



Our Vision

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Our Mission

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AD HOC POLICY AND BYLAWS COMMITTEE

Monday, March 23, 2026, 10:00 a.m.

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/87856867679?pwd=bo6hODWiLbGLdEWvahA2RT5w5tOFeH.1>

Meeting ID: 878 5686 7679

Passcode: 840146

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

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

Or to participate by telephone only: Dial: (346) 248 7799

Meeting ID: 878 5686 7679

Passcode: 840146

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 8:30 a.m. on March 23, 2026**. 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 10:00 a.m.

COMMITTEE AGENDA²

1. Approve the minutes of the December 3, 2025 Ad Hoc Policy and Bylaws Committee meeting. (*Action Item*)
2. Discuss and take appropriate action on the required documentation of closed sessions of Central Health Board of Managers and committee meetings.³ (*Action Item*)
3. 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 Pública 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.



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- 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).

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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
13th day of March 2026

Dyana Limon-Mercado
County Clerk, Travis County, Texas

By *b* **D. DAVIS** Deputy



**FILED AND RECORDED
OFFICIAL PUBLIC RECORDS**

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

202680426

Mar 13, 2026 10:40 AM

Fee: \$0.00

DAVISD

STAYS IN FILE



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AD HOC POLICY AND BYLAWS COMMITTEE

March 23, 2026

AGENDA ITEM 1

Approve the minutes of the December 3, 2025 Ad Hoc Policy and Bylaws Committee Meeting. (*Action Item*)



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AD HOC POLICY AND BYLAWS COMMITTEE

March 23, 2026

AGENDA ITEM 2

Discuss and take appropriate action on the required documentation of closed sessions of Central Health Board of Managers and committee meetings.³ (*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 3/23/26

Who will present the agenda item? (Name, Title) David Duncan and Perla Cavazos

General Item Description Discuss and take appropriate action on the recording of closed sessions

Is this an informational or action item? Action item

Fiscal Impact N/A

Recommended Motion (if needed – action item) Approve the policy on recording of Central Health closed sessions

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

- 1) Travis County Attorneys will provide a closed session briefing on the legal considerations of documenting closed sessions of Central Health board meetings and committees.
- 2) A draft policy is attached for board review, discussion, and possible action.
- 3) _____
- 4) _____
- 5) _____

What backup will be provided, or will this be a verbal update? (Backup is due one week before the meeting.) Draft policy on Recording of Central Health Board Closed Sessions

Estimated time needed for presentation & questions? 1 hour

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

Form Prepared By/Date Submitted: Perla Cavazos, Chief Governance and Government Affairs Officer

Policy Title: Recording of Central Health Board Closed Sessions
Policy #: BD-XXXX
Effective Date: WORKING DRAFT
Revision Dates: N/A
Board Last Approval Date: PENDING
Policy Owner: Chief Governance Officer
Executive Sponsor: CEO
Attachments:

I. PURPOSE

This policy sets out the Central Health Board’s direction on keeping a record of closed sessions in a manner consistent with the Texas Open Meetings Act.

II. SCOPE

This policy applies to Central Health Board Managers and staff supporting Board meetings.

III. DEFINITIONS

IV. POLICY

The Central Health Board directs staff to develop procedures as needed and to implement this policy to digitally record closed sessions of the Central Health Board of Managers and Committees formed by the Board. The policy and procedures must comply with the Texas Open Meetings Act.

The procedures will be attached to this policy and will go into effect after providing written notice to the board of managers.

Attorney-client executive sessions under Texas Government Code §551.071 regarding litigation, anticipated litigation, and human resource matters will not be recorded. Unlike other closed session exceptions, a certified agenda or recording is not required for closed sessions, or portions thereof, under Texas Government Code §551.071.

Access to the digital recordings shall be available to board managers in person by contacting Central Health’s Board Governance staff to coordinate a time to listen to the digital recordings.

Central Health staff will maintain recordings under this policy for two (2) years and then destroy such recordings in accordance to the Central Health records retention policy (RM-001P).

V. RELEVANT STATUTES, REGULATIONS OR GUIDANCE

Texas Government Code §§551.103 (Certified Agenda or Recording Required), 551.104 (Certified Agenda or Recording; Preservation; Disclosure).

Texas Health & Safety Code §§281.026 (Administrator; Duties); 281.047 (Management, Control, Administration).

Central Health Bylaws Section 8.14 (Record of Meetings).

VI. RELATED POLICIES AND PROCEDURES

N/A

VII. PROCESS

This policy will be reviewed biennially as required by the Policy on Policies (CMP-011P).

DRAFT

Policy Title: Record Retention and Management Policy	
Policy #: RM-001P	
Effective Date: August 2024	
Last Review Date: February 2026	
Policy Owner: Records Manager Officer	
Executive Sponsor: Chief Compliance Officer	
Attachments:	
<input checked="" type="checkbox"/> Central Health Specific	<input type="checkbox"/> 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

Essential Record – means any Central Health Record necessary to the resumption or continuation of operations in an emergency or disaster, to the re-creation of the legal and financial status of Central Health, or to the protection and fulfillment of Central Health’s obligations to of Travis County residents.

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.

Obsolete record – means any Record no longer created or received by Central Health whose Retention Periods on a records retention schedule issued by the Texas State Library and Archives Commission have expired and that Central Health wishes to destroy.

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. Each department should identify which documents created during the regular course of business operations constitute a record in accordance with this policy. The term does not include:

- a) Extra identical copies of documents created only for convenience of reference or research by officers or employees of Central Health;
- b) Notes, journal, diaries, and similar documents created by an officer or employee of Central Health for the officer's or employee's personal convenience;
- c) Blank forms;
- d) Stocks of publications;
- e) 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
- f) 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.

Records Custodian ("Custodian") – means a person appointed to be in charge of a department or area that creates or receives Central Health Records.

Records Management – means the application of management techniques to the creation, use, maintenance, retention, preservation, and disposal of records for the purposes of reducing the costs and improving the efficiency of recordkeeping. The term includes the development of records control schedules, the management of filing and information retrieval systems, the protection of essential and permanent records, the economical and space-effective storage of inactive records, control over the creation and distribution of forms, reports, and correspondence, and the management of micrographics and electronic and other records storage systems.

Records Management Officer – means the person designated under Tex. Gov. Code § 203.025 as the records management officer.

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.

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 will be managed responsibly, and retention schedules and destruction procedures and methods will be developed applicable to Central Health's Records.
- c. 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.
- d. Records containing confidential and/or proprietary information will be securely maintained, controlled, and protected to prevent unauthorized access.

- e. All Records and non-Records generated and received by Central Health are the property of Central Health. No Central Health employee, by virtue of their position, has any personal or property right to such Records even though they may have developed or compiled them.
- f. No one may falsify or inappropriately alter information in any Record or document.
- g. Reporting
 - The unauthorized destruction, removal or use of Records is prohibited and must be reported immediately to the Chief Compliance Officer.
 - 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 the employee's supervisor, a member of management, the Chief Compliance 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

None.

VII. PROCESS

a) GENERAL DUTIES OF RECORDS STAFF

- Records Management Officer shall:
 - assist in establishing and developing policies and procedures for the Records Management program;
 - administer the Records Management program and provide assistance to Custodians for purposes of reducing the costs and improving the efficiency of recordkeeping;
 - in cooperation with the Records Custodians, prepare the Records Retention schedules and list of Obsolete Records;
 - in cooperation with the Records Custodians, identify and take adequate steps to protect Central Health Essential Records and preserve Central Health Records that are of permanent value;
 - in cooperation with Records Custodians, executive team and department leadership, ensure that the maintenance, preservation, destruction, or other disposition of Records is carried out in accordance with Central Health's policies and procedures and applicable laws and regulations;
 - disseminate to the Central Health Board of Managers, executive leadership, and Records Custodians information concerning state laws, administrative rules, and Central Health policies pertaining to Central Health Records; and

- in cooperation with Records Custodians, the executive team and department leadership, establish procedures to ensure that the handling of Records in any context of the Records Management program by the Records Management Officer or those under the Record Management Officer's authority is carried out with due regard for the duties and responsibilities of Records Custodians that may be imposed by law and the confidentiality of information in Records to which access is restricted by law.
 - Records Custodian shall:
 - cooperate with the Records Management Officer in carrying out the policies and procedures established by Central Health for the efficient and economical management of Records and in carrying out the requirements of applicable law;
 - adequately document Central Health transactions, services, programs, and duties for which the Records Custodian and the Custodian's staff are responsible; and
 - maintain the Records in the Custodian's care and carry out their preservation, destruction, or other disposition in accordance with Central Health policies and procedures and the requirements of applicable law.
 - Records Support Staff shall:
 - support the Records Management Officer and Records Custodians in all aspects of the Records Management program to facilitate the efficient and effective maintenance of the Records Management Program.
 - All Staff shall:
 - be familiar with and adhere to the Records Management and retention policies and procedures within the organization and within their respective department.
- b) **RECORD TYPES AND RESPONSIBLE PARTIES**
- Records within different departments will be managed by the designated Records Custodian for each Central Health Department, as outlined in **Appendix A.**
- c) **RETENTION SCHEDULES**
- The Chief Compliance Officer, the Records Management Officer, and as applicable the Travis County Attorney's Office (TCAO) will review and approve Retention Schedules.
- d) **RECORDS ACCESS**
- Subpoena Requests received by any Central Health staff shall be forwarded to the Compliance Department who will coordinate with TCAO to ensure that all valid requests are responded to in a timely manner.
 - Records requested via public information requests shall be processed through Travis County Attorney's Office in compliance with applicable laws, including TX Gov. Code § 552 *et. Seq.*
- e) **DESTRUCTION OF RECORDS**
- Obsolete Records and Records that have satisfied their required Retention Period, and that are not subject to a Legal Hold or an unresolved request under TX Gov. Code § 552 *et. Seq.*, will be destroyed in an appropriate manner in accordance with applicable law.

ATTACHMENT A: Table of Record Types and Custodians

RECORD TYPE	RECORDS CUSTODIAN (TITLE)	RECORDS SUPPORT STAFF
Finance (Accounting)	VP, CFO	Designated Admin
Finance (Procurement)	VP, Chief Strategy and Planning Office	Designated Admin
CEO (Administrative)	President, CEO	Designated Admin
Board Admin	Chief Governance and Government Affairs Officer	Designated Admin
Joint Tech	Chief Information Officer	Designated Admin
Compliance	Chief Compliance Officer	Designated Admin
Legal	Chief Legal Officer	Designated Admin
Human Resources	Chief People Officer	Designated Admin
Operations	Chief Operating Officer	Designated Admin
Realty	VP Enterprise Alignment and Coordination Health and Wellness Operations	Designated Admin
Communications	Chief Communications Officer	Designated Admin
Facilities & Security	VP Enterprise Alignment and Coordination Health and Wellness Operations	Designated Admin
Billing	Director of Revenue Cycle	Designated Admin
Medical Records (HIM)	HIM Manager	Designated Admin
Claims	Director of Provider Reimbursement and Network Services	Designated Admin
MAP Applications	VP of Operations	Designated Admin
Education & Training	Chief People Officer	Designated Admin
Devices	Chief Information Officer	Designated Admin

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 care 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

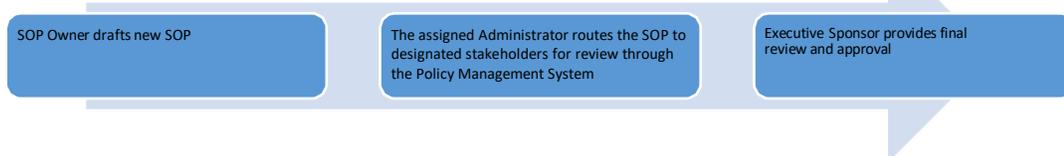
2) Approval Authority and Workflow

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.



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

March 23, 2026

AGENDA ITEM 3

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