from offers or solicitation of gifts and favors or other improper inducements in exchange for influence or assistance in a transaction. Central Health Board members cannot accept gifts, favors, services, entertainment, or other things of value to the extent that the decision making of Central Health or a Board member might be influenced. **Board members will abide by Local Government Code, Chapter 171 and Chapter 176.** If there is any concern about whether a particular gift should be accepted, Board members should consult with Central Health Legal Counsel or Compliance Officer. Board members should reference Compliance Policy CMP-009P and CMP-009SOP Duality and Conflict of Interest Policy and Standard Operating Procedures for additional information.

7) Do not offer, solicit, or accept bribes, kickbacks, or rebates

Offering, soliciting, or accepting a bribe, kickback, or rebate for any good or service associated with Central Health is inappropriate, illegal, unethical, and strictly prohibited by Central Health.

- A "bribe" is money or other thing of value, including a favor, given or promised in order to influence the judgment or conduct of another person.
- A "kickback" is the return of a part of a sum or other thing of value received, often because of a confidential agreement or coercion.
- A "rebate" is the return of part of a payment.

If there are any questions concerning a potential offer, solicitation, or other arrangement, contact the Compliance Officer or Legal Counsel. Board members should reference Compliance Policy CMP-009P and CMP-009SOP Duality and Conflict of Interest Policy and Standard Operating Procedures for additional information.

8) Lead by example

It is incumbent upon Central Health Board members to provide leadership that is ethical and lawful to Central Health and to assure that adequate systems, policies and procedures are in place to promote and ensure ethical and legal conduct.

9) Fiduciary Duties

Under Texas law and Central Health policy, Board members owe a fiduciary duty to Central Health. A Board member's fiduciary duty includes the duty to act in the best interests of Central Health, including placing the public interest and Central Health's interests above personal conflicts or conflicting loyalties. A Board member's fiduciary duty includes but is not limited to avoiding conflicts of interest. A Board member's fiduciary duty to Central Health precludes a Board member from appearing before the Central Health Board or lobbying Central Health staff as an advocate for Central Health funding to outside persons, groups, or interests.

10) Use of Central Health staff and resources

Official requests for staff time or resources

Board members making use of Central Health staff time or resources should specify whether the request is made in an official capacity regarding Board policy or potential Board policy, or individual capacity. Requests from board members not expressed during a board or committee meeting should be directed to Central Health's President and CEO or designee. If the request is made in an official capacity, the Board member should first discuss the request with the Chairperson. Board members shall be respectful of Central Health staff time and duties and avoid unduly burdensome and/ or unreasonably repetitive requests. Requests for staff time or resources shall not be unreasonably withheld.

Information requests for staff time or resources

Information requests made by a Board member in a personal capacity should utilize the process established by Central Health for receiving Texas Public Information Act requests, including the submission of the request in writing. Board members who request information in their personal capacity should not seek special or expedited treatment. Before making requests for information retained by Central Health, that may be confidential or protected by law, Board members may consult with Legal Counsel.

11) Appointments

A Board member appointed by Central Health to another board or organization, including affiliated entities of Central Health, should remain aware, in consultation with Central Health's President and CEO and Legal Counsel, that the Board member's duty is to represent Central Health. If a conflict of interest arises between Central Health and the entity to which the Board member is appointed, the Board member should recuse themselves from any discussion, consideration, or action that presents a conflict of interest. A member of the Board of Managers appointed to another entity shall protect from unauthorized disclosure all confidential information that may be orally presented or come into the physical possession of the Board member, concerning Central Health, the other organization, or entity.

12) Public Appearances

A Board member appearing in a public forum or making a public statement should make it clear whether the Board member is speaking in a personal capacity or as a representative for Central Health. A Board member appearing in a public forum or making public statements should not purport to speak on behalf of Central Health or the Board of Managers unless authorized to do so by the Board or Board Chairperson. A Board member may communicate publicly concerning official Board policy positions or an approved Central Health initiative or activity. A Board member appearing at a public forum or making public statements or communications in any capacity should be cognizant of his or her fiduciary duty to Central Health.

13) Record Retention

Board members will comply with Central Health policies on record retention. Board members will be cognizant that communications in their official capacities or concerning Central Health business made using personal email, text messaging or any electronic media may be subject to public disclosure under the Texas Public Information Act. Board members shall retain personal Central Health and Board related electronic correspondence and other communications on personal devices and systems in a manner that complies with Central Health's record retention policy and applicable law. Board members will cooperate fully with Central Health staff, the Compliance Officer and/or Legal Counsel in responding to information requests that seek official Central Health communications maintained by a Board member in private email or on other private electronic communication systems. Board members should avoid making statements in an official capacity by emails or any electronic media that, if disclosed, could reasonably cause negative public perceptions of Central Health or the Board of Managers.

14) Ethics

Board members will:

- Listen carefully to fellow Board Members;
- Respect the opinion of fellow Board Members;
- Respect and support the majority decisions of the Board or Board Committee;
- Bring to the attention of the Board any issue the Board member has reason to believe will adversely affect Central Health or the Board of Managers;
- Not discuss the confidential business or proceeding of Central Health or the Board;
- Adhere to any signed agreements/understandings as Board Managers outside the boardroom or confidential and privileged setting; and
- Not interfere with the duties of the President and CEO.

15) Compliance

Violations of this Code of Conduct and Ethics for Board members policy shall be reviewed by the Chairperson, who may and in consultation and with the approval of the Board officers, may take reasonable action that is intended to correct the violation and encourage compliance. Any such action may include a verbal discussion with the Board member, written documentation of the violation, making or changing committee assignments, or other action that may be deemed appropriate as determined by the Board.

V. RELEVANT STATUTES, REGULATIONS OR GUIDANCE

Chapter 171 and 176, Texas Local Government Code.

VI. RELATED POLICIES AND PROCEDURES

CMP-001P - Compliance Program

CMP-006P - Reporting and Non-Retaliation

CMP-008P - Compliance Investigations

CMP-009P - Duality and Conflict of Interest

CMP-009SOP – Duality of Conflict and Interest (SOP)

CMP-009-SOPa - Duality and Conflict of Interest (Attachment A)

VII. PROCESS

None.

Policy Title: Complaint Resolution for Employees Who Report Directly to the CEO	
Policy #: HR2-035P	
Effective Date: September 2019	
Last Review Date:	
Policy Owner: CHRO	
Executive Sponsor: Board of Managers	
Attachments: N/A	
<input checked="" type="checkbox"/> Central Health Specific	<input type="checkbox"/> Enterprise Included

I. PURPOSE

The **Board** of Managers (sometimes referred to as “**Board**”) intent in adopting this policy is to ensure that employees who report directly to the President & CEO have an opportunity to dispute their termination of employment in a timely manner.

II. SCOPE

This policy only applies to employees who report directly to Central Health’s President & CEO and who have been terminated. All other employees shall follow Human Resources Policy HR2-018P when making complaints/concerns or the Grievance process outlined in the Corrective Discipline Policy HR2-017P.

III. DEFINITIONS

Central Health Employees or **Employees** refer to **Employees** who are working for Central and Sendero.

IV. POLICY

Employees shall have the right to lodge a complaint about the President & CEO’s decision to terminate their employment. If an employee lodges a complaint, the **Board** shall provide a forum to hear the complaint and shall make a decision regarding the complaint as quickly and efficiently as possible. In any case, this policy should be interpreted in such a way as to promote the appropriate balance between thoroughness and efficiency.

V. RELEVANT STATUTES, REGULATIONS OR GUIDANCE

None

VI. RELATED POLICIES AND PROCEDURES

Corrective Discipline HR2-017P
 Complaint Resolution HR2-018P

VII. PROCEDURES

1. The terminated employee (“Complainant”) must submit a written complaint to the Chief Human Resources Officer (CHRO or successor position), or the Compliance Officer within five (5) business days after receiving notice of their termination. The complaint requires no specific format, but should include the reasons the employee believes the decision to terminate employment should be overturned, the relevant facts related to termination, and requested outcome.
2. Chief Human Resources Officer (CHRO or successor position), or Compliance Officer receiving the written complaint will immediately notify the Chair and Vice-Chair of the **Board** of Managers of the complaint.
3. As soon as practicable after receiving notice of the complaint, the Chair and the Vice-Chair of the **Board** of Managers, in consultation with the Compliance Officer and the Chief Human Resources Officer (CHRO or successor position) (unless either one of these individuals is the Complainant, in which case only the individual who is not the Complainant will be consulted) and the Travis County Attorney’s Office, will determine if an investigation is necessary and whether Central Health should engage services from an external investigator. This determination will be based on the totality of the circumstances, such as the nature of the complaint, perceived or actual conflicts or dualities of interest, and necessary expertise. If an investigation is appropriate, the investigator will provide a report that includes findings of fact, relevant statements from any individuals who the Complainant and the President & CEO believe have personal knowledge of the circumstances leading to Complainant’s termination, and, upon request, a recommendation to sustain or overturn the termination.
4. As soon as practicable following the conclusion of any investigation, the Chair will schedule a meeting of the **Board** of Managers to consider the complaint. The date of the meeting will be shared with the Complainant.
5. The Complainant, Central Health management, and, if an investigation is conducted, the investigator will provide the **Board** with a copy of any relevant documents so that the **Board** may review in preparation for the meeting. To be considered timely, the report must be received by 5:00 p.m. on the fifth business day prior to the meeting. The party providing the documents (either the investigator or the Complainant and the Central Health management) should make sufficient physical copies of the documents for each member of the **Board** of Managers in attendance at the meeting to consider the complaint. The Compliance Officer and the Chief Human Resources Officer (CHRO or successor position) (unless either one of these individuals is the Complainant, in which case only the individual who is not the Complainant) shall provide copies of the documents to the **Board**.

6. At the meeting set and noticed to consider the complaint, the **Board** will allow the investigator, Complainant, and a representative of Central Health management to present. The Complainant and representative of Central Health management will have up to thirty minutes each to make a presentation supporting their respective positions to the **Board** of Managers. Unless good cause is shown, the Complainant will make their presentation first, followed by Central Health management. Only the investigator will be allowed to remain in the meeting room once their presentation is complete. In addition, no one other than the specific individuals identified in this policy will be invited to make a presentation to the **Board** (e.g., the Complainant may not make their presentation through a representative, such as an attorney) and there will be no testimony allowed from live witnesses.

7. The **Board** of Managers will determine whether it is appropriate for the **Board** to ask questions of the presenters and to receive legal advice concerning the complaint. The **Board's** decision regarding questions is final and only members of the **Board** of Managers may ask questions of the presenters during the meeting. The amount of time allotted for all presentations and responses to questions shall not exceed three hours in total. This time limitation does not include time for **Board** deliberation of the complaint or time spent seeking legal advice.

8. As soon as practicable after the meeting to consider the complaint and at a properly posted meeting, the **Board** of Managers will review the facts presented on the complaint to determine if the President & CEO's decision was illegal, unreasonable, arbitrary, or capricious. The **Board** of Managers will not substitute the **Board's** judgment for the President & CEO's; but rather, determine if the President & CEO's decision was reasonably supported by substantial evidence.

9. The **Board** of Managers will vote to sustain or overturn the termination. The **Board** of Managers may also consider any appropriate corrective action or remedy. The **Board's** vote will be communicated to the Complainant.

10. If a member of the **Board** of Managers has personal knowledge of relevant information about critical underlying facts, they should review and comply with the Compliance Policy on Duality and Conflict of Interest (CMP-009P) as appropriate, up to and including recusal or abstaining from a vote on the matter.

11. This policy does not alter the employment-at-will relationship in any way. Further, this policy does not impact any employee's rights or obligations to make a complaint based on harassment, discrimination, or compliance policies which would be investigated pursuant to those respective policies.

12. This policy prohibits retaliation in any manner for filing a complaint under this policy or for any employee's decision to participate or not to participate in the complaint process. An employee who feels they have been retaliated against in violation of this policy should report the allegation to the Chief Human Resources Officer (CHRO or successor position) or Compliance Officer as appropriate.

Policy Title: Compliance Investigations	
Policy #: CMP-008P	
Effective Date: May 2010	
Last Review Date: July 2023	
Policy Owner: Chief Compliance and Risk Officer	
Executive Sponsor: Chief Compliance and Risk Officer	
Attachments: None	
<input checked="" type="checkbox"/> Central Health Specific	<input type="checkbox"/> Enterprise Included

I. PURPOSE

It is Central Health's policy to investigate all reports of relevant perceived and actual wrongdoing. Investigations will be conducted to the point of satisfaction. Documentation of the full investigation, including conclusions for all reports, founded or unfounded will be maintained by Compliance. Documentation of investigations will be maintained to ensure compliance with subpoenas and cooperate with governmental investigations to the full extent required by law. Central Health will ensure that all subpoenas, search warrants, civil investigative demands and governmental investigations are handled appropriately and promptly with the advice and under the direction of Legal Counsel and to report when appropriate instances of noncompliance to the proper state and/ or federal enforcement authorities.

II. SCOPE

This policy applies to all Central Health employees and operations. This includes Board of Managers, officers, interns, volunteers, and temporary employees.

III. DEFINITIONS

None.

IV. POLICY

- 1) The Compliance Officer will be responsible for investigating all reports of perceived or actual wrongdoing, including violations of compliance policies or legal requirements, to the point of satisfaction and recorded conclusion, including unfounded reports. The nature of the report may require engaging or delegating the investigation to others, i.e., violations of personnel policies investigated by Human Resources.
- 2) The Compliance Officer will promptly perform a preliminary investigation of all allegations of perceived or actual wrongdoing, including violations of compliance policies or legal requirements, to determine the allegation's truth and accuracy and whether a violation has occurred. The Compliance Officer will take immediate steps to prevent the destruction of documents or other evidence relevant to the investigation. If it is found that the allegation is not substantiated by facts, the Compliance Officer will file a report

with a record of the complaint and investigation. The individual (if known) who reported the suspected noncompliance may be appropriately informed in general terms of the investigation and the result.

- 3) If an allegation is found to be substantiated, the Compliance Officer will be responsible for assigning resources to determine the implications of the violation and perform an investigation. The Compliance Officer will also determine whether external resources and/ or investigators are needed.
- 4) The internal and/ or external investigators will be responsible for conducting an independent investigation of the facts and developing a summary of their findings including any recommendations and corrective actions needed.
- 5) The Compliance Officer and Human Resources, and as appropriate with Legal Counsel and the CEO, will determine an appropriate course of action based on the investigation results and recommendations. The Compliance Officer will be responsible for ensuring that a corrective action plan that will address, resolve, and prevent identified problems is developed and implemented.
- 6) If an investigation of an alleged violation is undertaken and the Compliance Officer believes that the integrity of the investigation may be at stake because of the presence of employees under investigation, those subjects will be removed from their current work activity until the investigation is completed (unless an undercover investigation is in effect).
- 7) Central Health will be responsible for determining and making prompt restitution of any identified damages or overpayments to the appropriate entity or individual or make other disposition as determined appropriate and for reporting to any affected governmental agencies as appropriate. Legal Counsel may develop contract language for use with vendors and contractors regarding compliance and sanctions for failure to comply.
- 8) The Compliance Officer, the employee's supervisor, Human Resources, and in consultation with Legal Counsel as appropriate, will determine if disciplinary action is appropriate. The supervisor will be responsible for implementing any identified disciplinary action including, as identified through the investigation, a recommendation to the CEO that termination of employment occur. See Corrective Discipline, Policy Number HR2-017P. All levels of employees are subject to the same disciplinary action for the commission of similar offenses.
- 9) The Compliance Officer will be responsible for maintaining a formal report on each compliance investigation.
- 10) If a violation of applicable law or the Compliance Program has occurred, the Compliance Officer will take steps to correct the problem. Such steps may include a referral to criminal

and/or civil law enforcement authorities, a report to the Board of Managers, a corrective action plan, and a report to the appropriate governmental authority.

- 11) On a periodic basis, the Compliance Officer should report to the compliance committee any investigation undertaken and the results of that investigation. The compliance committee may report this information to the Central Health Board of Managers as determined by the Chair of the compliance committee, the Compliance Officer.

V. RELEVANT STATUTES, REGULATIONS OR GUIDANCE

VI. RELATED POLICIES AND PROCEDURES

CMP-006P - Reporting and Non-Retaliation

CMP-009SOP - Duality and Conflict of Interest SOP

HR2-017P - Discipline

VII. PROCESS

None.

Policy Title: Compliance Program Description	
Policy #: CMP-001P	
Effective Date: May 2010	
Last Review Date: July 2023	
Policy Owner: Chief Compliance and Risk Officer	
Executive Sponsor: Chief Compliance and Risk Officer	
Attachments: None	
<input checked="" type="checkbox"/> Central Health Specific	<input type="checkbox"/> Enterprise Included

I. PURPOSE

The purpose of Central Health's Compliance Program is to establish and maintain the infrastructure and program components necessary to promote and better ensure compliance with applicable laws, regulations, ordinances, and policies and procedures, including the Central Health Code of Conduct and Ethics. The Compliance Program is intended to promote a culture of ethics and compliance across the organization, foster the identification and reporting of compliance violations and foster rapid response when issues have been identified.

Additionally, as a steward of public funds, Central Health is obligated to act in accordance with the highest ethical standards. The Central Health Compliance Program was implemented following a resolution of the Central Health Board of Managers Establishing High Standards of Integrity dated May 27, 2010 ("Board Resolution").

II. SCOPE

This policy applies to all Central Health employees and operations. This includes Board of Managers, officers, interns, volunteers, and temporary employees.

III. DEFINITIONS

None.

IV. POLICY

In partnership with the Central Health Code of Conduct, this policy provides a summary of the Compliance Program structure, responsibilities and core components.

The Compliance Program was established by Central Health's Board of Managers. Under the direction of the Chief Executive Officer CEO, the Compliance Officer manages the day-to-day operations of the Compliance Program. This includes maintaining a current Compliance Plan that is relevant to Central Health operations and an annual Audit Plan that monitors controls in areas with corrective actions based on actual or potential findings from external reviews, internal routine or special reviews, or any other issues that deserve study for potential improvements. The scope of areas subject to routine and special reviews is vast and may

include any department, line of service, or activity within the organization. Additionally, the Compliance Committee may conduct an annual review of the Compliance Program Description and evaluates the effectiveness of the Compliance Program. These work products may be presented to the CEO and/or the Board of Managers with recommendations for improvement.

The Compliance Program Description and Compliance Plan will address the following:

1. Regularly scheduled review and **distribution of written standards of conduct**, compliance program documents and organizational policies and standard operating procedures (SOP). These materials should articulate Central Health's commitment to compliance with all applicable laws, regulations, standards, and contractual obligations. Documents should be written in language clearly understandable by impacted employees and distributed in a consistent manner. *CMP-011P should be referenced for additional guidance regarding Policy and Standard Operating Procedure Management.*
2. Identified personnel responsible for the implementation of the Compliance Program, including a **dedicated Compliance Officer and Compliance Committee**. The Compliance Officer may at times designate responsibilities to other compliance personnel. This individual, or individuals, will be responsible for the daily operations and monitoring of the Compliance Program. The Compliance Officer will have a clear line of reporting and job performance accountability to the CEO and a line of awareness and activation accountability to the Board of Managers to ensure timely escalation and response to identified risks and issues.
3. Development and implementation of **frequent and effective compliance education and training** for all employees, Board members, and when applicable consultants and contractors. Training topics should include, but not be limited to; the structure of Central Health's Compliance Program, methods for reporting suspected compliance violations, information regarding fraud, waste and abuse policies, HIPAA privacy and security, ethics and organization-specific policies and Standard Operating Procedures (SOPs).
 - a. Compliance training will occur for all newly hired employees. Training should be completed within ninety (90) days of an employee's start date. Training may be provided in person or electronically.
 - b. Annual Compliance training will be provided to all employees, Board members, and when applicable, consultants and contractors. Training may be provided in person or electronically.
 - c. Periodic training may be identified as necessary. Circumstance that may warrant a periodic training include: as an element of a corrective action addressing identified noncompliance, changes in individual or department job responsibilities, in response to identified trends, following the issuance of a new regulation or law, etc.
4. Central Health ensures there are clear and effective lines of communication that allow all employees, Board members, consultants, contractors, and the public a **method for reporting any suspected violation** or compliance concern to the Compliance Officer

without fear of retaliation. This includes a dedicated Compliance and Ethics Hotline. The Compliance Officer is responsible for communicating the methods in which employees may report concerns and provide a path for investigating if there is suspected retaliation against an individual for an in good faith compliance report. *HR1-005P can be referenced for further information regarding Central Health's Anti-Harassment & Retaliation policy. Additionally, CMP-006P provides information related to the Compliance and Ethics Hotline.*

5. Promotes the **publication of disciplinary standards and guidelines**, which ensure timely response and consistent enforcement of appropriate action following identification of a violation.
6. Oversight and implementation of **audits and monitoring techniques** to aid in proactive identification, prompt investigation and reduction of compliance violations. A responsibility of the Compliance Program will be to ensure audit and monitoring activities align with identified risk areas.
7. Systematic method for **responding to suspected compliance violations**, improper or illegal activities. Investigations should incorporate the necessary management, including Legal Counsel, to promptly identify root cause, implement corrective and disciplinary actions, mitigate future violations and, if applicable, manage disclosure or report to necessary authorities. *CMP-008P can be referenced for additional information regarding compliance investigations.*

V. RELEVANT STATUTES, REGULATIONS OR GUIDANCE

VI. RELATED POLICIES AND PROCEDURES

HR2-002P - Background Checks
HR1-005P - Policy Against Harassment
CMP-006P - Reporting and Non-Retaliation
CMP-008P - Compliance Investigations
CMP-011P - Policy and Procedure Management

VII. PROCESS

None

Policy Title: Duality and Conflict of Interest	
Policy #: CMP-009P	
Effective Date: May 2010	
Last Review Date: July 2023	
Policy Owner: Chief Compliance and Risk Officer	
Executive Sponsor: Chief Compliance and Risk Officer	
Attachments: CMP-009SOP - Duality and Conflict of Interest (SOP)	
<input checked="" type="checkbox"/> Central Health Specific	<input type="checkbox"/> Enterprise Included

I. PURPOSE

It is Central Health's policy that all decisions and actions by the members of the Central Health Board of Managers, officers, supervisors, and employees be made in a manner that promotes Central Health's best interests and avoids the perception of a conflict of interest.

This policy shall be maintained by the following practices of disclosure of affiliation and withdrawal from debate, voting, or other decision-making processes where duality or conflict of interest may exist as provided in Chapters 171 and 176 of the Texas Local Government Code.

II. SCOPE

This policy applies to all Central Health employees and operations. This includes Board of Managers, officers, interns, volunteers, and temporary employees, which will collectively be referred to as "individuals".

III. DEFINITIONS

Affiliation(s) – any commitment, compensation arrangement, financial investment or relationship, obligation, involvement or other interest, either direct or indirect, that (i) may influence, or could be perceived to influence, a person's decision or action; (ii) could reasonably impair the person's judgement in the performance of his/her official duties; or (iii) might require or induce the person to disclose confidential, privileged, or proprietary information acquired through performance of his/her official duties.

Cash equivalent – includes currency, coins, money orders, checks, credits, gift cards, vouchers or coupons.

Business entity – a sole proprietorship, partnership, firm, corporation, holding company, joint-stock company, receivership, trust, or any other entity recognized by law.

Conflict of interest – when a person in a position to decide, vote or take action on a matter and has a substantial interest in the business entity or real property in which an action will be taken.

Duality of interest – any activity or interaction that has the potential to compromise an employee's objectivity, that conflicts with Central Health's interests, or that interferes with their ability to perform their work duties for Central Health.

Family member – for purpose of this policy, this term is defined as spouse, domestic partner, or any immediate relative (e.g., parent, child and siblings).

Financial interest – includes employment, ownership, or investment interest, equity, stock, intellectual property interest (patents or trademarks), royalties, compensation or reimbursement arrangements and any other payments for service.

Gift – any item, product or service offered to benefit an individual. The term includes but is not limited to food and drink, promotional materials, cash or cash equivalent, discounts, entertainment, and financial interest.

Intergovernmental transfer (IGT) – transfer of public funds by Central Health, for the benefit of a permissible affiliated participating provider, for the purposes of any state or federal supplemental payment program including, but not limited to, the State of Texas 1115 Medicaid Waiver.

Reasonably likely – is met when the person or body responsible for determining whether a duality of interest exists finds that there is sufficient evidence that conclude that a particular outcome is more like to occur than not.

Substantial interest – exists if 1) owns ten percent or more voting stock or shares of a business entity, 2) owns either ten or \$15,000 or more of the fair market value of a business entity, 3) has direct or indirect compensation arrangement which accounts to more than ten percent of the person's gross income, 4) holds an equitable or legal ownership in real property with a fair market value of \$2,500 or more; or 5) has a family member who has a substantial interest in a business entity as outlined.

IV. POLICY

Central Health encourages opportunities for individuals to engage in professional activities within the community and health care industry. Such activities can help staff develop their skills and expertise and enhance the organization's mission. At the same time, involvement in these activities may create a conflict or duality of interest. It is Central Health's policy that these activities must not impair an individual's ability to perform their role with Central Health. This policy is designed to assist individuals in identifying situations that present potential conflicts or duality of interest and to provide a procedure for appropriately disclosing.

Accordingly, it is the policy of Central Health that:

- All individuals shall seek approval from their supervisor or governing authority prior to entering into any employment, transaction, or other arrangement that may be a conflict or duality of interest;
- All individuals, including Board members, shall not use their position with Central Health for personal gain for themselves or family members;
- Contracts and agreements on behalf of Central Health will involve reasonable precautions to avoid any personal benefit;
- All individuals, including Board members, shall complete a Conflict of Interest Disclosure form at hire or oath of office, or at the time a new situation occurs which alters the previous disclosure submission, and annually thereafter;
- All individuals, including Board members, shall update their disclosure statement with any new potential conflicts or duality of interest as soon as they arise;

- All individuals, including Board members, shall review and follow the attached guidelines for identifying and disclosing conflicts of interest; and
- Engaging in an undisclosed conflict of interest may be cause for disciplinary action up to and including termination of employment. *Employees may reference HR2-017P for additional discipline information.* Board member disciplinary actions will be determined by the Board or Chief Executive Officer (CEO).

V. RELEVANT STATUTES, REGULATIONS OR GUIDANCE

Chapter 171 and Chapter 176, Texas Local Government Code.

VI. RELATED POLICIES AND PROCEDURES

HR2-015P - Participation in Professional Associations, Community Affairs, and Civic Organizations

HR2-017P - Discipline

HR2-033P - Nepotism

CMP-002P - Code of Conduct and Ethics for Employees

CMP-009SOP - Duality and Conflict of Interest (SOP)

CMP-009-SOPa - Duality and Conflict of Interest (Attachment A)

TBD - Prohibition of Patient Inducements (Contact the Compliance Officer)

VII. PROCESS

The following categories of items and services are examples of potential situations in which a conflict or duality of interest must be disclosed. Note this is not an exhaustive list as there may be other relationships, items or services that may be perceived as a conflict or duality of interest that require disclosure.

- **Gifts**
 - Individuals may retain gifts that will not influence decision-making and have nominal value of less than \$50 per gift and \$300 per year in the aggregate.
 - Additional circumstances in which individuals may offer or accept gifts, in which value may not be known, include the following:
 - Achievement awards;
 - Donations if solely for use and operation by Central Health. Donations should come through the Finance department for clearance;
 - Provided in connection with attendance at continuing education programs or other professional society meetings open to the public (i.e. raffle prizes);
 - The offering or accepting of these gifts is still dependent on there being no perception of an influence on the individuals' decision-making.
 - Individuals are prohibited from accepting gifts from clients and/or patients unless the gift is modest and nominal token of appreciation and the gift is not cash or cash equivalent.
 - If there is a concern about whether a particular gift should be accepted, employees must consult the Compliance Officer.

- **Personal Financial Interests**

- Individuals may have personal substantial interest, ownership, or investment with entities, which do or seek to do business with Central Health. However, these interests must be disclosed to ensure effective controls are implemented.
- Examples of controls include, but are not limited to; individuals may be required to abstain from negotiation, oversight, and decision-making processes related to the business entity if the individuals personal financial interest causes or has the appearance of affecting their ability to act in the best interest of Central Health.
- *See CMP-009SOP Conflict of Interest and Duality Procedure for additional information* regarding the process for disclosing such affiliations, and the procedure for implementing controls to mitigate any influence on decision-making.

- **Outside Employment**

- Individuals may engage in outside work with prior approval of their supervisor so long as the outside work does not conflict with Central Health's interests, mission or strategic plan or does not interfere with the employee's work performance.
- Individuals, such as officers or Board members, may be required to abstain from debate, voting, and decision-making processes if their employment causes or has the appearance of affecting their ability to act in the best interest of Central Health.

- **Charitable Organizations and Events**

- Individuals may participate in professional associations, charitable and/or civic organizations so long as participation does not conflict with Central Health's interests, mission or strategic plan or does not interfere with the employee's work performance. *See also HR2-015P Participation in Professional Associations, Community Affairs & Civic Organizations for additional information.*

- **Family, Friends, and Personal Workplace Relationships**

- Central Health will not permit an employment arrangement which would result in a supervisor/subordinate relationship between family members, or if it creates an appearance of control of interest. *HR2-033P Nepotism provides additional information* regarding controls, which may be required to mitigate any perceived or actual conflict of interest regarding familiar and personal workplace relationships.

- **Revolving Door**

- For two years post appointment as a Board Member or post-employment with Central Health, an individual may not accept an offer of employment from any entity in which they participated on behalf of Central Health in a successful procurement or contract negotiation involving that entity.
- For two years post appointment as a Board Member or post-employment as a Director or above with Central Health, an individual may not submit responses to any Central Health proposal for services or goods, including professional services.
- For two years post appointment as a Board Member or post-employment as a Director or above with Central Health, an individual may not approach a current

Board Member or employee on behalf of any person and/or organization with the intent to influence Central Health action.

Additional procedures related to the identification, disclosure and implementation of controls to mitigate individuals' affiliations from influencing decision-making can be reviewed in *CMP-009SOP Conflict of Interest and Duality Procedure*.

Nothing in this policy should be interpreted to imply that Central Health Board or staff members are expected to disclose or otherwise reveal any political, religious, ethnic, or fraternal Affiliations.



Policy Title: Delegation of Purchasing Duties to Purchasing Authority and Certain Officers
Policy #: PUR1-005
Effective Date: December 13, 2023
Revision Dates: March 25, 2020
Board Last Approval Date: December 13, 2023
Policy Owner: Deputy Chief Financial Officer
Executive Sponsor: Chief Financial Officer
Attachments: PUR-005P Delegation of Purchasing Duties to Purchasing Authority and Certain Officers Standard Operating Procedure

I. PURPOSE

This policy operates to delegate certain procurement-related duties to persons other than the President & CEO in order to ensure that Central Health operates efficiently.

II. SCOPE

This policy applies to all employees who are specifically identified by title in the definitions and policy statement.

III. DEFINITIONS

Chief Executive Officer (CEO): The CEO appointed by the Central Health Board of Managers and any individual(s) performing in an acting or interim CEO role whether appointed by statute, designated by the Central Health Bylaws, or delegated by the CEO.

Chief Information Officer (CIO): The individual designated by the President & CEO with the responsibility for overseeing the Central Health Joint Technology department.

Chief Financial Officer (CFO): The individual designated by the President & CEO with the responsibility for overseeing Central Health's financial operations.

Chief Operating Officer (COO): The individual designated by the President & CEO with the responsibility for overseeing healthcare delivery services and operations.

Deputy Administrator: The individual designated by the Board of Managers to perform any of the President & CEO's powers or duties in the event that the President & CEO is incapacitated, absent for a prolonged period of time, or unable to perform the President & CEO's duties.

Procurement Authority: The individual(s) designated by the President & CEO in PUR1-001 with the responsibility for purchasing and overseeing Central Health's procurement process.

Prolonged Period of Time: An amount of time exceeding five (5) business days.

IV. POLICY

The Central Health Board of Managers delegates the following procurement authority to its President & CEO:

- Approval to issue exemption orders for the purposes described in the General Procurement Policy (PUR1-001).
- Authorization to execute contracts regardless of dollar value, including contract renewals and amendments, provided that:
 - the Board of Managers has allocated funds for the contracted goods or service during the annual budget adoption process or the goods or service is necessary to implement an initiative that was approved by the Board of Managers at an Open Meeting and
 - funding is currently available;
- Authorization to execute contract amendments that are necessary due to a change in law or to correct a scrivener's error that does not affect the contract's substantive terms and conditions (e.g. term or length, cost, scope of service); and
- Authorization to award contracts and/or contract amendments for goods or services that were not contemplated in the budget that was adopted by the Board of Managers if the dollar value of the contract is less than \$500,000;

Notwithstanding the authority granted herein, the President and CEO, in his or her discretion, may choose to take any procurement action to the Central Health Board of Managers for approval. Contracts and/or contract amendments exceeding \$100,000 and not contemplated in the budget will be reported to the Board of Managers at the next available Budget & Finance Committee meeting.

The Central Health Board of Managers authorizes the President & CEO to delegate the following procurement duties and rights to the Central Health Procurement Authority:

- Identification and application of the appropriate procurement method;
- Approval and administration of exemption orders;
- Ability to reject bids, proposals, or qualifications that do not meet Central Health's needs;
- Ability to reissue solicitations as needed; and
- Execution of contracts, including renewals and amendments, having a dollar value of less than or equal to \$50,000 provided funds are available for the good or service in the annual budget.

The Central Health Board of Managers further authorizes the President & CEO to delegate limited contract execution function to the Central Health officers named below, provided that funds are available in the annual budget for the contracted good or service and at least two of the three following officers approve the expenditure:

- Chief Operating Officer – Execution of health care-related services contracts and purchases related to health care delivery, including renewals and amendments, having a dollar value of less than or equal to \$200,000
- Chief Information Officer – Execution of technology services, software,

hardware, and equipment contracts, including renewals and amendments support technology operations up to \$100,000

- Chief Financial Officer – Execution of audit, investment, and construction services contracts, including renewals and amendments, up to \$100,000

V. RELEVANT STATUTES, REGULATIONS OR GUIDANCE

Texas Health & Safety Code § 281.027

VI. RELATED POLICIES AND PROCEDURES

N/A

VII. PROCESS

This policy will be reviewed annually in the budget process.

Policy Title: Compliance with Fraud, Waste, and Abuse Laws and Regulations	
Policy #: FWA – 001	
Effective Date: October 2023	
Last Review Date: September 2024	
Policy Owner: Chief Compliance & Risk Officer	
Executive Sponsor: President and CEO	
Attachments: None	
<input checked="" type="checkbox"/> Central Health Specific	<input type="checkbox"/> Enterprise Included

I. PURPOSE

To provide guidelines for Central Health employees to comply with federal and state laws and regulations related to the avoidance, prevention, detection and response to healthcare Fraud, Waste, and Abuse.

II. SCOPE

This policy applies to all Central Health employees and operations. This includes the Board of Managers, officers, interns, volunteers, contractors, and temporary employees.

III. DEFINITIONS

Abuse means any provider practices that are inconsistent with sound fiscal, business, or medical practices, and result either in an unnecessary cost to the health care program or in reimbursement for services that are not medically necessary or provider practices that fail to meet professionally recognized standards for health care.

Claim means any request or demand for money or property that:

- Is presented to the government or a contractor performing services for the government; and
- The government will (or has) provided any portion of the money or property requested or demanded.

Fraud means any intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself, herself or some other person.

Good-faith report means disclosure of misconduct made with a belief in the truth of the report. A report may be initiated in good faith regardless of whether the complaint is ultimately founded or unfounded. *A report is not in good faith if made with reckless disregard for or willful ignorance of facts that would disprove the report.*

Waste means overutilization of services or other practices that, directly or indirectly, result in unnecessary costs to the health care system. It is not generally considered to be caused by criminally negligent actions, but by the misuse of resources.

For purposes of the Deficit Reduction Act, a contractor or agent includes any contractor, subcontractor, or agent, or other person which or who, on behalf of the entity, furnishes, or otherwise authorizes the furnishing of health care items or services, performs billing or coding functions, or is involved in monitoring of health care provided by the entity.

IV. POLICY

It is the policy of Central Health to comply with federal and state laws and regulations, and support government initiatives to reduce healthcare Fraud, Waste, and Abuse.

V. RELEVANT STATUTES, REGULATIONS OR GUIDANCE

- Deficit Reduction Act of 2005
- 42 U.S.C. § 1396a(68)
- False Claims Act (31 U.S.C. §§ 3729-3733)
- Whistleblower Employee Protection Act (31 U.S.C. Sec 3730(h))
- Texas False Claims Act (Texas Human Resources Code, Chapter 36)
- Texas Medicaid Fraud Prevention Act (Texas Human Resources Code, Chapter 32)

VI. RELATED POLICIES AND PROCEDURES

- CMP-001P - Compliance Program
- CMP-006P - Reporting and Non-Retaliation
- CMP-008P - Compliance Investigations
- HR1-005P - Anti Harassment Discrimination & Retaliation
- HR2-008P - Standards of Conduct

VII. PROCESS

- A. It is the responsibility of all employees to comply with applicable federal and state laws related to health care Fraud, Waste, and Abuse. This includes compliance with the Federal False Claims Act, and for employees performing services pursuant to a Medicare/Medicaid program, the Deficit Reduction Act.
- B. Texas also has a variety of laws to facilitate prosecution of health care Fraud, Waste, and Abuse. State-specific laws and regulations must also be followed to ensure full compliance with the federal Deficit Reduction Act.
- C. Central Health shall address the following activities:
 1. Implement written policies regarding Fraud, Waste, and Abuse which are applicable to employees, contractors, and agents.
 2. Provide education to employees regarding:
 - a. The Deficit Reduction Act;
 - b. The Federal False Claims Act;
 - c. Administrative remedies for false Claims and statements;

- d. Applicable state laws pertaining to false Claims and statements and related civil or criminal penalties;
 - e. Whistleblower protections under the Federal False Claim Act and applicable state laws;
 - f. The role of laws in preventing and detecting Fraud, Waste, and Abuse in health care programs;
 - g. The company's policies and procedures for preventing, identifying, investigating, and reporting Fraud, Waste, and Abuse within health care programs.
- 3. Address the below topics in the Code of Conduct and Ethics:
 - a. State and federal laws regarding Fraud, Waste, and Abuse;
 - b. Rights and protections of employee whistleblowers;
 - c. Policies and procedures outlining guidance on Fraud, Waste, and Abuse.
- D. Central Health will ensure that all allegations of Fraud, Waste, and Abuse will be investigated, and actions will be taken to resolve the identified problem.
- E. The Legal and Compliance Departments will review violations requiring potential reporting to government agencies.
- F. The federal False Claims Act defines false or fraudulent activities very broadly. Examples include, but are not limited to:
 - 1. Submitting false or fraudulent Claims for payment with federal funds.
 - 2. Making a false record or statement to get a false or fraudulent Claim paid by the government.
 - 3. Conspiring to have a false or fraudulent Claim paid by the government.
 - 4. Withholding property of the government with the intention of defrauding the government or of willfully concealing it from the government.
 - 5. Causing someone else to submit a false Claim to the government.
 - 6. Omitting a material fact to get a false or fraudulent Claim paid by the government.
- G. Whistleblower Employee Protection Act (31 U.S.C. Sec 3730(h)) prohibits a company from discharging, demoting, suspending, threatening, harassing, or discriminating against any employee, contractor, or agent because of lawful acts done by the employee, contractor, agent, or associated others in furtherance of a civil action for false Claims or other efforts to stop violations of the False Claims Act.
- H. Reporting and Investigation of Potential Fraud, Waste or Abuse:
 - 1. Employees are required to promptly report suspected Fraud, Waste or Abuse to the Compliance Officer, Compliance Department or to the Compliance and Ethics Hotline at:
 - Compliance Department's email at CHCompliance@centralhealth.net
 - Hotline Website: www.lighthouse-services.com/centralhealth
 - Toll-Free Telephone: (833) 770-0080 (English)

- Toll-Free Telephone: (800) 216-1288 (Spanish)
 - Email to Hotline Vendor: reports@lighthouse-services.com (must reference Central Health with the report)
 - Fax: (215) 689-3885 (must reference Central Health with the report)
2. Compliance and Ethics Hotline reports may be made anonymously, if chosen.
 3. No adverse action or retribution of any kind will be taken against an employee because he or she makes a good faith report of a suspected violation or concern.
 - Please note that the information reported may be the basis for an internal or external investigation, and anonymity will be protected to the extent possible by law.
 - Please see *CMP-008 Compliance Investigations* for additional information.
 4. Employees self-reporting their own violations may still be subject to disciplinary proceedings to the extent of their personal involvement in the reported activity.
 5. Any violations of this guidance may be subject to disciplinary action up to and including termination.



Policy Title: General Procurement	
Policy #: PUR1-001P	
Effective Date: March 25, 2020	
Policy Owner: Director of Procurement	
Executive Sponsor: Chief Financial Officer	
Attachments: None	
<input checked="" type="checkbox"/> Central Health & Sendero Specific	<input type="checkbox"/> Enterprise Included

I. PURPOSE

As a public institution, Central Health is held to a high degree of public scrutiny and accountability for its business practices. This policy establishes a standard approach to Procurement that ensures Central Health funds are used responsibly and, in a manner, consistent with the organization's mission, applicable laws, and ethical practices.

II. SCOPE

This policy applies to all Central Health employees (including employees assigned to enterprise affiliates) when Central Health funds will be used to purchase goods and services. Detailed procedures for implementing this policy and applicable forms are found in the standard operating procedures (PUR1-001SOP) for purchasing and are available from the Procurement Authority.

III. DEFINITIONS

Related Organizations: Organizations which are closely related to Central Health through some level of control, and which are presented as component units in Central Health's audited financial statements under Governmental Accounting standards Board (GASB) Statement No. 61.

Competitive Bidding: A solicitation method that allows available vendors to compete with each other to provide goods or services to Central Health. The responses to a competitive bid are sealed until opened by the organization at the established date and time and as defined by the solicitation method.

CEO: Chief Executive Officer

Historically Underutilized Business (HUB): A business formed for the purpose of making a profit, with its principal place of business in Texas, and that is either organized as: (A) a corporation in which at least 51 percent or more of all classes of the shares, stocks, or other equitable securities are owned by one or more economically disadvantaged persons who actively participate in the corporation's control, operation, and management; (B) a sole proprietorship that is completely owned, operated, and controlled by an economically disadvantaged person; (C) a partnership in which 51% or more of the assets and interest in the partnership are owned by one or more economically disadvantaged persons who have a proportionate interest and who actively participate in the partnership's control, operation, and management; (D) a joint venture in which each entity in the venture is a historically underutilized business; or (E) a supplier contract between a historically underutilized business and a prime contractor under which the historically underutilized business is directly involved in the manufacture or distribution of the goods or otherwise



warehouses and ships the goods.

Procurement: The full continuum of the purchasing cycle that may begin with informal or formal solicitation of goods and services and result in an authorization for payment or execution of a purchase order or contract with Central Health.

Professional Services: Those services explicitly identified in, but not limited to the Professional Services Procurement Act, including those services within the scope of the practice of accounting, architecture, land surveying, medicine, optometry, professional engineering, real estate appraising, or professional nursing.

Procurement Authority: The individuals designated by the President & CEO with the responsibility for purchasing and overseeing the Central Health Procurement processes.

Request for Proposal ("RFP"): A solicitation method that allows the organization to request a proposal or solution to a specific need from vendors when factors other than price are to be considered and which allows for negotiations after a proposal has been received and before award of any contract.

Request for Qualifications ("RFQ"): A solicitation method that allows the organization to request details about the qualifications of professionals whose services must be obtained in compliance with the Professional Services Procurement Act.

IV. POLICY

It is the policy of Central Health that its Procurement processes maximize the value of public funds and serve the best interests of Central Health, its Related Organization(s), and their constituents or customers while providing an open and fair process for responsible and qualified vendors.

The following Procurement principles are essential to achieving an open and fair process:

- Integrity and commitment to the highest ethical standards of the purchasing profession when dealing with internal and external customers.
- Free access to Procurement opportunities and information.
- Equal opportunity in contract awards to all businesses, including HUBs. The Central Health Board of Managers seeks to ensure that a good faith effort is made to assist certified HUB vendors and contractors in its solicitation of proposals for contracts and subcontracts and as defined in the Procurement procedures, that narrowly tailored race- and gender-based goals be established for specific contract solicitations that provide the most opportunities within identified eligible services or purchased goods categories.
- Cooperative purchasing through established local, state, and national purchasing



cooperatives or interlocal cooperation contracts with other governmental entities and Related Organization(s) provide organizational efficiency if, in the opinion of the Procurement Authority, these cooperative purchasing organizations or contracts provide the best value to the organization.

The following guiding principles will help maximize value to the organization:

- Quality, innovation, and superior service and delivery from vendors.
- Effective partnerships among Central Health and its Related Organization(s) and alignment with population served, organizational values, and mission. This alignment is the foundation for planning, implementing, and managing the most beneficial contracts to Central Health.
- Agility in developing and providing successful Procurement solutions to meet Central Health's business needs.

Prohibited Procurement Processes:

Procurement processes designed to avoid formal solicitation, such as component purchases (purchasing in separate pieces rather than purchasing as a whole) and sequential purchases (purchases made over a period of time that would normally have been made as one purchase) are explicitly prohibited.

Procurement Thresholds and Methods

The dollar amount and type of desired purchase will influence the procurement method chosen; however, formal solicitation methods (e.g., Competitive Bidding, RFPs, or RFQs) may be utilized regardless of purchase amount. In general, purchases in the amounts listed below will be accomplished as follows:

- **Less than \$10,000:** Procurement may be completed without informal or formal solicitation with requisite approval and payment methods, for example, through a purchase order or use of a purchasing card.
- **Between \$10,000 and \$49,999:** Procurement may be completed through informal solicitation, which requires Central Health staff to request at least three quotes from vendors. Attempts will be made to obtain a quote from HUB vendors whenever practical. The Procurement Authority will issue a purchase order or contract as authorized by policy.
- **\$50,000 or More:** Except for construction and Professional Services that specify a different process, Procurement may be accomplished through a formal solicitation method, such as Competitive Bidding, an RFP, or RFQ. A reverse auction is also



permitted for certain types of purchases.

Central Health will also extensively use cooperative purchasing through established local, state, and national purchasing cooperatives and "piggyback" on existing contracts with other governmental entities and Related Organizations when these methods provide savings in staff time and costs and are determined by the Procurement Authority to provide the best value to the organization.

Exemptions from Competitive Bidding Process

The President & CEO may grant an exemption from the Competitive Bidding processes set forth above in the following situations:

- Purchases in an amount less than \$50,000 when the item to be purchased is:
 - available from only one responsible supplier in the geographic area in which the organization operates; or
 - a film, manuscript, or book; electric power, gas, water, or other utility service; captive replacement parts or components for proprietary products, including equipment.
- Purchases in an amount greater than \$50,000 for captive replacement parts or major components of highly specialized equipment or when competition is precluded because of the existence of patents, copyrights, secret processes, or monopolies that do not permit an equivalent product or service to be supplied.
- Purchases in any amount if the purchases are to be made from a vendor through an interlocal cooperation contract or a purchasing cooperative formed under Texas Government Code Chapter 791.
- Purchases of personal or Professional Services.
- Purchases of services that are critical to Central Health's operations that, if not secured immediately (i.e., subjected to Competitive Bidding or other solicitation method), will have severe impact, impair or completely inhibit such operations, or will directly impact patient care.
- Emergency Purchases, which are defined as:
 - an item or service that must be purchased in a case of public disaster (i.e., a disaster that has been declared by the Governor);
 - an item or service that must be purchased to prevent a hazard to the immediate public health, safety, or welfare of the residents of Travis County;
 - an item or service that must be purchased because of unforeseen damage to Central Health property (including leased facilities);
 - an item or service that must be purchased to avoid substantial undue additional cost that cannot be recovered by Central Health; or



- a situation that suddenly and unexpectedly causes Central Health to need the services of a consultant, but only if there is insufficient time to comply with this policy (e.g., the issuance of a court order or new legislation).

VI. RELEVANT LAWS

- Government Code § 497.024 (Purchase of items from the Institutional Division of the Texas Department of Corrections)
- Government Code Chapter 791 (Interlocal Cooperation Act)
- Government Code § 2155.204 (Comptroller's Local Government Purchasing Program)
- Government Code Chapter 2157 (Catalog Purchase Procedures through the Texas Building and Procurement Commission)
- Government Code Chapter 2251 (Prompt Payment Act)
- Government Code Chapter 2252 (Contracts with Government Entities - Reciprocal penalties for out of state governments that impose penalties on Texas bidders)
- Government Code Chapter 2253 (Public Work Performance and Payment Bonds)
- Government Code Chapter 2254 (Professional Services Procurement Act)
- Government Code Chapter 2258 (Prevailing Wage Rates)
- Government Code Chapter 2269 (Contracting and Delivery Procedures for Construction Projects)
- Health & Safety Code §12.056 (Participation in Department of State Health Services Purchasing Contracts or Group Purchasing Organization)
- Health & Safety Code § 281.049 (Purchasing/Accounting Methods and Procedures)
- Health & Safety Code § 361.426 (Recycled Product Preferences)
- Human Resources Code Chapter 122 (Purchasing from People with Disabilities)
- Local Government Code Chapter 171 (Conflict of Interest Reporting)
- Local Government Code Chapter 176 (Disclosure of Relationships with Local Government Officers)
- Local Government Code Chapter 271 (Purchasing and Contracting Authority of Municipalities, Counties and Certain Other Local Governments)
- Local Government Code Chapter 273 (Acquisition of Property for Public Purposes by Municipalities, Counties, and Certain Other Local Governments)
- 28 Tex. Admin. Code § 110.110 (Workers' Compensation-required language for Construction Contracts)

VII. RELATED ORDERS AND POLICIES

- Financial Order of the Travis County Commissioners Court
- Human Resources Policy (HR2-008P): Standards of Conduct
- Compliance Policy (CMP-002P): Code of Conducts and Ethics for Employees
- Compliance Policy (CMP-009P): Duality of Conflict of Interest Policy and Standard Operating Procedure (CMP-009SOP)



Policy Title: Historically Underutilized Business (HUB)	
Policy #: PUR2-002P	
Effective Date: November 9, 2022	
Policy Owner: Director of Procurement	
Executive Sponsor: Chief Financial Officer	
Attachments: None	
<input checked="" type="checkbox"/> Central Health Specific	<input type="checkbox"/> Enterprise

I. PURPOSE

As a result of the 2022 Central Health Disparity Study, Central Health also seeks to develop race and gender-based goals which are narrowly tailored for specific contract solicitations. Central Health seeks to provide equal opportunity in contract awards to all businesses, including Historically Underutilized Businesses (HUBs). The District's Board of Managers seeks to ensure that a good faith effort is made to assist certified HUB vendors and contractors in its award of contracts and subcontracts.

II. SCOPE

This policy establishes and communicates to all Central Health's employees the Board of Manager's intent to maintain a proactive role in promoting business opportunities for HUBs that provide goods and services that Central Health seeks to purchase. This policy applies to all Central Health employees. Detailed procedures for applying this policy and applicable forms are found in Central Health's procurement procedures.

III. DEFINITIONS

Historically Underutilized Business (HUB): A business formed for the purpose of making a profit, with its principal place of business in Texas, and that is either organized as: (A) a corporation in which at least 51 percent or more of all classes of the shares, stocks, or other equitable securities are owned by one or more economically disadvantaged persons who actively participate in the corporation's control, operation, and management; (B) a sole proprietorship that is completely owned, operated, and controlled by an economically disadvantaged person; (C) a partnership in which 51% or more of the assets and interest in the partnership are owned by one or more economically disadvantaged persons who have a proportionate interest and who actively participate in the partnership's control, operation, and management; (D) a joint venture in which each entity in the venture is a historically underutilized business; and (E) a supplier contract between a historically underutilized business and a prime contractor under which the historically underutilized business is directly involved in the manufacture or distribution of the goods or otherwise warehouses and ships the goods.

IV. POLICY

It is the policy of Central Health to include Historically Underutilized Businesses (HUB) in its procurement process and to provide equal opportunities for participation in the provision of supplies, services, equipment, and construction projects required by Central Health. For certain solicitations defined in procurement procedures, Central Health also sets race and gender-based goals which are narrowly tailored for specific contract requirements based on the findings of the 2022 Central Health Disparity Study.

V. RELEVANT STATUTES, REGULATIONS OR GUIDANCE

Central Health Disparity Study 2022 conducted by Colette Holt and Associates

VI. RELATED POLICIES AND PROCEDURES

PUR1-001P General Procurement Policy

PUR1-001SOP General Procurement Policy SOP

VII. PROCESS

None

Policy Title: Reporting and Non-Retaliation	
Policy #: CMP-006P	
Effective Date: May 2010	
Last Review Date: July 2023	
Policy Owner: Chief Compliance and Risk Officer	
Executive Sponsor: Chief Executive Officer	
Attachments: None	
<input checked="" type="checkbox"/> Central Health Specific	<input type="checkbox"/> Enterprise Included

I. PURPOSE

It is Central Health's policy to require all employees to report relevant perceived wrongdoing and suspected violations of compliance policies and to protect reporting employees from retaliation for all reports of perceived wrongdoing.

II. SCOPE

This policy applies to all Central Health employees and operations. This includes Board of Managers, officers, interns, volunteers, and temporary employees.

III. DEFINITIONS

Wrongdoing – Any behavior categorized as illegal, unethical, or dishonest. Can include non-compliance with organizational policies and procedures.

Retaliation – Discriminatory action against an individual based solely on their participation in the compliance reporting process. Examples can include, but are not limited to, transferring an employee to a less desirable position, increased scrutiny, unwarranted negative performance evaluation, physical or verbal abuse or employment dismissal.

IV. POLICY

- 1) All Central Health employees, including executives and Board members, have an affirmative duty and responsibility for immediately reporting knowledge of perceived wrongdoing, including actual or potential violations of laws, regulations, policies, or procedures, including the Code of Conduct and Ethics for employees and Board members. Employees may report to a Board member, executive, supervisor, Human Resources (in the event of a personnel policy violation), or the Compliance Officer, or through the Compliance and Ethics Hotline. *See Standards of Conduct, Policy Number HR 2-008.* Board members may report to the Chairperson, the CEO, or the Compliance Officer or via the Compliance and Ethics Hotline.
- 2) Employees are encouraged to utilize the Compliance and Ethics Hotline for matters requiring them to remain anonymous to protect them from any possible retaliatory act. Employees may proceed up the chain of command or communicate with the Compliance

Officer or Human Resources if a perceived problem or concern is not resolved. **Central Health permits no form of retaliation.**

- 3) Regular business matters that do not require anonymity are encouraged to be directed to an individual's supervisor, an executive, Human Resources or the Compliance Officer.
- 4) Knowledge of a violation or potential violation of this non-retaliation policy must be reported directly to the Compliance Officer or through the Compliance and Ethics Hotline. The Compliance Officer will be responsible for the investigation and follow-up of any reported retaliation against an employee for reporting under this policy and will report the results of an investigation to the Chief Executive Officer, Chief of Human Resources Officer and/or Central Health Board of Managers, as appropriate.
- 5) Officers, supervisors, and employees will be held accountable for failing to comply with, or for the foreseeable failure of their subordinates to adhere to, the applicable standards, laws, and procedures.

V. RELEVANT STATUTES, REGULATIONS OR GUIDANCE

United States Sentencing Guidelines

VI. RELATED POLICIES AND PROCEDURES

HR2-008P - Standards of Conduct

CMP-008P - Compliance Investigations

VII. PROCESS

Known or suspected concerns may be directed to Central Health's third-party managed Compliance and Ethics Hotline in the following ways:

- **Website:** www.lighthouse-services.com/centralhealth
- **Toll-Free Telephone:** (833) 770-0080 (English)
- **Toll-Free Telephone:** (800) 216-1288 (Spanish)
- **Email:** reports@lighthouse-services.com (must reference Central Health with the report)
- **Fax:** (215) 689-3885 (must reference Central Health with the report)

Employees will have the ability to remain anonymous if they choose. Please note that the information provided may be the basis for an internal or external investigation and anonymity will be protected to the extent possible by law. However, the employee's identity may become known during the course of the investigation because of the information provided. *Please see CMP-008P Compliance Investigations for additional information.*

Policy Title: Online Message Board Policy	
Policy #: BD-002P	
Effective Date: September 2018	
Last Review Date: June 2023	
Policy Owner: Chief Executive Officer	
Executive Sponsor: Chairperson of the Board	
Attachments: None.	
<input checked="" type="checkbox"/> Central Health Specific	<input type="checkbox"/> Enterprise Included

I. PURPOSE

This policy establishes standards for the Central Health Board of Managers "Board" and Authorized Staff Members on the permissible use of the online message board created by Central Health to facilitate the communication or exchange of information related to the public business or public policies of Central Health.

II. SCOPE

Central Health Board of Managers and Central Health staff members who have received specific authorization to post on the Central Health Online Message Board in accordance with Tex. Gov't Code§ 551.006 (c) ("Authorized Staff Members").

III. DEFINITIONS

Authorized staff members- Central Health staff members who have received specific authorization to post on the Central Health online message board in accordance with Tex. Gov't Code§ 551.00G(c).

Central Health online message board or online message board- an internet-based forum located on Central Health's webpage to allow for communications by Members of the Board or Authorized Staff Members about public information.

Communication(s)- any data, photos, videos, graphics, music, sounds, and other information that can be viewed publicly on the online message board.

Manager - a member of the Central Health Board of Managers, which is the governing body of the Travis County Healthcare District d/b/a Central Health.

Texas Open Meetings Act - the Texas law that governs the conduct and requirements for every regular, special or called meeting of a governing body. The law is codified in chapter 551 of the Texas Government Code.

IV. POLICY

The Board supports the development and use of an online message board that provides an additional communication tool for the Board and may improve the efficiency of Central Health Board and committee meetings. Such message board shall be developed and used in compliance with Chapter 551 of the Texas Government Code (the "Texas Open Meetings Act"). Communications posted to the online message board are for informational purposes only. The Central Health Communications Solution and Innovation Manager will configure the online message board so that each thread includes the following disclaimer:

"Under Section 551.006 of the Texas Open Meetings Act (Chapter 551, Texas Government Code), no communication or posting to this online message board will be construed to be an action of the Board, nor will Central Health be held responsible or liable for the accuracy or availability of any information appearing or available on the online message board."

V. RELEVANT STATUTES, REGULATIONS OR GUIDANCE

Texas Government Code Chapter 551 and 552

VI. RELATED POLICIES AND PROCEDURES

CMP-002P, CMP-010P

VII. PROCESS

- a. All posts on the Central Health online message board must be about public business or public policy over which Central Health has supervision or control and are subject to the Code of Conduct and Ethics contained in Central Health's compliance policies. This means that Managers must display decorum and treat each other and all third parties with proper respect and courtesy.
- b. In the event that an Authorized Staff Member posts a Communication to the online message board, the name and title of the staff member must be posted along with the Communication.

- c. The posted Communication must be viewable and searchable by the public.
- d. The posted Communication must be displayed in real time for no less than 30 days after the date of the initial post.
- e. The Communications Solutions and Innovation Manager will periodically review the online message board and may remove communications that have been posted for at least 30 days upon receiving approval from the Central Health President and CEO or his/her designee.
- f. Once a posted Communication has been removed from the online message board, it must be retained for a period of six years.
- g. A posted Communication must be disclosed to anyone who requests it in accordance with Tex. Gov't Code, Ch.552.

Prohibitions:

1. Managers and Authorized Staff Members may not allow any other person or entity to use their identification or login information for posting Communications.
2. Managers may not use the online message board to vote, to poll other Managers on a future vote, or to take any action that is required to be taken at a public meeting governed by the Texas Open Meetings Act.
3. Communications posted to the online message board may not include content that:
 - a. indicates a Manager's personal position on a matter related to action that is pending before the Board;
 - b. violates a federal, state, or local law or regulation;
 - c. is deemed confidential or proprietary by Central Health, which includes information discussed and provided during meetings conducted in closed session in accordance with Tex. Gov't Code, Ch. 551, subchapter D, or that is otherwise detrimental to Central Health's interests;
 - d. is threatening, abusive, degrading, harassing, intimidating, defamatory, libelous, deceptive, or fraudulent;
 - e. contains explicit or graphic descriptions or accounts of sexual acts (including but not limited to sexual language of a violent or threatening nature directed at another individual or group of individuals), or otherwise violates these policies or the Code of Conduct and Ethics;
 - f. victimizes an individual or group of individuals on the basis of religion, gender, sexual orientation, race, ethnicity, age, or disability;
 - g. infringes on any patent, trademark, trade secret, copyright, right of publicity, or other proprietary right of any party;
 - h. constitutes unauthorized or unsolicited advertising, junk or bulk email (also known as "spamming"), chain letters, any other form of unauthorized solicitation, or any form of lottery or gambling;
 - i. contains software viruses or any other computer code, files, or programs that are designed or intended to disrupt, damage, or limit the functioning of any software, hardware, or telecommunications equipment or to damage or obtain unauthorized access to any data or other information of any third party; or
 - j. reflects discredit upon the Board, an individual Manager, or Central Health as a

Rights of Central Health:

1. Central Health shall have full control of the online message board.
2. Central Health shall have the right to immediately remove communications that are in violation with this Policy.
3. Central Health shall have the right to terminate, without notice, a user's access to the online message board upon any breach of this policy.

Policy Title: Policies and Standard Operating Procedure Management AKA the Policy on Policies and Standard Operating Procedures Management	
Policy #: CMP-011P	
Effective Date: January 2019	
Last Review Date: April 2025	
Policy Owner: Chief Compliance and Risk Officer	
Executive Sponsor: Chief Compliance and Risk Officer	
<input checked="" type="checkbox"/> Central Health Specific	<input type="checkbox"/> Enterprise Included

PURPOSE

The purpose of this policy is to outline the essential elements of a policy and standard operating procedure program for Central Health to ensure consistency, continuous development, approval, communication, monitoring, and oversight and guidance of published policies and standard operating procedures.

I. SCOPE

This policy applies to all Central Health employees and operations. The application includes Board of Managers, officers, interns, volunteers, and temporary employees. For CommUnityCare and Sendero guidance on Deviation from Central Health policies or procedures that are jointly applicable, see Section V, Paragraph 7, below.

II. DEFINITIONS

Policy – Adopted statement document communicating Central Health’s adherence to or commitment to a specific process.

Standard Operating Procedure – Detailed document that expands upon a Central Health policy to provide additional clarity on the implementation of a policy in daily operations. Also, referred to as a standard operating procedure (SOP).

Desktop Procedures – Operational reference materials to further detail a Central Health Policy or SOP to aid employees in training and executing the task. Also, referred to as a Job Aid.

III. RELEVANT FEDERAL AND STATE STATUTES

IV. RELATED POLICIES AND SOPS

V. PROCEDURE

Central Health is committed to establishing a process for the development, approval, communication, monitoring and enforcement of operational policies and SOPs.

The policy and SOP program includes, at a minimum, the following components:

1) Consistency

Policies and SOPs published by Central Health shall be standardized to ensure organizational expectations and requirements are communicated to employees in a concise and consistent manner. Every effort will be made to avoid processes which are cumbersome or diminish the employee's ability to access or understand the policies and/or SOPs. This includes the use of a standard template, clarity in language and style, and easy to access their storage location.

Style guidelines:

- a. Best effort should be used to write policies and SOPs in clearly understandable language. A definition should be provided when using a complex subject or industry terms.
- b. Titles and headers will be in Calibri 12-point font. They may be bolded as well.
- c. Paragraphs, lists and other text will be Calibri 12-point font. This text should not be bolded.
- d. Policies must be created using the *Policy Template – Attachment A*.
- e. Standard Operating Procedures (SOPs) must be created using the *Standard Operating Procedure Template – Attachment B*.
- f. Desktop Procedures (DTP) must be created using the *Desktop Procedures Template – Attachment C*.
 - Desktop protocols do not need to comply with the above style guidelines (a-c). Supervisors and leadership are permitted to create additional training materials or reference documents to support daily operations beyond formal policies or SOPs.
- g. Relevant forms, agreements or documents referenced in a policy or SOP may be referenced and should be included as attachments.
- h. Naming conventions and records are managed by the Policy Manager Administrator.
- i. Policies, SOPs and Desktop procedures shall be named as such:
 - a. For a Policy: ABC - ####P
 - b. For an SOP: ABC - ####SOP
 - c. For a Desktop Procedure: ABC-####SOP-DTP

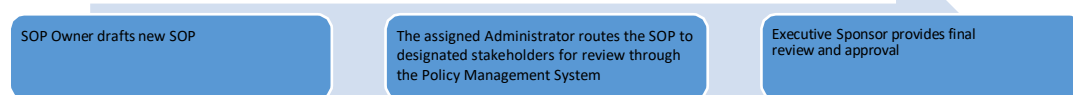
2) Approval Authority and Workflow

Clearly identified levels of authority for policies and SOPs are essential for the maintenance of a policy program. By implementing a delineation of authority, business processes are not adversely impacted by an approval workflow.

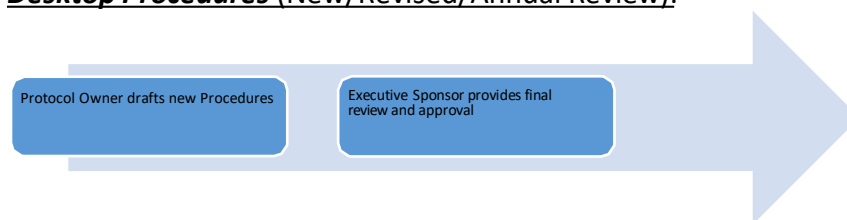
Policy Workflow (New/Revised/Annual Review):



SOP Workflow (New/Revised/Annual Review):



Desktop Procedures (New/Revised/Annual Review):



The Central Health Board of Managers have delegated operational policy approval to the Chief Executive Officer (CEO) per the Board By-Laws.

The Chief Compliance Officer is responsible for oversight and adherence to this policy. The Compliance Committee's role is to support adherence to this policy. Employees are responsible for understanding any Policy, SOP, or Desktop Procedures identified to their functional area. Supervisors and leadership are expected to communicate the expectations of a new or revised Policy, SOP, and/or Desktop Procedures to their employees.

3) Policy Ownership

All policies and SOPs require a Policy/SOP Owner, as well as an Executive Sponsor. The Policy/SOP Owner, under the oversight of the Executive Sponsor, will be responsible for ensuring the policy, SOP, or Desktop Procedure is relevant, accurate and current with review timeframes. The Policy/SOP Owner should be an individual knowledgeable of the content and processes related to the policy, SOP, or Desktop Procedures. They should also be aware of any relevant regulatory and statutory requirements the policy or SOP needs to address. The Executive Sponsor will be responsible for reviewing the policy, SOP, or Desktop Procedure's content, confirming the accuracy of, formally approving, and communicating upward any newly created policy or SOPs or any significant changes to the appropriate oversight committee/s.

4) Timeframes for review/revision

To ensure the accuracy and relevance of Central Health policies with current business operations, as well as applicable laws and regulations, all Central Health policies and SOPs

will be reviewed at least biennially. The review reminder will be sent from the Policy Management Software A/K/A the Central Health Policy Manager.

Policy/SOP Owners or Executive Sponsors may elect to deviate from the last review due date only in circumstances where a review or revision is conducted *prior to* the due date previously captured for the applicable year. Examples of circumstances requiring a deviation include changes in organizational structure or business processes, acquisition or creation of new entities, changes in regulations or laws affecting Central Health.

The approval and review dates of all policies, SOPs, and Desktop Procedures will be captured within the Policy Management.

5) Publication and communication of policies and SOPs

Following the approval of a policy or SOP, impacted individuals must be informed. This applies for new policies, SOPs, and Desktop Procedures as well revised policies, SOPs, and Desktop Procedures when the revision is deemed significant. If appropriate, formal training on the standards and requirements outlined in a policy, SOP, or Desktop Procedures may be required.

Specific Central Health policies may require an acknowledgement of receipt and understanding such as the *Standards of Conduct (HR2-008P)*, *Code of Conduct and Ethics (CMP-002P)* or specific Finance policies and/or procedures.

All final policies and SOPs will be maintained and housed within the Policy Management Software A/K/A the Central Health Policy Manager.

If not obtained from the Policy Management Software, any physical or electronic version of a policy or SOP will be considered a copy. While not encouraged, if individuals choose to save copies in any location (physical or electronic), the documents should be clearly identified as a “copy”.

6) Enforcement

Central Health will enforce compliance with policies and SOPs through various methods, to include, but are not limited to:

- Auditing and monitoring activities overseen by the Chief Compliance Officer.
- Auditing and monitoring activities conducted by appropriate functional areas.
- Auditing and monitoring activities conducted by external entities or consultants.
- Employee performance review activities.
- Monitoring of Compliance and Ethics Hotline reports regarding violations of Central Health policies and SOPs.

7) Deviation (*Sendero and CommUnityCare, specifically*)

Any deviations from Central Health must adhere to Section 2.5: Staffing of the Administrative Equipment, and Facilities (first amendment) between The Travis County

Healthcare District and Central Texas Community Health Centers signed 02/26/2009, unless updated. In addition, all deviations from Central Health must also adhere to Section 10: Policies and Procedures of the Co-Applicant Agreement between Travis County Healthcare District and Central Texas Community Health Centers signed 10/04/2007, unless updated.

8) Medical Executive Board

Pursuant to Chapter 281 of the Texas Health and Safety Code, specifically Sec. 281.02815 (f), the Central Health medical executive board adopts, maintains, and enforces policies and procedures to ensure that a physician employed by Central Health exercises the physician's independent medical judgment in providing care to patients.

Policy Title: Record Retention and Management Policy	
Policy #: RM-001P	
Effective Date: August 2024	
Last Review Date: September 2024	
Policy Owner: Records Manager	
Executive Sponsor: Chief Compliance and Risk Officer	
Attachments:	
<input checked="" type="checkbox"/> Central Health Specific	Enterprise Included

I. PURPOSE

The purpose of this policy is to provide for efficient, economical, and effective controls over the creation, distribution, organization, maintenance, use and disposition of all Records of Central Health through a comprehensive system of integrated procedures for the management of Records from their creation to their ultimate disposition, consistent with the requirements of both state and federal regulations, as well as accepted Records management practices.

II. SCOPE

This policy applies to all of Central Health's workforce, including the Board of Managers, officers, consultants, contractors, vendors, interns, volunteers, and temporary employees.

III. DEFINITIONS

Record - means any document, paper, letter, book, map, photograph, sound or video recording, microfilm, magnetic tape, electronic medium (including text message), or other information recording medium, regardless of physical form or characteristic and regardless of whether public access to it is open or restricted under the laws of Texas, created or received by Central Health or any of its officers or employees pursuant to law, including an ordinance, or in the transaction of public business as part of Central Health. The term does not include:

- Extra identical copies of documents created only for convenience of reference or research by officers or employees of Central Health;
- Notes, journal, diaries, and similar documents created by an officer or employee of Central Health for the officer's or employee's personal convenience;
- Blank forms;
- Stocks of publications;
- Copies of documents in any media furnished to members of the public to which they are entitled under Chapter 552 of the Texas Government Code (the Public Information Act), or other Texas law; or
- Any Records, correspondence, notes, memoranda, or documents, other than a

final written agreement resulting from an alternative dispute resolution procedure conducted under Texas Government Code § 2009.054(c), associated with a matter conducted under an alternative dispute resolution procedure in which personnel of a Texas department or institution, local government, special district, or other political subdivision of Texas participated as a party, facilitated as an impartial third party, or facilitated as the administrator of a dispute resolution system or organization.

Retention Period - means the minimum time that must pass after creating, recording, or receiving a Record, or the fulfillment of certain actions associated with a Record, before it is eligible for destruction.

Legal Hold – means a hold that the legal department may issue regarding certain documents and electronic information, which must be preserved and not destroyed. When a Legal Hold is issued, the instructions in the Legal Hold take precedence over all policies. Records and electronic information subject to a Legal Hold cannot be altered or destroyed without the prior consent of legal counsel or their designee.

IV. POLICY

- a. It is Central Health's policy to apply effective and cost-efficient techniques (1) to manage and maintain complete, accurate, and high-quality Records, and (2) to avoid the cost and burden of storage and retention by routinely disposing of documentation that does not serve an ongoing business purpose and is not otherwise required to be maintained by law or regulation. *Records are to be kept according to all applicable laws and regulations and this policy.*
- b. Records that have satisfied their required Retention Period, and that are not subject to a Legal Hold, will be destroyed in an appropriate manner.
- c. Records will be managed responsibly, and retention schedules and destruction procedures and methods will be developed applicable to Central Health's Records.
- d. All Central Health employees and agents are responsible for ensuring that the Records they create, receive or use, are created, used, maintained, preserved, and destroyed in accordance with this policy.
- e. Records containing confidential and/or proprietary information will be securely maintained, controlled, and protected to prevent unauthorized access.
- f. All Records and non-Records generated and received by Central Health are the property of Central Health. No Central Health employee, by virtue of his or her position, has any personal or property right to such Records even though he or she may have developed or compiled them.
- g. No one may falsify or inappropriately alter information in any Record or document.

Policy Support

- h. Executive leaders (chiefs) and department leaders shall designate an individual to be responsible for implementing and maintaining Central Health's Records management programs in accordance with this policy.
- i. The Chief Compliance and Risk Officer, the Records Manager, and as applicable the Travis County Attorney's Office will review and approve Record retention schedules.

Reporting

- j. The unauthorized destruction, removal or use of such Records is prohibited and must be reported immediately to the Chief Compliance and Risk Officer.
- k. Employees with information pertaining to the unauthorized destruction, removal or use of Central Health Records or regarding falsifying or inappropriately altering information in a Record or document should report such information to your supervisor, a member of management, the Chief Compliance and Risk Officer or to the Central Health Compliance and Ethics Hotline at 833-770-0080 or online at: www.lighthouse-services.com/centralhealth

V. RELEVANT STATUTES, REGULATIONS OR GUIDANCE

- Texas Local Government Code, Title 6, Subtitle C, Chapters 201, 202, 203, 205
- Texas Local Government Bulletin B- Electronic Records Standards and Procedures
- Texas Local Government Bulletin C- Inventorying and Scheduling Records
- Texas Local Government Bulletin D- Local Government Records Act
- Texas Local Government Bulletin F- Records Storage Standards

VI. RELATED POLICIES AND PROCEDURES



Policy Title: Videoconferencing Call Participation Policy	
Policy #: BD-001P	
Effective Date: August 2015	
Last Review Date:	
Policy Owner: Chief Executive Officer	
Executive Sponsor: Chairperson – Board of Managers	
Attachments: None.	
<input checked="" type="checkbox"/> Central Health Specific	<input type="checkbox"/> Enterprise Included

I. PURPOSE

The purpose of this policy is to provide guidance on the manner in which a member of the Central Health Board of Managers may participate in board and committee meetings via videoconference when a member(s) is unable to appear in person at the scheduled meeting

II. SCOPE

Central Health Board of Managers and Board Liaison.

III. DEFINITIONS

Videoconference call - means a communication conducted between two or more board/committee members communicate with the other participation board/committee members through duplex audio and video signals transmitted over a telephone network, or the internet. Compressed video data that has been digitized and, in the process, condensed by the use of one or more of the common video compression processes (lossy, lossless, inter frame compression, etc.). A codec produces compressed video and uncompressed video at the remote end.

IV. POLICY

Board members may participate in an open or closed meeting through a videoconference call.

A videoconference participant will be considered present for the meeting for all purposes.

A Board Member who is participating via videoconference may make motions, second motions, vote, and take any other action allowed as if physically present at the main meeting location.

V. RELEVANT STATUTES, REGULATIONS OR GUIDANCE

ITU-International Telecommunication Union. 1T.A.C. § Pt. 10, Ch. 209, Sub.ch. A, Rule 209.1, Texas Open Meetings Act. Tex. Gov't Code, Ch. 551, including subsections: Tex. Gov't Code § 551.127(a), Tex. Gov't Code § 551.127(a-2), Tex. Gov't Code § 551.127(d)(e), Tex. Gov't Code § 551.128, Tex. Gov't Code § 551.127(c)(l), Tex. Gov't Code § 551.127(b), Tex. Gov't

VI. RELATED POLICIES AND PROCEDURES

None.

VII. PROCESS

The requirements for videoconference participation in an open or closed meeting are as follows:

A. Public Notice

- a. In addition to the regular notice requirements, the notice must specify the physical space where the quorum and the person presiding over that particular meeting are located as "the meeting location".
- b. For clarity, it is recommended that the notice indicates that members of the Board of Managers (or the specific committee) may participate in the meeting via videoconference.
- c. If the videoconference will broadcast via the Internet, the same notice posted for the regular meeting must also be posted at the site of the Internet broadcast.

B. Meeting requirements:

- a. For the Board of Managers Meetings, camera and microphone access shall be provided so that members of the public and persons making presentations may participate in the meeting.
- b. A quorum of the Board of Managers must be physically present at the main meeting location.
- c. The person who is to preside over that particular meeting must be physically present at the physical space where the quorum is present.
- d. For Board of Managers Meetings and Committee Meetings, a maximum of two members of the board may participate in the meetings via videoconference. For Committee Meetings other than the Budget and Finance Committee Meetings, only one member of a committee may participate via videoconference.

- e. If two or more videoconference requests for a Committee Meeting other than the Budget and Finance Committee Meeting are submitted in compliance with the notice requirements in Section C (a) below, a Committee member shall be given priority to videoconference over a non-Committee member.

C. Responsibilities of Board/Committee Member using video conference option:

a. Notice by Board/Committee Member

- i. If a board member wants to participate in a Board of Managers or committee meeting via video conference, the board member shall notify the Central Health Board Liaison via email communication no later than 7 (seven) business days before the meeting. Board member requests are prioritized based on when the request was received by the Board Liaison.
- ii. To avoid being counted as absent, the board member must receive written notification from the Central Health Board Liaison prior to the meeting that they have been accepted to participate via videoconference.
- iii. This notification will prevent having more than the maximum number of board/ committee members attempting to participate via video conference.

b. Access Requirements

- i. Board/Committee member must remote in 10 minutes prior to the scheduled time of the meeting.
- ii. Board/Committee member must make sure the videoconference software is fully loaded and ready for use prior to the remote access.
- iii. Board/Committee member must use equipment (desktop computer, laptop, etc.) that includes a webcam.
- iv. Board/Committee member must avoid noisy areas when participating remotely or the call will have to be terminated to limit disruptions to the entire meeting.
- v. Board/Committee member may mute their volume to minimize background noises.
- vi. If a Board/Committee member turns off their camera view during the meeting, they will be considered absent from the meeting.

- vii. It is recommended that the equipment screen being used is a standard laptop size, as long as the screen size provides optimum viewing for multiple images simultaneously.

D. The video and audio feed of the videoconference call:

- a. Must be live.
- b. Must permit all board members to be able to see and hear each other during the entire meeting.
- c. Must permit members of the public and persons making presentations to be able to see and hear all Board members during the entire meeting.
- d. Must permit all board members to be able to see and hear any members of the public and persons making presentations who are permitted to speak during the meeting while they are actually speaking.
- e. Audio/video signals must be of sufficient quality so that members of the public and persons making presentations can observe the demeanor and hear the voice of each participant during the open portion of the meeting.
- f. Must meet the following minimum standards for audio and video signals prescribed by the Texas Department of Information Resources (DIR):
 - i. Videoconferencing equipment must meet International Telecommunications Union (ITU) standards for appropriate transmission medium:
 - 1. ITU H.323 for videoconferencing over the public Internet.
 - 2. Use of videoconferencing equipment with proprietary vendor protocols may be used if the vendor certifies that its equipment and proprietary software protocol release version meets or exceeds ITU standards. Prior to use, DIR recommends reviewing technical specifications and contacting the vendor to inquire as to whether the deployed technology meets ITU standards.
 - ii. All videoconferencing shall employ a minimum of **384 KB** transmission speed. Note that bandwidth requirements for various resolutions of high-definition video are vendor specific based on the manufacturer's equipment.
 - iii. At least one monitor must be available at the primary meeting site for the audience to view remote meeting participants and be a

minimum of 27 inches in size (as measured by the industry). When using a computer web conferencing system at the primary site, a large monitor and adequate speakers shall be used.

E. Executive Session

- a. A board/ committee member can participate in any executive sessions that occur while they are attending a board/committee meeting via videoconference.

The board/committee member must have received notice to attend the meeting via videoconference in order to participate in an executive session for that meeting.

Central Health Policy Inventory

Department	Document Name	Policy No.	Status
Administration	Auditing Major Contracts Policy	BD-004P	inactive
Administration	Online Message Board	BD-002P	active
Administration	Videoconferencing Call Participation	BD-001P	active
Communications	Sponsorship Provisions	COM-001P	active
Compliance	Code of Conduct and Ethics for Board Members	CMP-010P	active
Compliance	Code of Conduct and Ethics for Employees	CMP-002P	active
Compliance	Collaboration Between the Compliance and Revenue Cycle Departments Policy	CMP-REV-001P	inactive
Compliance	Compliance Investigations	CMP-008P	active
Compliance	Compliance Program	CMP-001P	active
Compliance	Compliance Training and Education Policy	CMP-012P	active
Compliance	Compliance with Fraud, Waste, and Abuse Laws and Regulations Policy	FWA - 001P	active
Compliance	Duality and Conflict of Interest	CMP-009P	active
Compliance	Policies and Standard Operating Procedure Management	CMP-011P	active
Compliance	Prohibition of Patient Inducement Policy	CMP-012P	active
Compliance	Reporting and Non-Retaliation	CMP-006P	active

Central Health Policy Inventory

Department	Document Name	Policy No.	Status
Eligibility & Enrollment	Determination of Family Size	EE-004P	active
Eligibility & Enrollment	Identification Policy	EE-002P	active
Eligibility & Enrollment	Income	EE-005P	active
Eligibility & Enrollment	Length of Issuance	EE-007P	active
Eligibility & Enrollment	Similar Benefits	EE-006P	active
Eligibility & Enrollment	Travis County Resident	EE-001P	active
Eligibility & Enrollment	United States Residency	EE-003P	active
Finance	Accounts Payable Approval For Payment	FIN1-001P	active
Finance	Audit	FIN6-001P	inactive
Finance	Budget	FIN6-004P	active
Finance	Business Meal Policy	FIN1-006P	active
Finance	Cell Phone Allowance	FIN2-002P	active
Finance	Fixed Assets Policy	FIN1-007P	inactive
Finance	Internal Controls	FIN1-008P	inactive
Finance	Invoice/Purchase Order Discrepancies	FIN1-003P	active
Finance	Payment Authorization	FIN1-002P	active
Healthcare Delivery	Administrative Review of Medical Health Records Policy	HCD-ADM-009P	active

Central Health Policy Inventory

Department	Document Name	Policy No.	Status
Healthcare Delivery	Advance Directive Policy	HCD-ADM-008P	active
Healthcare Delivery	Approving Medical Executive Board Policies and Procedures Policy	HCD-MEB-001P	active
Healthcare Delivery	Behavioral Health Services Policy	HCD-CLN-066P	active
Healthcare Delivery	Central Health's Legal Medical Record Policy	HCD-ADM-040P	active
Healthcare Delivery	Charge Development Policy	HCD-CD-002P	active
Healthcare Delivery	Charges for Ancillary Services Policy	HCD-BC-003P	active
Healthcare Delivery	CLIA Laboratory Testing Policy	HCD-CLN-006P	active
Healthcare Delivery	Completing Encounters Policy	HCD-ADM-023P	active
Healthcare Delivery	Daily Cash Drawer Policy	HCD-CH-002P	inactive
Healthcare Delivery	Diagnostic Equipment Live Body Testing Policy	HCD-CLN-080P	active
Healthcare Delivery	Dietitian Services Policy	HCD-CLN-074P	active
Healthcare Delivery	Documentation in the Medical Health Record Policy	HCD-ADM-002P	active
Healthcare Delivery	Financial Assistance/Self Pay Policy	HCD-BC-001P	active
Healthcare Delivery	Forms of Payment Accepted Policy	HCD-BC-004P	inactive
Healthcare Delivery	General Consent to Treat and Informed Consent Policy	HCD-CLN-008P	active
Healthcare Delivery	Good Faith Estimate Policy	HCD-CD-001P	active

Central Health Policy Inventory

Department	Document Name	Policy No.	Status
Healthcare Delivery	Good Faith Estimate Policy	HCD-BC-005P	inactive
Healthcare Delivery	Image or Audio Capture by Patients or Visitors Policy	HCD-ADM-029P	active
Healthcare Delivery	Incident Reporting Policy	HCD-ADM-013P	active
Healthcare Delivery	Loaner Devices for MAP Members Policy	HCD-CLN-012P	active
Healthcare Delivery	Medical Executive Board Appeals and Due Process Policy	HCD-MEB-003P	active
Healthcare Delivery	Medical Executive Board Employed Physicians Policy	HCD-MEB-004P	active
Healthcare Delivery	Medical Executive Board Governance Policy and Bylaws Policy	HCD-MEB-005P	active
Healthcare Delivery	Medical Executive Board Medical Decision-Making Policy	HCD-MEB-006P	active
Healthcare Delivery	Medical Executive Board Peer Review Policy	HCD-MEB-002P	active
Healthcare Delivery	Medical Executive Board Pharmacy and Therapeutics (P&T) Policy	HCD-MEB-007P	active
Healthcare Delivery	Medical Executive Board Practitioner Credentialing Policy	HCD-MEB-008P	active
Healthcare Delivery	Medical Executive Board Quality Assurance and Improvement Policy	HCD-MEB-009P	active

Central Health Policy Inventory

Department	Document Name	Policy No.	Status
Healthcare Delivery	Medical Executive Board Utilization Review Policy	HCD-MEB-011P	active
Healthcare Delivery	National Practitioner Data Bank Policy	HCD-ADM-015P	active
Healthcare Delivery	Non-Formulary Drug Request Policy	HCD-CLN-065P	active
Healthcare Delivery	Nursing Incident-Based Peer Review Policy	HCD-ADM-018P	active
Healthcare Delivery	Nursing Safe Harbor Peer Review Policy	HCD-ADM-019P	active
Healthcare Delivery	Out-of-Hospital Do-Not-Resuscitate/Do-Not-Attempt-Resuscitation Orders Policy	HCD-ADM-004P	active
Healthcare Delivery	Patient Account Adjustments Policy	HCD-BC-002P	active
Healthcare Delivery	Patient Assistance Program (PAP) Policy	HCD-CLN-017P	active
Healthcare Delivery	Patient Rights and Responsibilities Policy	HCD-CLN-018P	active
Healthcare Delivery	Patient Termination Policy	HCD-ADM-005P	active
Healthcare Delivery	Patient with Communication Barrier Policy	HCD-ADM-001P	active
Healthcare Delivery	Prescriptive Authority and Delegation Protocol Policy	HCD-ADM-007P	active
Healthcare Delivery	Provision of Transportation Resources Policy	HCD-ADM-036P	active
Healthcare Delivery	Radiation Operating and Safety Procedures Policy	HCD-CLN-058P	active
Healthcare Delivery	Referrals to Internal and External Healthcare Services, Labs, and Diagnostics Policy	HCD-ADM-028P	active

Central Health Policy Inventory

Department	Document Name	Policy No.	Status
Healthcare Delivery	Respite Care Policy	HCD-CLN-022P	active
Healthcare Delivery	Respite Community Infection Prevention Policy	HCD-CLN-098P	active
Healthcare Delivery	Scope of Practice for Health Care Professionals and Staff in the Development of Education Materials Policy	HCD-ADM-017P	active
Healthcare Delivery	Service Animals Policy	HCD-ADM-012P	active
Healthcare Delivery	Standing Delegated Orders Policy	HCD-CLN-026P	active
Healthcare Delivery	Team Member Immunization Program Policy	HCD-ADM-016P	active
Healthcare Delivery	Transition of Care Policy	HCD-CLN-027P	active
Healthcare Delivery	Transitional Care at Home Policy	HCD-CLN-060P	active
Healthcare Delivery	Universal Protocol Policy	HCD-CLN-030P	active
Healthcare Delivery	Use and Disclosure of Reproductive Health Information Policy	HCD-ADM-041P	active
Healthcare Delivery	Use of Lippincott Procedures Policy	HCD-CLN-047P	active
Healthcare Delivery	Vendor Visitation and Interaction Policy	HCD-ADM-027P	active
Healthcare Delivery	Virtual Care Program Policy	HCD-CLN-070P	active
Healthcare Delivery	Zero Tolerance Toward Workplace Violence in the Clinical Setting Policy	HCD-CLN-034P	active

Central Health Policy Inventory

Department	Document Name	Policy No.	Status
HR; People Department	Americans with Disabilities Act & Americans with Disabilities as Amended	HR1-008P	active
HR; People Department	Anti Harassment Discrimination & Retaliation	HR1-005P	active
HR; People Department	Attendance & Punctuality	HR2-009P	active
HR; People Department	Background Investigation	HR2-002P	active
HR; People Department	Basic Life Support (BLS) Certification Policy	HR2 - 036P	inactive
HR; People Department	Bereavement	HR4-013P	active
HR; People Department	Cell Phone Use	HR2-029P	active
HR; People Department	Classifications and Compensation	HR3-003P	active
HR; People Department	Complaint Resolution	HR2-018P	active
HR; People Department	Complaint Resolution For Employees That Report Directly To The CEO	HR2-035P	active
HR; People Department	Computer, Internet Usage, and Electronic Mail	HR2-012P	active
HR; People Department	Confidentiality	HR2-025P	active
HR; People Department	Connected Workplace Program	HR2-034P	active
HR; People Department	Corrective Discipline	HR2-017P	active
HR; People Department	Customer Relations	HR2-013P	active

Central Health Policy Inventory

Department	Document Name	Policy No.	Status
HR; People Department	Dental Insurance	HR4-016P	active
HR; People Department	Disclosure of Benefits	HR4-001P	active
HR; People Department	Dress Code	HR2-011P	active
HR; People Department	Drug Free Workplace	HR1-006P	active
HR; People Department	Emergency Closures	HR2-031P	active
HR; People Department	Employee Classifications	HR3-002P	active
HR; People Department	Employee Privacy	HR2-037P	inactive
HR; People Department	Employee Safety & Maintenance of Work Areas	HR5-001P	active
HR; People Department	Employment & Income Verifications	HR2-028P	active
HR; People Department	Employment at Will	HR1-003P	active
HR; People Department	Employment Files	HR2-019P	active
HR; People Department	Equal Employment Opportunity	HR1-004P	active
HR; People Department	Family Medical Leave	HR4-005P	active
HR; People Department	Hiring Practices	HR2-001P	active
HR; People Department	Holiday & Special Pay	HR4-004P	active
HR; People Department	Hours Worked	HR2-004P	active
HR; People Department	Human Resources Policy Development	HR1-001P	active

Central Health Policy Inventory

Department	Document Name	Policy No.	Status
HR; People Department	Identification Badges	HR2-032P	active
HR; People Department	Internal Employee Transfer	HR2-027P	active
HR; People Department	Interpretation of Human Resources Policies	HR1-002P	active
HR; People Department	Introductory Period	HR2-003P	active
HR; People Department	Jury Duty	HR4-003P	active
HR; People Department	Layoff	HR2-023P	active
HR; People Department	Medical Insurance	HR4-015P	active
HR; People Department	Medical Testing & Procedures	HR2-010P	active
HR; People Department	Nepotism	HR2-033P	active
HR; People Department	On Call Pay and Call Back Pay	HR3-008P	active
HR; People Department	Orientation, Annual Training, & Department Onboarding	HR2-007P	active
HR; People Department	Outside Employment	HR2-014P	active
HR; People Department	Paid Time Off	HR4-002P	active
HR; People Department	Paid Time Off (Executives)	HR4-011P	active
HR; People Department	Participation in Professional Associations, Community Affairs, & Civic Organizations	HR2-015P	active
HR; People Department	Pay Practices	HR3-001P	active

Central Health Policy Inventory

Department	Document Name	Policy No.	Status
HR; People Department	People are Everything Recognition Program	HR4-010P	active
HR; People Department	People Data Privacy Policy	HR2-038P	inactive
HR; People Department	Performance Evaluations	HR2-016P	active
HR; People Department	Performance Improvement Plan (PIP)	HR2-026P	active
HR; People Department	Personal Leave	HR4-006P	active
HR; People Department	Personal Property	HR2-020P	active
HR; People Department	Relocation Assistance	HR3-004P	active
HR; People Department	Rest & Meal Periods	HR4-014P	active
HR; People Department	Retirement	HR4-008P	active
HR; People Department	Serious Diseases	HR4-007P	active
HR; People Department	Smoking Vaping & Chewing Tobacco	HR2-022P	active
HR; People Department	Social Media	HR1-007P	active
HR; People Department	Solicitation and Distribution	HR2-021P	active
HR; People Department	Standards of Conduct	HR2-008P	active
HR; People Department	Termination of Employment	HR2-024P	active
HR; People Department	Travel	HR3-006P	active
HR; People Department	Tuition Reimbursement	HR4-009P	active

Central Health Policy Inventory

Department	Document Name	Policy No.	Status
HR; People Department	Vehicle Usage	HR3-005P	active
HR; People Department	Vision Insurance	HR4-017P	active
HR; People Department	Wellness Hours	HR4-018P	active
HR; People Department	Workers Compensation	HR5-002P	active
Infrastructure	Artwork in Central Health Clinical & Admin Settings Policy	INF-001P	active
Infrastructure	Portable HVAC Equipment	INF-003P	active
Joint Technology	Blocking Access to Public External Email Domains	JT1-002P	active
Joint Technology	Software Acquisition Policy	JT1-001P	active
Procurement	General Procurement Policy	PUR1-001P	active
Procurement	Historically Underutilized Business	PUR2-002P	active
Procurement	Procurement Card Policy	PUR1-002P	active
Records Management	Record Retention and Management Policy	RM-001P	active



Our Vision

Central Texas is a model healthy community.

Our Mission

By caring for those who need it most, Central Health improves the health of our community.

Our Values

Central Health will achieve excellence through:

Stewardship - We maintain public trust through fiscal discipline and open and transparent communication.

Innovation - We create solutions to improve healthcare access.

Right by All - By being open, anti-racist, equity-minded, and respectful in discourse, we honor those around us and do right by all people.

Collaboration - We partner with others to improve the health of our community.

AD HOC POLICY AND BYLAWS COMMITTEE

October 21, 2025

AGENDA ITEM 4

Discuss updates on matters related to a performance review by Mazars USA Contracted by Travis County. ⁴ (*Informational Item*)



AGENDA ITEM SUBMISSION FORM

This form is to provide a general overview of the agenda item in advance of posting for the Board meeting. Proposed motion language is a recommendation only and not final until the meeting and may be changed by the Board Manager making the motion. All information in this form is subject to the Public Information Act.

Agenda Item Meeting Date	<u>October 21, 2025</u>
Who will present the agenda item? (Name, Title)	<u>Dr. Pat Lee, President and CEO, and Monica Crowley, EVP and Chief Strategy Officer</u>
General Item Description	<u>Discuss updates on matters related to a performance review by Mazars USA Contracted by Travis County.</u>
Is this an informational or action item?	<u>Informational item</u>
Fiscal Impact	<u></u>
Recommended Motion (if needed – action item)	<u>N/A</u>
	<u></u>

Key takeaways about agenda item, and/or feedback sought from the Board of Managers:

- Mazars Matrix is available in backup. Let us know if there are any updates that need to be
- 1) reviewed and discussed.
 - 2)
 - 3)
 - 4)
 - 5)

What backup will be provided, or will this be a verbal update? (Backup is due one week before the meeting.)	<u>Mazars Matrix</u>
Estimated time needed for presentation & questions?	<u>10 mins</u>
Is closed session recommended? (Consult with attorneys.)	<u>Yes – closed session</u>



Form Prepared By/Date
Submitted:

Valerie Guerra/ October 14, 2025

Report Section	Recommendation Sub Section	Recommendation Letter	Mazars Recommendation	Comments	Action	Estimated Timeline	Status Q2- March 2025	Status Q3 - June 2025	Comments Q3 - June 2025
2.1 Healthcare Needs of the Medically Indigent	Agreements/Scope of Services	A	Re-establish the role of the JOC for purposes of review of the required contractual elements with the intent to develop a plan that will capture utilization, operational, and quality data for <u>each</u> contracted entity through CH's healthcare system and report findings to the CH BoM in agreed upon format(s) and timing.	As stated in the CH response to the Mazars draft and final reports, the Joint Operating Committee (JOC) does not have jurisdiction over the entire CH healthcare delivery system, so their oversight of all of Central Health contracts is not appropriate. Central Health will take no action.	None	n/a	n/a	n/a	
2.1 Healthcare Needs of the Medically Indigent	Agreements/Scope of Services	B	Develop an implementation plan for capturing and analyzing data based on type of agreement and execution timeframes.	CH currently has plans for data capture and analysis laid out in each of its contracted agreements. Staff will develop a policy describing an overarching data framework for contracted providers.	Draft policy created Policy implemented	End of Q3 FY 25 End of Q1 FY 26	Yellow	Green	This policy is on track to be drafted by 6/30/25.
2.1 Healthcare Needs of the Medically Indigent	Agreements/Scope of Services	C	Consider, in conjunction with the elements discussed in Section 2.2 (Establishment of an Integrated Delivery System) an Accountable Care Organization type model at the heart of the IDS, that includes an attribution methodology.	CH has considered an ACO model, and determined it does not work well for our patient population. CH remains open to exploring the ACO structure when/if structure or the needs of our patients evolve.	Staff to remain abreast of the latest care models to ensure we are implementing the most effective one for CH patients.	Ongoing	Green	Green	
2.1 Healthcare Needs of the Medically Indigent	Agreements/Scope of Services	D	Consider developing a Central Health specific Geo-Access report to further evaluate adequacy of network as well as address any potential health equity elements, e.g., transportation.	Central Health produces this type of report today. Please see our health equity plan and demographic report which includes detailed geographic information.	Continue geographic analysis of patient needs.	Ongoing	Green	Green	
2.1 Healthcare Needs of the Medically Indigent	Agreements/Scope of Services	E	Expand FQHC’s reporting of quality metrics in relation to state and national benchmarks to include both opportunities as well as achievements.	This work is ongoing today and will expand as our reporting and analysis functions mature. FQHCs publicly report quality data annually to HRSA.	Continue FQHC reporting programs, expanding as needed and appropriate to ensure high quality care.	Ongoing	Green	Green	
2.1 Healthcare Needs of the Medically Indigent	Policies and Procedures re Integrated Health Services	A	Include effective dates on all policies and procedures for better historical tracking and formalization of practices.	CH agrees with this compliance recommendation, and has begun this work by implementing a new policy and procedure management system. As of January 30, 2025, all operational policies and procedures include effective dates. Health care delivery policies and procedures are in progress.	Ensure effective dates are included on all existing CH policies and procedures. Ensure all new CH policies and procedures include effective dates.	End of Q4 FY 25 Complete. Effective dates are a required element of our compliance management software.	Yellow	Green	Complete

Report Section	Recommendation Sub Section	Recommendation Letter	Mazars Recommendation	Comments	Action	Estimated Timeline	Status Q2- March 2025	Status Q3 - June 2025	Comments Q3 - June 2025
2.1 Healthcare Needs of the Medically Indigent	Policies and Procedures re Integrated Health Services	B	Implement regular audit and feedback mechanisms to ensure these policies effectively translate into practice, that practices are aligned with applicable policies and that any gaps are promptly addressed.	CH has a process in place where compliance staff periodically audit that policies are being followed. We are currently developing, with the help of reputable compliance services firm The Coker Group, an auditing and monitoring program as part of our larger compliance program	Continue implementing audit and monitoring program for CH policies.	End of Q2 FY 26	Yellow	Yellow	
2.1 Healthcare Needs of the Medically Indigent	Policies and Procedures re Integrated Health Services	C	Update policies regularly to reflect current healthcare needs	This recommendation underscores CH's current purpose for creating and updating healthcare delivery policies and procedures	Continue current practice.	Ongoing	Green	Green	
2.1 Healthcare Needs of the Medically Indigent	Policies and Procedures re Integrated Health Services	D	Ensure staff (employed/contracted) are adequately trained on all applicable procedures including timely communication of any changes, including updates to existing policies and procedures and new and deleted ones.	CH employes are regularly trained throughout the year on CH policies. As of January 2025, the CH compliance team has implemented a monthly newsletter to communicate changes to policies and procedures to CH staff. CH has a robust policy in place now to ensure timely communication of all changes and updates. All new policies and procedures must be submitted with a coversheet that indicates needed training for staff. If policy changes require staff training, the Compliance team works with the Education department to develop appropriate training. The Compliance team is working to develop a process for training contractors.	Continue current practice with staff; develop and implement contractor training process.	End of Q1 FY 26	Yellow	Yellow	
2.1 Healthcare Needs of the Medically Indigent	Patient Demographics/Data Collection	A	Standardize data analysis metrics across reports to improve consistency and comparability over time. While the shift to more granular data, from ZIP code to census tract-level, has improved precision in identifying healthcare needs, consistent focus areas should be maintained to facilitate longitudinal analysis.	Standardization of data and longitudinal analysis are in progress. CH recognizes the need to develop consistent and comparable data over time.	Continue developing data collection, analysis, and reporting to show longitudinal effects of delivery system implementation to meet healthcare needs.	Ongoing	Green	Green	

Report Section	Recommendation Sub Section	Recommendation Letter	Mazars Recommendation	Comments	Action	Estimated Timeline	Status Q2- March 2025	Status Q3 - June 2025	Comments Q3 - June 2025
2.1 Healthcare Needs of the Medically Indigent	Patient Demographics/Data Collection	B	Continue leveraging detailed reports to guide resource allocation and measure progress.	CH will continue using its data-driven approach to resource allocation and progress measurement.	Continue existing efforts	Ongoing	Green	Green	
2.1 Healthcare Needs of the Medically Indigent	Patient Demographics/Data Collection	C	Prioritize targeted healthcare services to ensure equitable access for all residents, with ongoing efforts and adjustments based on emerging demographic trends and challenges.	CH will continue its data-driven approach to identifying and implementing targeted healthcare services to ensure equitable access.	Continue existing efforts	Ongoing	Green	Green	
2.1 Healthcare Needs of the Medically Indigent	Patient Demographics/Data Collection	D	Continue to prioritize preventive care and management of prevalent chronic diseases as identified in reports.	CH will continue to prioritize preventive care and management of prevalent chronic disease.	Continue existing efforts	Ongoing	Green	Green	
2.1 Healthcare Needs of the Medically Indigent	Patient Demographics/Data Collection	E	Continue commendable efforts to mitigate enrollment challenges: a. Enhance the enrollment process b. Maintain robust community engagement initiatives c. Evaluate post-Covid enrollment numbers and if needed, dedicate staff and resources to assisting eligible individuals to both enroll and appropriately utilize available services.	CH will continue work to mitigate enrollment challenges.	Continue existing efforts	Ongoing	Green	Green	
2.1 Healthcare Needs of the Medically Indigent	Provider Demographics	A	Enhance reporting mechanisms to provide comprehensive information of all medical and specialty services providers available to MAP enrollees and other Covered Beneficiaries. Include: a. Detailed demographic data (names, specialties, affiliations)	Mazars concepts of "provider network" and "provider directory" are insurance company concepts that do not apply to the CH delivery system. That said, CH's FQHC partners, including CommUnityCare, post provider information on their website today, and CH will work toward posting information about directly employed specialty providers.	Create a provider demographic report of Central Health's direct practice providers and CommUnityCare employed providers. The report will be presented annually to the CH Board of Managers. Include CH direct practice providers on CH website.	End of Q4 FY 25 End of Q2 FY 26	Yellow	Yellow	

Report Section	Recommendation Sub Section	Recommendation Letter	Mazars Recommendation	Comments	Action	Estimated Timeline	Status Q2- March 2025	Status Q3 - June 2025	Comments Q3 - June 2025
2.1 Healthcare Needs of the Medically Indigent	Provider Demographics	B	Develop a sound mechanism to allow for ease of transmitting and capturing provider demographic information not only for accuracy purpose but to maintain/enhance provider satisfaction.	As part of its development of direct services, CH is developing ways of capturing and reporting on provider demographic data. This function will expand as our direct practice expands.	Create a provider demographic report of Central Health's direct practice providers and CommUnityCare employed providers. The report will be presented annually to the CH Board of Managers. Include CH direct practice providers on CH website.	End of Q4 FY 25 End of Q2 FY 26	Yellow	Yellow	
2.1 Healthcare Needs of the Medically Indigent	Provider Demographics	C	Update and maintain provider information regularly to accurately reflect any changes in demographics and services.	As part of its development of direct services, CH is developing ways of capturing and reporting on provider demographic data. This function will expand as our direct practice expands.	Create a provider demographic report of Central Health's direct practice providers and CommUnityCare employed providers. The report will be presented annually to the CH Board of Managers. Include CH direct practice providers on CH website.	End of Q4 FY 25 End of Q2 FY 26	Yellow	Yellow	
2.1 Healthcare Needs of the Medically Indigent	Provider Demographics	D	Coordinate efforts with others aimed at implementing a provider directory in order to ensure transparency and accessibility.	As part of its development of direct services, CH is developing ways of capturing and reporting on provider demographic data. This function will expand as our direct practice expands.	Create a provider demographic report of Central Health's direct practice providers and CommUnityCare employed providers. The report will be presented annually to the CH Board of Managers. Include CH direct practice providers on CH website.	End of Q4 FY 25 End of Q2 FY 26	Yellow	Yellow	

Report Section	Recommendation Sub Section	Recommendation Letter	Mazars Recommendation	Comments	Action	Estimated Timeline	Status Q2- March 2025	Status Q3 - June 2025	Comments Q3 - June 2025
2.2 Establishment of Integrated Delivery System	Elements that support the formation and functioning of a successful IDS	A	Three provider systems, FQHCs, that serve as entry points for Covered beneficiaries and where the bulk of adult and pediatric primary and preventive care are delivered or coordinated.	Recommendation describes current practice	Continue current practice	Ongoing	Green	Green	
2.2 Establishment of Integrated Delivery System	Elements that support the formation and functioning of a successful IDS	B	A defined “provider network” that includes primarily specialty and ancillary care and services outside of what the FQHCs and Dell Medical School and Ascension can provide.	Recommendation describes current practice	Continue current practice	Ongoing	Green	Green	
2.2 Establishment of Integrated Delivery System	Elements that support the formation and functioning of a successful IDS	C	Clinical Management that includes a Navigation Center which conducts extensive eligibility screening, nurse triage, care management, scheduling, referral management and the use of an Electronic Medical Record (EMR).	Recommendation describes current practice	Continue current practice	Ongoing	Green	Green	
2.2 Establishment of Integrated Delivery System	Elements that support the formation and functioning of a successful IDS	D	Data collection and reporting mechanisms which will need to become more defined and robust in order to evaluate the effectiveness of the IDS and supply strategic direction, including continuance and growth of Central Health’s Pay for Performance (P4P), which is usually the first step an ACO takes in a payment approach that supports value – appropriate utilization, cost and quality care to the residents of Travis County.	CH will continue its current development of data collection and reporting efforts.	Continue current practice	Ongoing	Green	Green	
2.3 Quality and Health Equity	Language Assistance Program	A	Establish and document a methodology for identifying the prevalent non-English languages spoken by individuals and potential enrollees throughout the Central Health service area.	CH currently implements a process to identify prevalent non-English languages spoken by CH patients.	Define current methodology in a Standard Operating Procedure, with flexibility to adapt the methodology as needed to ensure highest quality information.	End of Q4 FY 25	Yellow	Yellow	

Report Section	Recommendation Sub Section	Recommendation Letter	Mazars Recommendation	Comments	Action	Estimated Timeline	Status Q2- March 2025	Status Q3 - June 2025	Comments Q3 - June 2025
2.3 Quality and Health Equity	Language Assistance Program	B	Make oral interpretation available in all languages and written translation available in each prevalent non-English language. Written materials that are critical to obtaining medical services must include taglines in the prevalent non-English languages, explaining the availability of written translations or oral interpretation to understand the information provided, information on how to request auxiliary aids and services, and the toll-free telephone number of the entity providing such services as required by 42 CFR § 438.71(a). Taglines for written materials critical to obtaining services must be printed in a conspicuously visible font size.	Oral interpretation is available in all languages for all callers and in-person visits today. CH currently exploring adding languages to our website in the top 3-4 languages other than English and Spanish with instructions on how to call the Navigation Center to request an interpreter to aid in MAP application. With the Assistance of an interpreter, the Navigation Center team can ask the caller all the application questions and fill out the application in Eng or Spanish, explain the needed documents and mail the application to the caller.	Continue oral interpretation processes today. Add language in top 3-4 non English or Spanish languages to CH and MAP websites with instructions on how to request an interpreter for MAP applications. Exploring AI solution to enhance all language access.	Ongoing End of Q1 FY 26 End of Q4 FY 26	Yellow	Yellow	
2.3 Quality and Health Equity	Language Assistance Program	C	Provide written materials that are critical to obtaining medical services, including, at a minimum, provider directories, enrollee handbooks, appeal and grievance notices, and denial and termination notices, available in the prevalent non-English languages in the service area. Written materials that are critical to obtaining medical services must also be made available in alternative formats upon request at no cost, include taglines in the prevalent non-English languages in a conspicuously visible font size explaining the availability of written translation or oral interpretation to understand the information provided, information on how to request auxiliary aids and services, and include the toll-free and TTY/TDY telephone number Central Health's member/customer service unit. Auxiliary aids and services must also be made available upon request at no cost.	CH is currently exploring how to provide more written materials in languages other than English and Spanish. According to a 2022 report, 6.7% of the CH population speaks a language other than English or Spanish. The third most spoken language is Vietnamese, at 1.7% of the population. CH is committed to providing broad language access where possible as a best practice. Mazars' recommendation aligns with requirements for health plans, which do not apply to Central Health.	Continue current work to translate medical education materials into Vietnamese and other prevalent languages.	End of Q4 FY 25 - Vietnamese End of Q4 FY 26 - Other identified languages.	Yellow	Yellow	

Report Section	Recommendation Sub Section	Recommendation Letter	Mazars Recommendation	Comments	Action	Estimated Timeline	Status Q2- March 2025	Status Q3 - June 2025	Comments Q3 - June 2025
2.3 Quality and Health Equity	Language Assistance Program	D	Provide interpretation services free of charge in a timely manner upon request. This includes oral interpretation and the use of auxiliary aids such as TTY/TDY and American/Spanish Sign Language. Oral interpretation requirements apply to all non-English languages, not just those identified as prevalent.	CHL provides all interpretation services free of charge. Services are provided telephonically or virtually at the point they are requested, no scheduling in advance is needed. Central Health' vendor has interpreters available in over 200 languages.	Continue current practice.	Ongoing	Green	Green	
2.3 Quality and Health Equity	Language Assistance Program	E	Provide notification to enrollees that oral interpretation is available for any language and written translation is available in prevalent languages; that auxiliary aids and services are available upon request and at no cost for individuals with disabilities; and how to access the services.	CH agrees to improve communication regarding the availability of existing free interpretation services.	Develop and post website language and in clinics in top 3-4 languages other than English and Spanish notifying people that free interpretation is available	End of Q4 FY 25	Yellow	Yellow	
2.3 Quality and Health Equity	Language Assistance Program	F	All written materials for potential enrollees and enrollees consistent with the following: use easily understood language and format; use a font size no smaller than a 12 point; be available in alternative formats and through the provision of auxiliary aids and services in an appropriate manner that takes into consideration the special needs of individuals with disabilities or limited English proficiency.	Central Health is in the process of updating all forms with the new brand logo and colors. We are also updating the language and font size.	Complete process of updating all forms with new branding, updated languages and readable font sizes. CH will make forms available to make large print forms available on request. Continue exploratory work on improving access for people with disabilities to result in a set of recommendations for BOM consideration.	End of Q4 FY 25	Yellow	Yellow	
2.3 Quality and Health Equity	Language Assistance Program	G	Document within a policy the process staff must follow to provide patients with appropriate interpretation/translation services. Policy must state staff are prohibited from providing interpretation for medical services unless certified by Central Health.	CH has a policy and SOP regarding serving Patients with Communications Barriers	CH will review its current policy and SOP on Patients with Communication Barriers and ensure it includes language recommended by Mazars.	End of Q3 FY 25	Green	Green	

Report Section	Recommendation Sub Section	Recommendation Letter	Mazars Recommendation	Comments	Action	Estimated Timeline	Status Q2- March 2025	Status Q3 - June 2025	Comments Q3 - June 2025
2.3 Quality and Health Equity	Provider Directory	A	Central Health should make available in paper form upon request and electronic form, the following information about its network providers: ■The provider's name as well as group affiliation; ■Street address(es); ■Telephone number(s); ■Website URL as available; ■Specialty as appropriate; ■Whether the provider is accepting new patients; ■The provider's cultural and linguistic capabilities, including languages (including American/Spanish Sign Language) offered by the provider or a skilled medical interpreter at the provider's office; and ■Whether the provider's office/facility has accommodations for people with physical disabilities, including offices, exam room(s) and equipment.	Mazars concepts of "provider network" and "provider directory" are insurance company concepts that do not apply to the CH delivery system. CH will not create a printed individual provider directory. That said, CH's FQHC partners, including CommUnityCare, post provider information on their website today, and CH will work toward posting information about directly employed specialty providers.	CH will continue to provide an organization-based provider directory online to all MAP members. CH does post a provider directory for Sendero today. CH will develop an online directory of individual providers for CH direct practice providers.	Ongoing End of Q4 FY 26	Yellow	Yellow	
2.3 Quality and Health Equity	Provider Directory	B	The Provider Directory should include all pertinent demographic information for each of the following provider types: ■Physicians (including specialists and Physician Assistants/Nurse Practitioners); ■Hospitals; ■Pharmacy; ■Behavioral health providers; ■Long term supportive service providers, as appropriate.	Mazars concepts of "provider network" and "provider directory" are insurance company concepts that do not apply to the CH delivery system. CH will not create a printed individual provider directory. That said, CH's FQHC partners, including CommUnityCare, post provider information on their website today, and CH will work toward posting information about directly employed specialty providers.	CH will continue to provide an organization-based provider directory online to all MAP members that is updated with any new changes. We will also include CH direct practice providers on CH website and link to the online provider information at our FQHC partners from our website.	Ongoing End of Q4 FY 26	Yellow	Yellow	

Report Section	Recommendation Sub Section	Recommendation Letter	Mazars Recommendation	Comments	Action	Estimated Timeline	Status Q2- March 2025	Status Q3 - June 2025	Comments Q3 - June 2025
2.3 Quality and Health Equity	Provider Directory	C	Central Health must establish a process for ensuring information in the printed Provider Directory is updated on a monthly basis.	Mazars concepts of "provider network" and "provider directory" are insurance company concepts that do not apply to the CH delivery system. CH will not create a printed individual provider directory. That said, CH's FQHC partners, including CommUnityCare, post provider information on their website today, and CH will work toward posting information about directly employed specialty providers.	CH will continue to provide an organization-based provider directory online to all MAP members that is updated with any new changes. We will also include CH direct practice providers on CH website and link to the online provider information at our FQHC partners from our website.	Ongoing End of Q2 FY 26	Yellow	Yellow	
2.3 Quality and Health Equity	Provider Directory	D	Central Health must consider making the Provider Directory publicly available on their website.	Central Health already makes its organization-based provider directory available online.	CH will continue to provide an organization-based provider directory online to all MAP members that is updated with any new changes. We will also include CH direct practice providers on CH website and link to the online provider information at our FQHC partners from our website.	Ongoing End of Q2 FY 26	Yellow	Yellow	
2.3 Quality and Health Equity	CMS Framework for Health Equity 2022-2032	A	Expand the collection, reporting and analysis of standardized data to drive quality improvement and improve health outcomes. This involves collection and use of comprehensive, interoperable, standardized demographic and SDOH data, to include race, ethnicity, language spoken, language written, gender identity, sex, sexual orientation, disability status, and SDOH.	Mazars has quoted CMS's national Framework for Health Equity. CH has designed its entire service delivery implementation plan (our Health Equity Plan) around these or similar concepts. Recommendations from this subsection are already inherent in our health equity plan.		n/a	Green	Green	

Report Section	Recommendation Sub Section	Recommendation Letter	Mazars Recommendation	Comments	Action	Estimated Timeline	Status Q2- March 2025	Status Q3 - June 2025	Comments Q3 - June 2025
2.3 Quality and Health Equity	CMS Framework for Health Equity 2022-2033	B	Utilizing the whole person care perspective, assess the causes of disparities within the communities served and address inequities in policies and operations to close the gaps. Identify unintended consequences and make concrete, actionable decisions in investments and resource allocations.	Mazars has quoted CMS's national Framework for Health Equity. CH has designed its entire service delivery implementation plan (our Health Equity Plan) around these or similar concepts. Recommendations from this subsection are already inherent in our health equity plan.	We will also include CH direct practice providers on CH website and link to the online provider information at our FQHC partners from our website.	n/a	Green	Green	
2.3 Quality and Health Equity	CMS Framework for Health Equity 2022-2034	C	Build workforce capacity and diversify tools in clinics, provider offices, ancillary services, and allocate resources to enable Central Health to meet the needs of the communities served.	Mazars has quoted CMS's national Framework for Health Equity. CH has designed its entire service delivery implementation plan (our Health Equity Plan) around these or similar concepts. Recommendations from this subsection are already inherent in our health equity plan.	Continue current implementation plans.	n/a	Green	Green	
2.3 Quality and Health Equity	CMS Framework for Health Equity 2022-2035	D	Advance language access, health literacy, and the provision of tailored services to meet the cultural needs of the communities served, to address healthcare quality, patient safety and experience, and impact health outcomes and enrollment.	Mazars has quoted CMS's national Framework for Health Equity. CH has designed its entire service delivery implementation plan (our Health Equity Plan) around these or similar concepts. Recommendations from this subsection are already inherent in our health equity plan.	Continue current implementation plans.	n/a	Green	Green	
2.3 Quality and Health Equity	CMS Framework for Health Equity 2022-2036	E	Increase all forms of accessibility to healthcare services and coverage to be responsive to patient needs and preferences, including people with disabilities.	Mazars has quoted CMS's national Framework for Health Equity. CH has designed its entire service delivery implementation plan (our Health Equity Plan) around these or similar concepts. Recommendations from this subsection are already inherent in our health equity plan.	Continue current implementation plans.	n/a	Green	Green	

Report Section	Recommendation Sub Section	Recommendation Letter	Mazars Recommendation	Comments	Action	Estimated Timeline	Status Q2- March 2025	Status Q3 - June 2025	Comments Q3 - June 2025
2.4 Fund Expenditure Financial Accountability Procedures and Controls	Joint Affiliation Committee	G.1	The JAC stakeholders should document discussions and issues raised during the quarterly JAC meetings through the meeting minutes.	CH will discuss with JAC partners to document meeting minutes going forward. Taking minutes will require agreement from all three parties.	CH will include a discussion of taking meeting minutes at the next JAC meeting.	Discuss at an upcoming JAC meeting before the end of Q4 FY 25	Red	Green	The JAC met on May 12, 2025 and agreed to review Mazars recommendations and CH Financial Order requirements that relate to UT at a subsequent JAC meeting. The group agreed to take minutes at JAC meetings, and staff will be joining for that purpose moving forward.
2.4 Fund Expenditure Financial Accountability Procedures and Controls	Joint Affiliation Committee	G.1	We also recommend that stakeholders track the progress toward established objectives through implementing and following metrics similar to the Central Health board operations.	CH will discuss a project tracking process as part of the JAC.	CH will include a discussion of JAC project tracking at the next JAC meeting.	Discuss at an upcoming JAC meeting before the end of Q4 FY 25	Red	Yellow	The JAC met on May 12, 2025 and agreed to review Mazars recommendations and CH Financial Order requirements that relate to UT at a subsequent JAC meeting, and we will discuss at that point.
2.4 Fund Expenditure Financial Accountability Procedures and Controls	Joint Affiliation Committee	G.1	We recommend that Central Health consider assessing the effectiveness of the JAC's activities within the Agreed Upon Procedure Independent Audit report.	The ongoing litigation between CH and Ascension and Ascension's ongoing breaches hinders discussion in the JAC. This isn't the focus of the AUPs.	CH will include an agenda item at the next JAC meeting to discuss AUPs.	Discuss at an upcoming JAC meeting before the end of Q4 FY 25	Red	Yellow	<div>The JAC met on May 12, 2025 and agreed to review Mazars recommendations and CH Financial Order requirements that relate to UT at a subsequent JAC meeting.</div> <div>The AUP process for 2023 and 2024 kicked off in May 2025.</div>

Report Section	Recommendation Sub Section	Recommendation Letter	Mazars Recommendation	Comments	Action	Estimated Timeline	Status Q2- March 2025	Status Q3 - June 2025	Comments Q3 - June 2025
2.4 Fund Expenditure Financial Accountability Procedures and Controls	Joint Affiliation Committee	G.1	This review should encompass the reporting of the meeting's minutes and an evaluation of progress made towards established goals and objectives.	CH will include this language in the discussion described above to indicate the purpose of the JAC effectiveness assessment	CH will include an agenda item at the next JAC meeting to discuss potential added AUP to assess effectiveness of JAC activities.	Discuss at the next JAC meeting and periodically as needed through end of Q4 FY 26	Red	Yellow	The JAC met on May 12, 2025 and agreed to review Mazars recommendations and CH Financial Order requirements that relate to UT at the next JAC meeting, and we will discuss at that point.
2.4 Fund Expenditure Financial Accountability Procedures and Controls	Internal Control Framework	G.2	Central Health’s internal control framework should incorporate a formal program for the periodic review of first-level controls, which are the essential controls directly embedded within daily operations. This periodic review should happen at least once a year.	Written internal controls are provided to CH's external audit firm annually today.	CH will create a policy managed through our compliance platform (MCN) that describes CH internal control framework, how the controls are embedded within daily operations, and the annual review process.	End of Q3 FY 25	Yellow	Green	This policy is on track to be final by 6/30/25.
2.4 Fund Expenditure Financial Accountability Procedures and Controls	Internal Control Framework	G.2	Furthermore, we recommend that this periodic review includes extensive testing (on design and effectiveness) of first-level controls.	Each year, external auditors perform an internal control audit of CH, which audits the effectiveness of our controls. Internally, CH is adding an internal audit function to its compliance program today.	Incorporate periodic internal audit review as part of the internal audit function currently in development.	Consistent with launch of internal audit program, estimated End of Q4 FY 25	Yellow	Yellow	
2.4 Fund Expenditure Financial Accountability Procedures and Controls	Internal Control Framework	G.2	It is important to note, however, that implementing a framework is only possible when well-documented policies and procedures exist. These documented procedures should clearly outline the specific actions and steps that comprise these first-level controls. Without this foundation, the framework will lack the necessary detail to ensure the effectiveness of the most fundamental controls within Central Health’s organization.	CH has written internal control procedures documented today that it shares annually with its external audit firm. CH will create formal policies and procedures to capture and communicate these specific control steps.	CH will create a standard operating procedures managed through our compliance platform (MCN) that describes CH internal control framework, how the controls are embedded within daily operations, and the annual review process.	End of Q3 FY 25	Yellow	Green	This policy is on track to be final by 6/30/25.

Report Section	Recommendation Sub Section	Recommendation Letter	Mazars Recommendation	Comments	Action	Estimated Timeline	Status Q2- March 2025	Status Q3 - June 2025	Comments Q3 - June 2025
2.4 Fund Expenditure Financial Accountability Procedures and Controls	Policies and Procedures	P&P.1	• Expenditure procedure, including: o List of “Allowable expenses” o Detailed segregation of duties when making a purchase o Vendor payment o Invoice reconciliation o Securing an audit trail for all purchases	Central Health has a list of our Allowable Expenses (defined as a listing of unallowable expenses - if not on the list, expense is considered allowable if for a legitimate business purpose) referenced in the Business Expense Reimbursement Desktop Procedure. Segregation of duties is managed by defined roles monitored and maintained by Multiview, our financial management software. Procurement functions are segregated within the financial system. All recommended controls are already in place and staff adhere to these structures as part of daily operation today.	CH will consolidate CH expenditure policies and procedures to reflect Mazars recommendations.	End of Q3 FY 25	Yellow	Green	This policy is on track to be final by 6/30/25.
		Comprehensive policies and procedures Central Health should detail the following policies and procedures. The policies should include the tasks to complete, the first-level controls, and the person responsible for completing each step. The policies and procedures should also clearly note an oversight function for managing third-party contracts/expenditures.							
2.4 Fund Expenditure Financial Accountability Procedures and Controls	Policies and Procedures	P&P.1	• Contracting with third parties and securing third-party oversight, including: o Establishing requirements for third-parties for progress reports o Adhering to State and Federal Compliance requirements	Today, CH has a contract owner and the Procurement dept who both oversee all contracts. Central health complies with the State Purchasing Act and adhere to State and Federal compliance requirements today. All requirements for progress reports or milestone reporting are named within the contract. CH has boilerplate contract expectations listed on its procurement site. As stated above, all first-level controls are documented in the external audit each year.	CH will develop a policy to document these actions.	End of Q4 FY 25	Yellow	Yellow	
		Comprehensive policies and procedures Central Health should detail the following policies and procedures. The policies should include the tasks to complete, the first-level controls, and the person responsible for completing each step. The policies and procedures should also clearly note an oversight function for managing third-party contracts/expenditures.							

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2.4 Fund Expenditure Financial Accountability Procedures and Controls	Policies and Procedures	P&P.1	• Oversight of third-party and third-party expenses, including:	Today, CH manages third party expenses through its contract management teams.	CH will develop a formal policy to describe contract management expectations generally.	End of Q4 FY 25	Yellow	Yellow	
		Comprehensive policies and procedures	o Administrative monitoring of third parties o Financial monitoring of third parties						
		Central Health should detail the following policies and procedures. The policies should include the tasks to complete, the first-level controls, and the person responsible for completing each step. The policies and procedures should also clearly note an oversight function for managing third-party contracts/expenditures.							
2.4 Fund Expenditure Financial Accountability Procedures and Controls	Policies and Procedures	P&P.1	We also recommend adding more detail to the following policies and procedures:	CH has policies and SOPs for Bank Account and Balance Sheet recommendations. While we have a standard practice, we do not yet have an SOP for interim financial statement compilation.	CH will create an SOP for interim financial statement compilation.	End of Q3 FY 25	Yellow	Green	This policy is on track to be final by 6/30/25.
		Comprehensive policies and procedures	• Interim financial statements compilation • Bank Account Reconciliation • Balance Sheet Reconciliation						
		Central Health should detail the following policies and procedures. The policies should include the tasks to complete, the first-level controls, and the person responsible for completing each step. The policies and procedures should also clearly note an oversight function for managing third-party contracts/expenditures.							

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2.4 Fund Expenditure Financial Accountability Procedures and Controls	Policies and Procedures	P&P.2 Procedures and policies update	<p>To ensure continued effectiveness, policies and procedures should be reviewed and updated annually.</p> <p>This yearly cycle allows management to assess their relevance in the face of evolving regulations, industry best practices, and internal needs.</p> <p>Following the review, management sign-off reinforces the importance of these policies and demonstrates their commitment.</p> <p>Maintaining a readily accessible archive, perhaps a centralized electronic folder, ensures everyone has easy access to the latest versions.</p> <p>Additionally, providing operational teams with a quick annual training session on any updates or significant changes keeps everyone informed and promotes consistent adherence to the most current guidelines.</p>	CH already reviews and updates its policies and procedures annually. Annual reviews are triggered automatically by MCN, our compliance management software tool.	Continue current practice.	Ongoing	Green	Green	
2.4 Fund Expenditure Financial Accountability Procedures and Controls	Agreed Upon Procedures	AA.1	Conduct a comprehensive review and gap analysis of the affiliation agreement and consider the risks associated with all other existing contracts that Central Health executes with its third parties to determine if any other third party contracts should have agreed upon procedures similar to the affiliation agreement between CH, UT, and the CCC.	AUPs are a specific structure intended to aid in the administration of the Affiliation Agreement specifically. AUPs are costly and are not a cost effective way to manage contract compliance. We do not intend to take action on this recommendation.	None	n/a	n/a	n/a	
2.4 Fund Expenditure Financial Accountability Procedures and Controls	Agreed Upon Procedures	AA.1	Incorporate the Agreed Upon Procedures (AUPs) into the contract language of the affiliation agreement to increase transparency and accountability of all parties involved, and to predefine the roles and responsibilities for the independent review.	CH agrees that there would be value in further formalizing the AUPs within the Affiliation Agreement, yet this is impossible without the cooperation of UT. UT communicated clearly in a letter to Mazars their unwillingness to renegotiate the terms of the Affiliation Agreement.	None	n/a	n/a	n/a	

Report Section	Recommendation Sub Section	Recommendation Letter	Mazars Recommendation	Comments	Action	Estimated Timeline	Status Q2- March 2025	Status Q3 - June 2025	Comments Q3 - June 2025
2.4 Fund Expenditure Financial Accountability Procedures and Controls	Agreed Upon Procedures	AA.1	In the absence of a pre-defined AUPs section with the affiliation agreement, Central Health should develop an internal standard operating procedures that clearly outlines the steps Central Health must follow for ensuring and overseeing the proper use of funds, including the process of procuring and executing the AUPs.	CH will develop a formal policy describing the timing and the procurement process of AUPs.	CH will develop a formal policy describing the timing and the procurement process of AUPs.	End of Q1 FY 26	Yellow	Yellow	
2.4 Fund Expenditure Financial Accountability Procedures and Controls	Agreed Upon Procedures	AA.2	<p>Frequency of review of compliance with the Agreed Upon Procedures</p> <p>To strengthen accountability of third parties, ensure care to the community, and safeguard Central Health funds, we recommend establishing an internal policy on Agreed Upon Procedures.</p> <p>This policy should outline clear guidelines for:</p> <ul style="list-style-type: none">• Developing Effective Agreed Upon Procedures: The policy should provide a framework for crafting robust Agreed Upon Procedures that specifically address Central Health's risk areas and ensure the proper use of funds.• Yearly Independent Reviews: To promote ongoing effectiveness, the policy should mandate annual reviews of Agreed Upon Procedures adherence by third-party recipients. Ideally, these reviews would be conducted by independent parties to provide an objective assessment.	<p>AUPs are a specific structure intended to aid in the administration of the Affiliation Agreement specifically and does not anticipate they are needed with other CH health contracts. That said, we will develop a policy regarding AUPs in case it is needed in the future.</p>	CH will develop a formal policy describing the timing and the procurement process of AUPs.	End of Q3 FY 25	Red	Green	This policy is on track to be completed by 6/30/25.

Report Section	Recommendation Sub Section	Recommendation Letter	Mazars Recommendation	Comments	Action	Estimated Timeline	Status Q2- March 2025	Status Q3 - June 2025	Comments Q3 - June 2025
2.4 Fund Expenditure Financial Accountability Procedures and Controls	Agreed Upon Procedures	AA.3	<p>Contractualization of Central Health’s Mission and Engagement</p> <p>To ensure alignment with Central Health's core mission of serving the underserved, we recommend implementing a clear and concise statement within affiliation agreement that outlines the utilization of funds in accordance with Central Health's core mission.</p> <p>The contract should explicitly tie the use of funds to measurable progress made in providing medical care to underserved populations. DMS should be required to include in its annual report the progress achieved towards the objectives through metrics that demonstrate a direct impact on the underserved community. This transparency will not only safeguard Central Health's resources but also ensure their impactful use in fulfilling the organization's mission.</p>	<p>This recommendation would require renegotiation of the Affiliation Agreement, which UT indicated in its letter to Mazars they are not open to renegotiation.</p> <p>CH is discussing improvements to Dell Med's annual report to the CH to reflect more detail on underserved populations.</p>	Continue current discussions with UT	Ongoing	Yellow	Yellow	
2.4 Fund Expenditure Financial Accountability Procedures and Controls	Contract Term for the Affiliation Agreement	AA.4	Central Health should annually review the terms and conditions of the Affiliation Agreement with approval by legal and Chief Financial Officer (CFO) to ensure the contract is still commensurate with business objectives. The review should be based on quantitative and qualitative metrics that should demonstrate how the funds provided by Central Health achieve Central Health’s mission to provide medical care to the medically indigent.	Central Health reviews the terms and conditions of the Affiliation Agreement annually, and often more often than that for both compliance and business pruposes. CH is unable to unilaterally amend the agreement and CH is unable to insist on quantitative and qualitative metrics from its AA partners without their cooperation. We will discuss potential reporting metrics at the next JAC meeting.	This topic will be included in the next JAC meeting as an agenda item.	[Next JAC meeting date]	Yellow	Yellow	

Report Section	Recommendation Sub Section	Recommendation Letter	Mazars Recommendation	Comments	Action	Estimated Timeline	Status Q2- March 2025	Status Q3 - June 2025	Comments Q3 - June 2025
2.4 Fund Expenditure Financial Accountability Procedures and Controls	CCC and the Governance and Oversight of DMS	AA.5	Given that the CCC is no longer receiving funding, DMS and Central Health should reassess its purpose. For the sake of transparency, governance, and oversight, we recommend dissolving the CCC if it remains unfunded. Continuing to operate without financial support could be perceived as circumventing public transparency. It is important to note that our review did not cover the governance, oversight, and internal control framework of the CCC, which limited our ability to fully evaluate key elements of the governance and oversight of the Affiliation Agreement.	Dissolving the CCC would be a breach of our contract with Ascension.	None	n/a	n/a	n/a	
2.4 Fund Expenditure Financial Accountability Procedures and Controls	CCC and the Governance and Oversight of DMS	AA.5	Additionally, according to the Affiliation Agreement Central Health does not have full control over how funds allocated to its partner institutions are used. This is a fundamental flaw of the Affiliation Agreement given Central Health will now be responsible for funding the 35 million dollar payment to DMS fully beginning FY 24 and for the foreseeable future. This is a critical issue that needs to be addressed as soon as possible. Central Health should take immediate action to work collaboratively with DMS to come to a new governance resolution. This issue was not relevant when CCC was coverage the funding because the CCC was responsible for governing and overseeing the Affiliation Agreement. It should now be the responsibility of Central Health since they are now funding the Affiliation Agreement.	Per our response to both the draft and final Mazars reports, the AA was a heavily-negotiated contract with an initial 25-year term. CH cannot unilaterally make changes without the agreement of UT. It is impossible for CH to implement this recommendation. Additionally, neither the "full control" nor the "sole governmental authority" standard that Mazars cites in its recommendations is the relevant standard for Texas public entity spending. CH cannot implement any recommendation that is based on an erroneous standard. CH will discuss the possibility of amending the AA with UT.	None	n/a	n/a	n/a	

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2.4 Fund Expenditure Financial Accountability Procedures and Controls	CCC and the Governance and Oversight of DMS	AA.5	While this is a critical issue, it is not considered an internal control significant deficiency on behalf of Central Health. It is a deficiency of the language in the Affiliation Agreement. The AUPs are not an adequate internal control given the lack of consistent frequency of review and the design flaws in the scope which does not include a review of the staffing salaries allocated to the \$35 million versus the separate professional services agreements that Central Health has with DMS. This should be added as an agreed upon procedure to verify if there is any overlap in funding provided to DMS.	CH will work with DMS to get more detailed information on salaries funded with CH dollars, and will propose a new AUP based on this recommendation. We cannot guarantee that UT will agree to this AUP addition.	CH will propose adding DMS staffing salaries funded with the \$35 million investment as a new AUP to be included in the next review process beginning May 2025.	End of Q3 FY 25	Red	Yellow	In April 2025, CH requested additional employee-level salary information related to the \$35 million payment, including the percentage of FTE in the expense detail, indication of which employees are in clinical positions, and the type or description of any non-salary expenses.
2.4 Fund Expenditure Financial Accountability Procedures and Controls	Oversight of DMS and the Affiliation Agreement and DMS's Allocation of Funding	AA.6	<p>Through our discussions with DMS as outlined in section 2.7 below, we concluded DMS does not have a clear and comprehensive policy regarding the distribution of the Affiliation Agreement funds for provider staff salaries. The following quote is from correspondence received from DMS on May 22nd, 2024, “We [DMS] allocate staff salaries up until we meet or slightly exceed the department allocation. There is no predetermined process as to who is allocated and who is not.” This could lead to complications if there's an overlap with Central Health's provider service agreements that might also be allocating finances for those same salaries within the \$35 Million funding. It is important to note that our performance improvement review did not encompass a check of DMS' internal control system.</p> <p>We recommend that DMS, in conjunction with Central Health, establish a comprehensive policy and procedure handbook for reconciling expenses charged against the \$35 Million funding, as well as implement safeguards to prevent duplication of payment for staff salaries through separate provider services</p>	<p>While we agree with this recommendation and plan to work toward this level of reconciliation of funds, this will require the cooperation of UT. We cannot guarantee they will agree to this.</p> <p>CH has already begun discussions on this issue.</p>	CH will continue discussions with DMS financial staff to begin development of a policy and appropriate procedures to avoid duplication of payment.	End of Q4 FY 25	Yellow	Yellow	

Report Section	Recommendation Sub Section	Recommendation Letter	Mazars Recommendation	Comments	Action	Estimated Timeline	Status Q2- March 2025	Status Q3 - June 2025	Comments Q3 - June 2025
2.5 Public Transparency		A	Document in a policy and procedure the meetings, materials, and minutes to be posted to Central Health’s website and made publicly available in accordance with Texas Government Code Ch. 551.	CH currently follows all applicable laws regarding meeting posting, per our Travis County legal counsel.	CH will create a formal policy and procedure defining our current practice.	End of Q3 FY 25	Yellow	Green	This policy is on track to be final by 6/30/25.
2.5 Public Transparency		B	Document in a policy and procedure the timeframe and steps necessary to ensure meeting notices and agendas are posted timely to the Central Health website, in addition to providing notice to the Travis County Clerk Office not less than 72 hours prior to the meeting.	CH currently follows all applicable laws regarding meeting posting, per our Travis County legal counsel.	CH will create a formal policy and procedure defining our current practice.	End of Q3 FY 25	Yellow	Green	This policy is on track to be final by 6/30/25.
2.5 Public Transparency		C	As a best practice, Fortis Mazars recommends Central Health develop and implement internal tracking of notices made to the Travis County Clerk Office.	Travis County Legal Services (TCLS) has implemented a new practice of requesting read receipts and copying TCLS management when submitting notices to ensure awareness of timeliness of posting.	Continue current practice.	Ongoing	Green	Green	
2.5 Public Transparency		D	Document a policy and procedure which describes the existing process adopted by Central Health to allow for public testimony at public meetings, in accordance with Texas Government Code Ch. 551.	We have a standard procedure for this that we implement at every public meeting.	CH will create a formal policy and procedure defining our current practice.	End of Q3 FY 25	Yellow	Green	This policy is on track to be final by 6/30/25.
2.5 Public Transparency		E	Revise Central Health website layout to ensure the Board of Managers message board is prominently displayed on the primary web page, and no more than one click away from the primary web page in accordance with Texas Government Code Ch. 551.006.	CH has updated the website to include a link to the Board of Managers message board directly from the homepage.	Complete	n/a	Green	Green	
2.5 Public Transparency		F	Consider an aggressive and frequent campaign to increase the public’s perception of transparency by sharing outcomes related to the use of local taxpayer dollars for healthcare through multiple avenues easily available to the public. The campaign must clearly indicate where local tax dollars have resulted in better outcomes related to Central Health’s healthcare delivery model, specific to the medically indigent population of Travis County.	CH has a comprehensive public engagement strategy to communicate both operational and financial proposals and outcomes. Outcomes of use of taxpayer dollars is a consistent, ongoing part of our communications with the public via the media and community outreach.	Continue current practice.	Ongoing	Green	Green	

Report Section	Recommendation Sub Section	Recommendation Letter	Mazars Recommendation	Comments	Action	Estimated Timeline	Status Q2- March 2025	Status Q3 - June 2025	Comments Q3 - June 2025
2.6 Analysis of Health Care Services - DMS			Though DMS is able to provide a full accounting of its expenditures attributable to the annual 35 million funding as described above, ascertaining a more nuanced and clear understanding of the characterization of DMS' expenses was not easily achievable. We recommend more nuanced and detailed supporting documentation for the use of expenditures.	Mazars worked exclusively with representatives of the University of Texas on this section. We are open to making changes related to Mazars recommendations in collaboration with UT.			n/a	n/a	
2.6 Analysis of Health Care Services - DMS			From a best practice point of view, we would recommend that DMS modify its Progress and Impact Community Report to reflect services directly provided to Central Health members versus its current blended tactic.	Mazars worked exclusively with representatives of the University of Texas on this section. We are open to making changes related to Mazars recommendations in collaboration with UT. UT has expressed interest in modifying this report.			n/a	n/a	
2.7 Record Retention - DMS			We recommend that DMS create a specific policy and procedure document for all of the Affiliation Agreement activities, including a record retention policy of 7 years for the Affiliation Agreement financial supporting records, which is in line with best practices in the healthcare sector.	Mazars worked exclusively with representatives of the University of Texas on this section. We are open to making changes related to Mazars recommendations in collaboration with UT.			n/a	n/a	
2.7 Record Retention - DMS			We recommend the DMS HIPAA privacy manual be updated to clearly state seven years to align with the records retention schedule for the University of Texas at Austin that was approved by the State of Texas.	Mazars worked exclusively with representatives of the University of Texas on this section. We are open to making changes related to Mazars recommendations in collaboration with UT.			n/a	n/a	
2.7 Record Retention - DMS			To streamline the reconciliation process, DMS should consider utilizing more Central Health Funding-designated expense accounts as exhibited in the public operating budget. This would reduce the manual labor required for reconciliation, mitigate the risk of errors, and increase transparency.	Mazars worked exclusively with representatives of the University of Texas on this section. We are open to making changes related to Mazars recommendations in collaboration with UT.			n/a	n/a	

Report Section	Recommendation Sub Section	Recommendation Letter	Mazars Recommendation	Comments	Action	Estimated Timeline	Status Q2- March 2025	Status Q3 - June 2025	Comments Q3 - June 2025
2.7 Record Retention - DMS			The create of robust and comprehensive DMS internal written policies and procedures on the allocation and reconciliation of Affiliation Agreement funds is advised.	Mazars worked exclusively with representatives of the University of Texas on this section. We are open to making changes related to Mazars recommendations in collaboration with UT.			n/a	n/a	
2.7 Record Retention - DMS	CH specific		Central Health is encouraged to update its website to include the most recent progress and impact presentation slides from DMS, ensuring that the public has access to up to date information.	Dell Medical School Community Benefit Reports - Central Health			Green	Green	
2.7 Record Retention - DMS			In partnership with Central Health, DMS is urged to work collaboratively to establish well-defined policies and procedures concerning the preparation, maintenance, and retention of records associated with the 35 million dollar funding and the public and private dissemination of the information.	Mazars worked exclusively with representatives of the University of Texas on this section. We are open to making changes related to Mazars recommendations in collaboration with UT.			n/a	n/a	

Report Section	Recommendation Sub Section	Recommendation Letter	Mazars Recommendation	Comments	Action	Estimated Timeline	Status Q2- March 2025	Status Q3 - June 2025	Comments Q3 - June 2025
2.8 Quality Metrics			Fortis Mazars recognizes Central Health’s efforts to measure the disparities in managing uncontrolled diabetes and hypertension based on race/ethnicity, gender, and housing status. To better demonstrate quality improvement for critical dimensions of care and services, Fortis Mazars recommends Central Health consider adoption of the following standardized quality metrics for all clinics, which are consistent with the CMS National Quality Strategy Key Performance Indicators, NCQA, HEDIS, and The Texas Health and Human Services Commission (HHSC): •Asthma Medication Ratio •Breast Cancer Screening •Cervical Cancer Screening •Childhood Immunization Status •Colorectal Cancer Screening •Controlling High Blood Pressure (general population) •Glycemic Status Assessment for Patients with Diabetes [Hemoglobin A1c Control for Patients with Diabetes: HbA1c poor control (9.0%)] •Blood Pressure Control for Patients with Diabetes •Eye Exam for Patients with Diabetes •Kidney Health Evaluation for Patients with	CH collects data from FQHC partners on most of these measures already. For measures we do not collect, the most common reason why is the reporting burden on providers. Contracted primary care providers other than FQHCs are generally smaller and less capable of reporting due to administrative burden. CH works jointly with these providers to select priority metrics. Further, these measures are primary care focused. It would not make sense to collect this data from specialty care providers. Specialty care comprises a large number of both contracted providers and direct care providers in the Central Health system. As CH becomes a Medicare and Medicaid enrolled provider entity, we will add additional NCQA, HEDIS, ad HHSC metrics to meet applicable third-party payor requirements.	Continue current practice	Ongoing	Green	Green	
2.8 Quality Metrics		A	Central Health must consistently and routinely collect clinical data from all available providers and Central Health clinics and use the data to assess the immediate and ongoing needs of the population served.	We collect this data today where it is feasible to do so and will enhance this function as we grow.	Continue current practice, which includes continued improvement in data collection.	Ongoing	Green	Green	
2.8 Quality Metrics		B	Utilize UDS reports to capture metrics such as: patient demographics, staffing and utilization, selected diagnoses and services rendered, quality of care indicators, health outcomes and disparities, to determine how to improve existing low-performing measures.	UDS reports make sense for our FQHC partners, and we already review these reports. Many others in our network are not FQHCs. Other providers in our network are not FQHCs and do not report this data. These are only primary care measures for FQHC in scope services.	Continue current practice	Ongoing	Green	Green	

Report Section	Recommendation Sub Section	Recommendation Letter	Mazars Recommendation	Comments	Action	Estimated Timeline	Status Q2- March 2025	Status Q3 - June 2025	Comments Q3 - June 2025
2.8 Quality Metrics		C	Central Health should adopt the following industry standard quality metrics for all clinics: ■CMS National Quality Strategy Key Performance Indicators; ■NCQA; ■HEDIS; and ■The Texas HHSC	CH commits to continuing data collection for all standard quality metrics where it makes sense for our population, our contracted providers, and according to the requirements of third-party payors such as Medicare and Medicaid, including those noted by Mazars.	Continue current practice, adding additional metrics where required and following best practices to meet the need for our patients.	Ongoing	Green	Green	
2.9 Evaluation of Compliance	Element 1 - Written Policies and Procedures	A	Amend CoC to describe the mechanisms for reporting potential noncompliance and FWA.	We currently have a COC for employees and a separate one for Board members. We have a draft of an updated Compliance Plan that addresses many of these issues including some specifics r/t the COC. Can easily update the COC to include items A, B, C, and D	CH will update its COC to include recommendations A-D.	End of Q4 FY 25	Yellow	Yellow	
2.9 Evaluation of Compliance	Element 1 - Written Policies and Procedures	B	Amend CoC to describe how reported issues will be addressed and corrected.	We currently have a COC for employees and a separate one for Board members. We have a draft of an updated Compliance Plan that addresses many of these issues including some specifics r/t the COC. Can easily update the COC to include items A, B, C, and D	CH will update its COC to include recommendations A-D.	End of Q4 FY 25	Yellow	Yellow	
2.9 Evaluation of Compliance	Element 1 - Written Policies and Procedures	C	Amend CoC to clarify for employees, Board members, contractors, and vendors that compliance is everyone’s responsibility from the top of the organization down.	We currently have a COC for employees and a separate one for Board members. We have a draft of an updated Compliance Plan that addresses many of these issues including some specifics r/t the COC. Can easily update the COC to include items A, B, C, and D	CH will update its COC to include recommendations A-D.	End of Q4 FY 25	Yellow	Yellow	
2.9 Evaluation of Compliance	Element 1 - Written Policies and Procedures	D	Ensure Central Health Board reviews and approves the CoC no less than annually.	We currently have a COC for employees and a separate one for Board members. We have a draft of an updated Compliance Plan that addresses many of these issues including some specifics r/t the COC. Can easily update the COC to include items A, B, C, and D	CH will update its COC to include recommendations A-D.	End of Q4 FY 25	Yellow	Yellow	

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2.9 Evaluation of Compliance	Element 1 - Written Policies and Procedures	E	Amend Compliance Program policy to describe Central Health’s compliance reporting structure.	CH staff has already drafted a Compliance Plan that is under review by the Compliance Officer and engaged compliance consultants that includes a compliance reporting structure.	CH will amend the compliance program policy to describe CH's compliance reporting structure as part of the compliance plan review.	End of Q4 FY 25	Yellow	Yellow	
2.9 Evaluation of Compliance	Element 1 - Written Policies and Procedures	F	Ensure mechanisms are in place to evidence the distribution of Central Health compliance policies and procedures as well as the CoC to contractors and vendors.	This issue is addressed in the draft Compliance Plan to include contractors and vendors. We will work out a specific process to implement.	CH will finalize this issue in its compliance plan and create a policy and procedure to define the implementaiton process.	End of Q4 FY 25	Yellow	Yellow	
2.9 Evaluation of Compliance	Element 2 - Compliance Leadership and Oversight	A	Ensure the Compliance Officer regularly reports compliance-related metrics to the Central Health Board.	CH will report compliance issues to the board no less than quarterly.	CH will present to the board on 3/26/25.	End of Q2 FY 25 and ongoing	Yellow	Green	The compliance team presented to the CH BOM on 3/26/25, setting up a quarterly reporting schedule.
2.9 Evaluation of Compliance	Element 2 - Compliance Leadership and Oversight	B	Revise the current organizational charts to demonstrate a dotted line reporting relationship from the Compliance Officer directly to the Central Health Board.	Today, the Board appoints the CO to create the direct reporting structure.	CH will develop a formal organziational chart that includes the dotted line relationship.	End of Q2 FY 25	Yellow	Green	CH created an organizational chart that reflects the dotted line relationship.
2.9 Evaluation of Compliance	Element 2 - Compliance Leadership and Oversight	C	Ensure the Central Health Board exercises reasonable oversight with respect to the implementation and effectiveness of the Compliance Program.	CH board already exercises effective oversight, and this is included in the draft compliance plan today.	This oversight is defined in the finalized compliance plan.	End of Q4 FY 25	Yellow	Yellow	
2.9 Evaluation of Compliance	Element 2 - Compliance Leadership and Oversight	D	Ensure compliance issues are regularly presented to the Central Health Board.	The compliance officer already presents issues to the board routinely as part of closed session updates.	CH will include timeline and reporting expectations in the policy and procedure noted above.	End of Q4 FY 25	Yellow	Yellow	
2.9 Evaluation of Compliance	Element 2 - Compliance Leadership and Oversight	E	Ensure Central Health Board meeting minutes demonstrate reasonable oversight and capture any inquiry into compliance matters.	Today, compliance agenda items that are discussed in open session are detailed in the meeting minutes. Closed session items are made public through reading of the agenda item. There are no meeting minutes taken for items in closed session.	Continue current practice.	Ongoing	Green	Green	

Report Section	Recommendation Sub Section	Recommendation Letter	Mazars Recommendation	Comments	Action	Estimated Timeline	Status Q2- March 2025	Status Q3 - June 2025	Comments Q3 - June 2025
2.9 Evaluation of Compliance	Element 2 - Compliance Leadership and Oversight	F	<p>Amend the primary duties of the Central Health Compliance Committee to be more actively involved in the Compliance Program. DHHS OIG GCPG recommended duties include, but are not limited to:</p> <ul style="list-style-type: none">■Analyzing the legal and regulatory requirements applicable to the entity;■Assessing, developing, and regularly reviewing policies and procedures;■Monitoring and recommending internal systems and controls;■Assessing education and training needs and effectiveness, and regularly reviewing required training;■Developing a disclosure program and promoting compliance reporting;■Assessing effectiveness of the disclosure program and other reporting mechanisms;■Conducting annual compliance risk assessments;■Developing the compliance workplan;■Evaluating the effectiveness of the compliance workplan and any action plans for risk remediation; and■Evaluating the effectiveness of the Compliance Program.		CH will work with Coker to formalize specific duties for the compliance committee and amend the Compliance Committee Charter to reflect revisions. CH will ensure that specific review, audit, and monitoring tasks are recorded in Compliance Committee meeting minutes. These tasks will be aligned with the OIG recommendations.	End of Q1 FY 26 and ongoing	Yellow	Yellow	
2.9 Evaluation of Compliance	Element 3 - Training and Education	A	<p>Forvis Mazars recommends that Central Health add the following training and education elements to align with DHHS OIG GCPG best practices for Element 3 – Training and Education:</p> <p>Overview of Central Health’s policies and procedures for general Relias compliance training.</p>		CH will add these elements to current compliance training.	End of Q4 FY 25	Yellow	Yellow	
2.9 Evaluation of Compliance	Element 3 - Training and Education	B	Overview of Central Health’s CoC to general Relias compliance training.		CH will add these elements to current compliance training.	End of Q4 FY 25	Yellow	Yellow	
2.9 Evaluation of Compliance	Element 3 - Training and Education	C	Overview of Central Health’s monitoring practices.		CH will add these elements to current compliance training.	End of Q4 FY 25	Yellow	Yellow	

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2.9 Evaluation of Compliance	Element 3 - Training and Education	D	Review of the specific roles and responsibilities of supervisory positions to prevent FWA and maintain adherence to the compliance and privacy policies.		CH will add these elements to current compliance training.	End of Q4 FY 25	Yellow	Yellow	
2.9 Evaluation of Compliance	Element 3 - Training and Education	E	Relevant examples of types of FWA that can occur in the settings in which employees work.		CH will add these elements to current compliance training.	End of Q4 FY 25	Yellow	Yellow	
2.9 Evaluation of Compliance	Element 3 - Training and Education	F	Include contractors and vendors in annual compliance training.	This is currently addressed in our draft compliance plan.	Once finalized, CH will develop a process to implement this training and work with procurement, operations, and legal to incorporate this process into our contracting.	End of Q1 FY 26	Yellow	Yellow	
2.9 Evaluation of Compliance	Element 4 - Effective Lines of Communication		Fortis Mazars determined Central Health has effective ways to communicate information from the Compliance Officer to others in place. Fortis Mazars does not have any best practice recommendations for Central Health for the DHHS OIG GCPG Element 4 – Effective Lines of Communication.	Agreed	Continue current practice.	Ongoing	Green	Green	
2.9 Evaluation of Compliance	Element 5 - Enforcing Standards	A	Revise existing policies to include statements regarding timely, consistent, and effective enforcement of standards when noncompliance or unethical behavior is determined.	This is currently addressed in our draft compliance plan and relevant HR policies are under review as well.	CH will update policies to include standards of enforcement	End of Q1 FY 26	Yellow	Yellow	
2.9 Evaluation of Compliance	Element 5 - Enforcing Standards	B	Add examples of noncompliant, unethical, or illegal behavior employees might encounter in their jobs to existing policies.	This language is included in our draft compliance plan	CH will finalize compliance plan and update compliance policies accordingly as needed.	End of Q1 FY 26	Yellow	Yellow	
2.9 Evaluation of Compliance	Element 5 - Enforcing Standards	C	Revise existing policies to clearly state records must be maintained for a period of 10 years for all compliance violation disciplinary actions.	CH follows TSLAC for record retention requirements.	CH is updating its data classification standards.	End of Q4 FY 25	Yellow	Yellow	
2.9 Evaluation of Compliance	Element 6 - Risk Assessment, Auditing, and Monitoring	A	Perform effective monitoring to prevent and detect FWA.	CH has a policy on FWA in effect now. We do not have audit or monitoring capabilities today, but we recently hired new staff to take on this work.	Include preventing and detecting FWA as part of the revised compliance plan and internal audit and monitoring plan.	End of Q4 Fy 25	Yellow	Yellow	

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2.9 Evaluation of Compliance	Element 6 - Risk Assessment, Auditing, and Monitoring	B	Establish processes for conducting monthly DHHS OIG List of Excluded Individuals and Entities (LEIE) exclusion screenings for all employees, Board members, providers, vendors, and sub-contractors. The exclusion screening process must be well documented and include at least monthly reporting to the Compliance Officer as well as processes for handling the detection of an excluded individual.	CH HR department maintains an exclusion list today that compliance reviews monthly.	CH will develop an internal audit of this process as part of our compliance program	End of Q1 FY 26	Yellow	Yellow	
2.9 Evaluation of Compliance	Element 6 - Risk Assessment, Auditing, and Monitoring	C	Implement policies and procedures to conduct a formal baseline risk assessment of major compliance, privacy, and FWA risk areas.	This work is included in the job description of a new compliance staff person and is included in the draft compliance plan	CH will implement policies and procedures that describe process for conducting compliance risk assessments.	End of Q1 FY 26	Yellow	Yellow	
2.9 Evaluation of Compliance	Element 6 - Risk Assessment, Auditing, and Monitoring	D	Develop an annual compliance workplan that is informed by the compliance, privacy, and FWA risk assessment and details how Central Health will perform monitoring, auditing, and remediation.	We have draft compliance work plans and auditing and monitoring plans today. Once finalized, these will be updated annually based on risk assessment.	CH will update its annual compliance workplan as part of the comprehensive program development currently underway.	End of Q1 FY 26	Yellow	Yellow	
2.9 Evaluation of Compliance	Element 6 - Risk Assessment, Auditing, and Monitoring	E	Audit operational areas of any contractors or vendors as applicable.	CH currently has an operational unit that monitors contract compliance today. CH has a right to audit provision in our current contracts.	Documentation of ongoing processes will be included in our audit and monitoring plan.	End of Q1 FY 26 and ongoing	Yellow	Yellow	
2.9 Evaluation of Compliance	Element 6 - Risk Assessment, Auditing, and Monitoring	F	Conduct ongoing monitoring of contractors or vendors as applicable.	CH currently has an operational unit that monitors contract compliance today. CH has a right to audit provision in our current contracts.	Documentation of ongoing processes will be included in our audit and monitoring plan.	End of Q1 FY 26 and ongoing	Yellow	Yellow	
2.9 Evaluation of Compliance	Element 6 - Risk Assessment, Auditing, and Monitoring	G	The Compliance Officer must receive regular reports from staff who are conducting the audits and monitoring regarding the status, results, and effectiveness of any corrective actions taken.	CH is currently evaluating a proposal to accomplish this through a sub committee of our Compliance Committee.	CH will establish a final process for the CO to receive regular audit reports.	End of Q1 FY 26	Yellow	Yellow	

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2.9 Evaluation of Compliance	Element 6 - Risk Assessment, Auditing, and Monitoring	H	The Compliance Officer must provide regular updates on monitoring and auditing results and effectiveness of corrective actions to the Compliance Committee, the CEO, and the Central Health Board. The Compliance Officer may want to consider the development of a template dashboard or scorecard type format to provide an overview of the status of all auditing and monitoring with a drill down into specific results or corrective actions as appropriate.	CO reports to the Compliance Committee today.	CH will establish a final process for the CO to funnel audit and monitoring data to the board through a regular compliance report, to potentially include a sub committee process.	End of Q1 FY 26	Yellow	Yellow	
2.9 Evaluation of Compliance	Element 7 - Responding to Detected Offenses and Developing Corrective Action Initiatives	A	Establish a process for conducting a root cause analysis and identifying root issues to ensure appropriate corrections are implemented to prevent future recurrence.	Currently an element of our Compliance Workplan draft.	CH will incorporate root cause analysis into its Compliance Investigation policy as well as Auditing/Monitoring policies.	End of Q1 FY 26	Yellow	Yellow	
2.9 Evaluation of Compliance	Element 7 - Responding to Detected Offenses and Developing Corrective Action Initiatives	B	Document within the Compliance Investigations policy that Central Health initiates a reasonable inquiry as quickly as possible, but not later than 2 weeks after the date the potential noncompliance or potential FWA incident was identified and detail how/when government agencies are notified, if appropriate.	CH has a Compliance Investigation policy today.	CH will revise current Compliance Investigation policy to include Mazars recommended language as approved by legal staff.	End of Q1 FY 26	Yellow	Yellow	
2.9 Evaluation of Compliance	2.9 Privacy Program	A	Revise existing policies and organizational charts to clarify the designation of a Privacy Officer for the organization. The Privacy Officer should be part of the senior or executive leadership and have expressed authority to define the organization Privacy Program, in accordance with 45 CFR 164.530(a).	CH has a designated privacy officer today.	Continue current practice	Ongoing	Green	Green	

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2.9 Evaluation of Compliance	2.9 Privacy Program	B	Tailor existing privacy training in accordance with 45 CFR 164.530(b) to include: ■Central Health privacy policies to include its Privacy Program; ■The administrative, physical, and technical safeguards Central Health employs; ■The non-retaliation policy for good faith participation in the Privacy Program; ■All reporting mechanisms in place (including anonymous reporting); ■How to ask HIPAA and privacy-related questions; and ■Relevant examples of reportable HIPAA privacy issues employees might encounter.	CH has privacy training in place today.	CH will revise current training to be more specific to Central Health.	End of Q4 FY 25	Yellow	Yellow	
2.9 Evaluation of Compliance	2.9 Privacy Program	C	Revise existing policies to include descriptions of an established process to change policies and procedures as necessary and appropriate to comply with changes in the law, including the standards, requirements, and implementation specifications in accordance with 45 CFR 164.530(i).	CH has an established Policy on Policies that addresses these issues today.	Continue current practice	Ongoing	Green	Green	
2.9 Evaluation of Compliance	2.9 Privacy Program	D	Ensure HIPAA policies and procedures are reviewed and approved by an internal Board or committee at least annually.	CH currently reviews HIPAA policies through an external party every two years.	CH will establish an internal committee that will review HIPAA policies annually.	End of Q4 FY 25 and ongoing	Yellow	Yellow	
2.9 Evaluation of Compliance	2.9 Privacy Program	E	Revise the current BAA to describe at termination of the contract, if feasible, the requirement that the Business Associate must return or destroy all PHI received from or created or received by the Business Associate on behalf of Central Health, in accordance with 45 CFR 164.502(e), 164.504(e), 164.532(d)-(e).	CH's current BAAs meet best practice requirements and have been reviewed by experienced Texas contract attorneys, including the Travis County attorney's office.	Continue current practice	Ongoing	Green	Green	



Our Vision

Central Texas is a model healthy community.

Our Mission

By caring for those who need it most, Central Health improves the health of our community.

Our Values

Central Health will achieve excellence through:

Stewardship - We maintain public trust through fiscal discipline and open and transparent communication.

Innovation - We create solutions to improve healthcare access.

Right by All - By being open, anti-racist, equity-minded, and respectful in discourse, we honor those around us and do right by all people.

Collaboration - We partner with others to improve the health of our community.

AD HOC POLICY AND BYLAWS COMMITTEE

October 21, 2025

AGENDA ITEM 5

Confirm the next regular Ad Hoc Policy and Bylaws Committee meeting, date, time, and location. (*Informational Item*)