



# CENTRAL HEALTH

## **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.

## **BOARD OF MANAGERS MEETING**

**Wednesday, April 26, 2023, 4:00 p.m.**

**Or immediately following the Executive Committee Meeting**

**Videoconference meeting<sup>1</sup>**

**A quorum of the Board 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/84732405832?pwd=aGcxUWtNSEFqVFNheXY0azh4ZEJuUT09>

Meeting ID: 847 3240 5832

Passcode: 155132

Members of the public may also listen and participate by telephone at:

Dial: (346) 248 7799

Meeting ID: 847 3240 5832

Passcode: 155132

The Board will meet via videoconference with a quorum present in person and allow public participation via videoconference and telephone as allowed under the Open Meetings Act. Although a quorum of the Central Health Board will be physically present at the location posted in the meeting notice, we strongly encourage all members of the public 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.

Members of the public who attend in person should conduct a self-assessment before coming to the building to ensure they do not have a high temperature or any symptoms of COVID-19. Anyone who is symptomatic and/or has a fever should contact their healthcare provider for further instructions. Symptomatic members of the public can still participate, if desired, through the virtual

meeting link or telephone number listed on each meeting notice. Resources related to COVID-19 can be found at the following link <https://www.austintexas.gov/covid19>.

A member of the public who wishes to make comments virtually during Public Communication for the Board of Managers meeting or the Executive Committee meeting must properly register with Central Health **no later than 2:30 p.m. on April 26, 2023**. 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.

## **CONSENT AGENDA**

All matters listed under the CONSENT AGENDA will be considered by the Board of Managers to be routine and will be enacted by one motion. There will be no separate discussion of these items unless members of the Board request specific items be moved from the CONSENT AGENDA to the REGULAR AGENDA for discussion prior to the vote on the motion to adopt the CONSENT AGENDA.

- C1. Approve the minutes of the Central Health Board of Managers March 29, 2023 meeting.
- C2. Receive and ratify Central Health Investments for March 2023.
- C3. Approve an amendment to the contract with Maxwell Locke & Ritter for annual audit services as recommended by the Budget and Finance Committee.
- C4. Approve appointment of Manager Amit Motwani as the Central Health representative on the City of Austin Regional Affordability Committee as recommended by the Executive Committee.

## **REGULAR AGENDA<sup>2</sup>**

1. Announce appointments to the Central Health Board Ad hoc Appointments Committee and Ad hoc Succession Committee. (*Announcement*)
2. Discuss and take appropriate action on the proposed amended mandatory payment rate to be assessed on institutional healthcare providers during Fiscal Year (FY) 2023 under the local healthcare provider participation program (LPPF) in Travis County as required by Texas Health & Safety Code §298E.151. (*Action Item*)
3. Receive an update on continued development of the operational and financial sustainability plan for implementation of the Healthcare Equity Plan. (*Informational Item*)

4. Receive and discuss a briefing regarding *Travis County Healthcare District d/b/a Central Health v. Ascension Texas f/k/a Seton Healthcare Family*, Cause No. D-1-GN-23-000398.<sup>3</sup> (*Informational Item*)
5. Receive and discuss a briefing regarding *Birch, et al. v. Travis County Healthcare District d/b/a Central Health and Mike Geeslin*, Cause No. D-1-GN-17-005824 in the 345<sup>th</sup> District Court of Travis County.<sup>3</sup> (*Informational Item*)
6. Receive and discuss updates on the 1115 Medicaid Waiver, the Community Care Collaborative, and other healthcare delivery partners, programs, projects, reporting, and arrangements, including agreements with Ascension Texas and the University of Texas at Austin.<sup>3</sup> (*Informational Item*)
7. Confirm the next regular Board meeting date, time, and location. (*Informational Item*)

Notes:

- <sup>1</sup> This meeting may include one or more members of the Board of Managers 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, 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.**
- <sup>2</sup> The Board of Managers 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 Board announces that the item will be considered during a closed session.
- <sup>3</sup> Possible closed session discussion under Texas Government Code §551.071 (Consultation with Attorney).

A recording of this meeting will be made available to the public through the Central Health website ([www.centralhealth.net](http://www.centralhealth.net)) as soon as possible after the meeting.

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 planea 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.

## **Central Health Board of Managers Shared Commitments** **Agreed adopted on June 30, 2021**

Whereas, the Board of Managers of Central Health has come together as a governing body to ensure the Vision of Central Health: Central Texas is a model health Community;

Whereas, the Board of Managers of Central Health bring this vision into reality by enacting the mission of caring for those who need it most and thereby improving the health of our community;

Whereas, the Board of Managers of Central Health achieves excellence toward this vision and mission through the stated values of Stewardship, Innovation, Respect, and Collaboration;

Whereas, the Board of Managers of Central Health further known as we in this document understand that systemic racism is the root of health inequities that emerge from a history of racism in Texas including Travis County that contributes to the social determinants of health that play a primary role in producing inequitable health outcomes;

Whereas, as an organization, Central Health is anti-racist and committed to a diverse and inclusive culture that seeks equity and social justice in the pursuit of its mission:

1. We Commit to informing all of our actions as Board Managers with the understanding that we are accountable to recognizing and to interrupting systems of oppression. This includes understanding the power structure in the United States, and Texas, and Travis County, that advantages certain community members and has historically disadvantaged other community members based on the color of their skin, race, ethnicity, language, and/or other characteristics. We further understand that to disrupt this power structure and the health inequities it produces, we must collaborate to collectively respond to the lived realities of all ethnicities, races, and identities disadvantaged within this system and all historically oppressed identities and communities disadvantaged within this system. We Commit to understanding that when disadvantaged communities compete against each other, we all lose in this system, and the only way forward is to work together for the benefit of all oppressed communities collectively.
2. We Commit to a model of Generative Leadership which requires us to understand and practice collaboration and accountability demonstrated by following our agreed upon meeting procedures and ensuring all members have the opportunity for comparable speaking time. We further Commit to intentionality prior to speaking including: considering: what is the goal of what I

want to share; is this the right time to share it; and is this in keeping with our collective goal for this particular moment within this particular meeting?

3. We Commit to Generative Conflict which includes engaging in disagreements and differences in perspective in a way that deepens relationships and trust by expanding knowledge and understanding of each other, including expecting our ideas to be expanded and enriched by learning and engaging with other Board Manager ideas, choosing curiosity over competition of ideas, and anchoring our conversations in our common purpose.
4. We Commit to practicing emotional intelligence as leaders which includes being aware of our own emotions and reactions and managing them, as well as being aware of our impact on others and managing this impact for the collective good when we are in our role as Board Managers.
5. We Commit to being aware of our own privileges and advantages in the sociopolitical and economic structure of the United States, Texas, and Travis County to use these for the benefit of interrupting inequities across historically disadvantaged identities.
6. We Commit to preventing the commission of microaggressions through the awareness of the history and oppression of diverse identities and communities. To this end, we Commit to strive to learn the historical context informing the lived realities of all historically oppressed identities and communities, and to use this to prevent use of language and commission of actions that can be harmful given these histories.
7. If we inadvertently commit a microaggression, we strive to immediately become aware on our own of the harm we have caused. If another Board Manager generously helps us become aware of a microaggression we have committed we welcome the support in our learning and growing process as a leader and immediately express appreciation for having made us aware, own the mistake we have made, acknowledge the impact of the harm we have caused, and engage repair through apology and the articulation of what we will do to avoid the repetition of such harm in the future.
8. If we observe one of our fellow Board Managers commit a microaggression, we Commit to calling them in by letting them know in a respectful and kind manner of the mistake that has been made.
9. We understand that many of us, as survivors of historically oppressed identities and communities, carry internalized narratives of oppression, and we can inadvertently express these oppressions against others in ways that cause harm and we Commit to the same process identified in 7 and 8 to engage repair and return to generative collaborative processes.
10. We understand that even without the history of oppression potentiating the weight of harm, expressions of prejudice and rudeness can also cause harm to our shared aims, and we Commit to the same process identified in 7 and 8 to engage repair and return to generative collaborative processes.

11. We Commit to using our Racial and Social Justice Framework (next page) for decision-making as we work together for the collective good of our communities as we eradicate health inequities and create a model healthy community.
12. We understand that we are entrusted with a vital responsibility for our communities and are accountable stewards for the time and resources available to our Board of Managers. We understand that these commitments are entered into to ensure responsible stewardship of this time and resources through generative collaborative processes to reach our vision and mission and we agree that if we do not follow any one of these commitments we welcome our Board Manager colleagues to bring this to our attention through the agreed upon process reflected here and when this occurs, we commit to immediately acknowledging the mistake and engaging in a repair and correction process as indicated in these commitments so that our work to dismantle systemic racism and resulting barriers and achieve health equity can move forward.

Be it adopted that the above agreements will be honored and acted upon by each Board Manager as of 6/30/2021 and henceforth forward as indicated by signature below.

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Board Manager Signature

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Date

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Board Manager Printed Name

# Calling In and Repairing Harm

## Calling In after Harm in Groups with Shared Values and Aims Stance

Hey, this thing you said/did hurt some folks or could hurt some folks.

A) Here's why that can be hurtful or,

B) Please do some research to learn the history of why that's hurtful.

Implied message: I know you are good and are on this journey with us and we are all going to make mistakes as we unlearn things.

## Calling In after Harm in Groups with Shared Values and Aims Sample Language

- I know it wasn't your intention, but what you just said minimizes the horror of \_\_\_\_\_ e.g. the history of racism, enslavement, the holocaust, etc.
- I know it wasn't your intention but what you just said has the impact of implying that \_\_\_\_\_ are not competent or as intelligent as others.
- What you just said suggests that \_\_\_\_\_ people don't belong.
- That phrase has been identified as being disrespectful and painful to \_\_\_\_\_ people and it's important that we not use it.
- Oh, I have also used that term, but I have now learned that when we use it we are leaving out people who \_\_\_\_\_ or we are implying that \_\_\_\_\_ and the word people are learning to use now is \_\_\_\_\_.
- The term used now by people living with that identity is \_\_\_\_\_.

## Repairing Harm after Microaggressions, Mistakes, and expressions of Prejudice

- Own / Name it
- Recognize the Impact
- Apologize (Do not share context or explanations)
- Make any amends that are possible
- State what you are going to do to learn and do better in the future.

Sample Language: Thank you so much for letting me know. You are right, I used this term or said that phrase and realize that it has the impact of minimizing the experience of \_\_\_\_\_ or implying that \_\_\_\_\_. I am deeply sorry and will practice learning the correct language and will research and learn more about this to ensure that I do not make this mistake and cause this harm in the future.

# RACIAL and SOCIAL JUSTICE FRAMEWORK

## Values and Anti-Racism/Anti-Oppression

- Is this consistent with our values?
- Are we taking steps so we cannot predict outcomes by race and other systemically disadvantaged characteristics?

## Intentional and Accountable Storytelling

- What data are we using and has it been disaggregated by race? What is the source of the data? Who is it making visible and invisible? Whose experience is being centralized and whose is being marginalized in the data? Does the way we are using the data reflect the complexity of the issues and reflect the issues accurately?
- What are the stories and narratives we are telling? What is the purpose? Who is interpreting the meaning? Who's it meant for? Who's impacted and how?
- Are we refusing to be ahistorical? Are we fully considering history and the impacts of the historical context?

## Power Analysis

- What are the power dynamics in this situation? What are the intersecting spheres of oppression at work in this situation?
- What are the cultural norms of white supremacy at work in this situation?
- Who would benefit and who would be harmed by this action/decision?
- Does this interrupt/disrupt or collude with/reinforce oppressive systems/power structures?
- If this is attempting a solution, where are we locating the problem?
- Does the solution/strategy we are proposing change the system or the individual?
- Who are we asking to change and why?

## Relationships

- Who is in the room and who isn't and why? Who is sharing and who is not and why?
- Whose perspective is represented/who is left out? And who is doing the representing? Who do we believe, who do we find credible? Why? Why not?
- Whose experience is being centralized and whose experience is being marginalized? Who is gazing and who is being gazed upon?
- Are we boldly leading toward our racial justice aim by building a broad coalition of support?
- Are we operating from a similar/shared understanding of anti-racism work? Do we have a shared anti-racist understanding of where the problem is located and a shared anti-racist theory of change to generate a solution? Have we agreed upon a shared goal?





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**BOARD MEETING**

**April 26, 2023**

**AGENDA ITEM C1**

Approve the minutes of the Central Health Board of Managers March 29, 2023 meeting.

MINUTES OF MEETING – MARCH 29, 2023  
CENTRAL HEALTH  
BOARD OF MANAGERS

On Wednesday, March 29, 2023, a meeting of the Central Health Board of Managers convened in open session at 6:41 p.m. remotely by toll-free videoconference and in person at the Central Health Administrative Offices. Clerk for the meeting was Briana Yanes.

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**Board members present at Central Health:** Chairperson Bell, Vice Chairperson Brinson, Treasurer Museitif, Secretary Valadez, Manager Jones, Manager Kitchen, Manager Martin, Manager Motwani, and Manager Zamora

**CONSENT AGENDA**

- C1. Approve the minutes of the Central Health Board of Managers February 22, 2023 meeting.**
- C2. Receive the Quarterly Investment Report and ratify Central Health Investments for February 2023.**
- C3. Approve the process for interviewing candidates for external appointments, including approval of the formation and functions of an ad hoc Appointments Committee created by the Board Chair, as recommended by the Executive Committee.**
- C4. Approve notice of intent to issue certificates of obligation to finance acquisition and construction or renovation of real property and related reimbursement resolution as recommended by the Budget and Finance Committee.**

At 6:41 p.m. Manager Valadez moved that the Board approve Consent Agenda Items C1 through C4.

Manager Brinson seconded the motion.

Chairperson Charles Bell	For
Vice Chairperson Cynthia Brinson	For
Treasurer Maram Museitif	For
Secretary Cynthia Valadez	For
Manager Shannon Jones	For
Manager Ann Kitchen	For
Manager Manuel Martin	For
Manager Amit Motwani	For
Manager Guadalupe Zamora	For

**REGULAR AGENDA**

At 6:43 p.m. Manager Brinson moved that the Board of Managers limit debate on all items on the agenda to three minutes per member per item.

Manager Jones seconded the motion.

Chairperson Charles Bell	For
Vice Chairperson Cynthia Brinson	For
Treasurer Maram Museitif	For
Secretary Cynthia Valadez	For
Manager Shannon Jones	For
Manager Ann Kitchen	For

Manager Manuel Martin	For
Manager Amit Motwani	For
Manager Guadalupe Zamora	For

- 1. Receive and take appropriate action on an update from legislative and government affairs staff and advisors on the current legislative session.**

**Clerk's Notes:** Discussion on this item began at 6:44 p.m.

At 6:45 p.m. Chairperson Bell announced that the Board was convening in closed session to discuss agenda item 3 under Texas Government Code §551.071 Consultation with Attorney.

At 7:49 p.m. the Board returned to open session.

- 2. Receive and discuss a briefing regarding *Travis County Healthcare District d/b/a Central Health v. Ascension Texas f/k/a Seton Healthcare Family*, Cause No. D-1-GN-23-000398.**

**Clerk's Notes:** Discussion on this item began at 6:44 p.m.

At 6:45 p.m. Chairperson Bell announced that the Board was convening in closed session to discuss agenda item 2 under Texas Government Code §551.071 Consultation with Attorney.

At 7:49 p.m. the Board returned to open session.

- 3. Receive and discuss a briefing regarding *Birch, et al. v. Travis County Healthcare District d/b/a Central Health and Mike Geeslin*, Cause No. D-1-GN-17-005824 in the 345<sup>th</sup> District Court of Travis County.**

**Clerk's Notes:** Discussion on this item began at 6:44 p.m.

At 6:45 p.m. Chairperson Bell announced that the Board was convening in closed session to discuss agenda item 3 under Texas Government Code §551.071 Consultation with Attorney.

At 7:49 p.m. the Board returned to open session.

- 4. Receive and discuss updates on the 1115 Medicaid Waiver, the Community Care Collaborative, and other healthcare delivery partners, programs, projects, reporting, and arrangements, including agreements with Ascension Texas and the University of Texas at Austin.**

**Clerk's Notes:** This item was not taken up.

- 5. Confirm the next regular Board meeting date, time, and location.**

At 7:49 p.m. Manager Brinson moved that the meeting adjourn.

Manager Motwani seconded the motion.

Chairperson Charles Bell	For
Vice Chairperson Cynthia Brinson	For
Treasurer Maram Museitif	Absent
Secretary Cynthia Valadez	Absent
Manager Shannon Jones	Absent
Manager Ann Kitchen	For

Manager Manuel Martin  
Manager Amit Motwani  
Manager Guadalupe Zamora

For  
For  
For

The meeting was adjourned at 7:49 p.m.

ATTESTED TO BY:

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Charles Bell, Chairperson  
Central Health Board of Managers

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Cynthia Valadez, Secretary  
Central Health Board of Managers



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**BOARD MEETING**

**April 26, 2023**

**AGENDA ITEM C2**

Receive and ratify Central Health Investments for March 2023.

STATE OF TEXAS

COUNTY OF TRAVIS

CENTRAL HEALTH

Whereas, it appears to the Board of Managers of the Central Health, Travis County, Texas that there are sufficient funds on hand over and above those of immediate need for operating demand,

Now, Therefore, the Board of Managers hereby orders

- 1.) that the County Treasurer of Travis County, Texas, acting on behalf of Central Health, execute the investment of these funds in the total amount of \$33,549,460.56 in legally authorized securities as stipulated in the Travis County Healthcare District Investment and Collateral Policy for the periods as indicated in Attachment A, which consists of 19 pages.
- 2.) that the County Treasurer, acting on behalf of Central Health, take and hold in safekeeping all individual security investment instruments, relinquishing same only by order of the Board of Managers or for surrender at maturity.

Date: April 26, 2023

\_\_\_\_\_  
CHAIR, BOARD OF MANAGERS

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VICE CHAIR, BOARD OF MANAGERS

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MANAGER

CENTRAL HEALTH  
INVESTMENT DEPARTMENT  
SECURITY TRANSACTION FORM

DATE: 3/1/2023

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION	<u>TexDaily</u>	FUND NAME:	<u>CENTRAL HEALTH</u>
PAR VALUE:	<u>971,000.00</u>	SAFEKEEPING NO:	<u>N/A</u>
CPN/DISC RATE	<u>N/A</u>	PRICE:	<u>100%</u>
MATURITY DAT	<u>N/A</u>	BOND EQ. YIELD:	<u>4.6200%</u>
PRINCIPAL:	<u>971,000.00</u>	PURCHASED THRU:	<u>TexDaily</u>
ACCRUED INT	<u>N/A</u>	BROKER:	<u>N/A</u>
TOTAL DUE:	<u>971,000.00</u>	CUSIP #:	<u>N/A</u>
TRADE DATE:	<u>3/1/2023</u>	SETTLEMENT DATE:	<u>3/1/2023</u>

AUTHORIZED BY:

  
CASH INVESTMENT MANAGER

CENTRAL HEALTH  
INVESTMENT DEPARTMENT  
SECURITY TRANSACTION FORM

DATE: 3/1/2023

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION	TexDaily	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	4,025.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE	N/A	PRICE:	100%
MATURITY DAT	N/A	BOND EQ. YIELD:	4.6200%
PRINCIPAL:	4,025.00	PURCHASED THRU:	TexDaily
ACCRUED INT	N/A	BROKER:	N/A
TOTAL DUE:	4,025.00	CUSIP #:	N/A
TRADE DATE:	3/1/2023	SETTLEMENT DATE:	3/1/2023

AUTHORIZED BY:

  
CASH INVESTMENT MANAGER



CENTRAL HEALTH  
INVESTMENT DEPARTMENT  
SECURITY TRANSACTION FORM

DATE: 3/1/2023

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION	TexDaily	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	10,416.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE	N/A	PRICE:	100%
MATURITY DAT	N/A	BOND EQ. YIELD:	4.6200%
PRINCIPAL:	10,416.00	PURCHASED THRU:	TexDaily
ACCRUED INT	N/A	BROKER:	N/A
TOTAL DUE:	10,416.00	CUSIP #:	N/A
TRADE DATE:	3/1/2023	SETTLEMENT DATE:	3/1/2023

AUTHORIZED BY:

  
CASH/INVESTMENT MANAGER

CENTRAL HEALTH  
INVESTMENT DEPARTMENT  
SECURITY TRANSACTION FORM

DATE: 3/2/2023

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION	<u>TexDaily</u>	FUND NAME:	<u>CENTRAL HEALTH</u>
PAR VALUE:	<u>349,000.00</u>	SAFEKEEPING NO:	<u>N/A</u>
CPN/DISC RATE	<u>N/A</u>	PRICE:	<u>100%</u>
MATURITY DAT	<u>N/A</u>	BOND EQ. YIELD:	<u>4.6100%</u>
PRINCIPAL:	<u>349,000.00</u>	PURCHASED THRU:	<u>TexDaily</u>
ACCRUED INT	<u>N/A</u>	BROKER:	<u>N/A</u>
TOTAL DUE:	<u>349,000.00</u>	CUSIP #:	<u>N/A</u>
TRADE DATE:	<u>3/2/2023</u>	SETTLEMENT DATE:	<u>3/2/2023</u>

AUTHORIZED BY:

  
CASH/INVESTMENT MANAGER

CENTRAL HEALTH  
INVESTMENT DEPARTMENT  
SECURITY TRANSACTION FORM

DATE: 3/3/2023

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION	<u>TexDaily</u>	FUND NAME:	<u>CENTRAL HEALTH</u>
PAR VALUE:	<u>18,750.00</u>	SAFEKEEPING NO:	<u>N/A</u>
CPN/DISC RATE	<u>N/A</u>	PRICE:	<u>100%</u>
MATURITY DAT	<u>N/A</u>	BOND EQ. YIELD:	<u>4.6100%</u>
PRINCIPAL:	<u>18,750.00</u>	PURCHASED THRU:	<u>TexDaily</u>
ACCRUED INT	<u>N/A</u>	BROKER:	<u>N/A</u>
TOTAL DUE:	<u>18,750.00</u>	CUSIP #:	<u>N/A</u>
TRADE DATE:	<u>3/3/2023</u>	SETTLEMENT DATE:	<u>3/3/2023</u>

AUTHORIZED BY:

*Deborah A. Laudermitte*  
CASH/INVESTMENT MANAGER

CENTRAL HEALTH  
INVESTMENT DEPARTMENT  
SECURITY TRANSACTION FORM

DATE: 3/7/2023

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	TexDaily	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	174,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE	N/A	BOND EQ. YIELD:	4.6200%
PRINCIPAL:	174,000.00	PURCHASED THRU:	TexDaily
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	174,000.00	CUSIP #:	N/A
TRADE DATE:	3/7/2023	SETTLEMENT DATE:	3/7/2023

AUTHORIZED BY:

Deborah A. Laudermilk  
CASH/INVESTMENT MANAGER

CENTRAL HEALTH  
INVESTMENT DEPARTMENT  
SECURITY TRANSACTION FORM

DATE: 3/7/2023

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	TexDaily	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	87,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE	N/A	BOND EQ. YIELD:	4.6200%
PRINCIPAL:	87,000.00	PURCHASED THRU:	TexDaily
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	87,000.00	CUSIP #:	N/A
TRADE DATE:	3/7/2023	SETTLEMENT DATE:	3/7/2023

AUTHORIZED BY:

Deborah A. Lauder milk  
CASH/INVESTMENT MANAGER

CENTRAL HEALTH  
INVESTMENT DEPARTMENT  
SECURITY TRANSACTION FORM

DATE: 3/8/2023

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION	<u>TexDaily</u>	FUND NAME:	<u>CENTRAL HEALTH</u>
PAR VALUE:	<u>168,000.00</u>	SAFEKEEPING NO:	<u>N/A</u>
CPN/DISC RATE	<u>N/A</u>	PRICE:	<u>100%</u>
MATURITY DAT	<u>N/A</u>	BOND EQ. YIELD:	<u>4.6200%</u>
PRINCIPAL:	<u>168,000.00</u>	PURCHASED THRU:	<u>TexDaily</u>
ACCRUED INT	<u>N/A</u>	BROKER:	<u>N/A</u>
TOTAL DUE:	<u>168,000.00</u>	CUSIP #:	<u>N/A</u>
TRADE DATE:	<u>3/8/2023</u>	SETTLEMENT DATE:	<u>3/8/2023</u>

AUTHORIZED BY:



CASH INVESTMENT MANAGER

CENTRAL HEALTH  
INVESTMENT DEPARTMENT  
SECURITY TRANSACTION FORM

DATE: 3/9/2023

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	TexDaily	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	58,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE:	N/A	BOND EQ. YIELD:	4.6200%
PRINCIPAL:	58,000.00	PURCHASED THRU:	TexDaily
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	58,000.00	CUSIP #:	N/A
TRADE DATE:	3/9/2023	SETTLEMENT DATE:	3/9/2023

AUTHORIZED BY

  
CASH INVESTMENT MANAGER

CENTRAL HEALTH  
INVESTMENT DEPARTMENT  
SECURITY TRANSACTION FORM

DATE: 2/22/2023

TIME: 1:00 PM

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	FHLB Callable	FUND NAME:	CENTRAL HEALTH OPERATING
PAR VALUE:	\$ 15,000,000.00	SAFEKEEPING NO:	P 31317
COUPON / DISCOUNT RATE	5.300%	PRICE:	100.0000000
MATURITY DATE:	6/10/2026	US TREASURY CONVENTION YLD	5.3000%
PRINCIPAL:	\$ 15,000,000.00	PURCHASED THROUGH:	RBC CAPITAL MKTS
ACCRUED INT:	\$ 0.00	BROKER:	ERIC AJLOUNY
TOTAL DUE:	\$ 15,000,000.00	CUSIP #:	3130AV3R1
TRADE DATE:	2/22/2023	SETTLEMENT DATE:	3/10/2023

AUTHORIZED BY:

Deborah A. Laudermilk



CENTRAL HEALTH  
INVESTMENT DEPARTMENT  
SECURITY TRANSACTION FORM

DATE: 3/1/2023

TIME: 10:00 AM

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	FFCB Callable	FUND NAME:	CENTRAL HEALTH OPERATING
PAR VALUE:	\$ 10,000,000.00	SAFEKEEPING NO:	P 31317
COUPON / DISCOUNT RATE	5.590%	PRICE:	100.0000000
MATURITY DATE:	3/13/2026	US TREASURY CONVENTION YLD	5.5900%
PRINCIPAL:	\$ 10,000,000.00	PURCHASED THROUGH:	RBC CAPITAL MKTS
ACCRUED INT:	\$ 0.00	BROKER:	ERIC AJLOUNY
TOTAL DUE:	\$ 10,000,000.00	CUSIP #:	3133EPCN3
TRADE DATE:	3/1/2023	SETTLEMENT DATE:	3/13/2023

AUTHORIZED BY:

Deborah A. Lauder milk

CENTRAL HEALTH  
INVESTMENT DEPARTMENT  
SECURITY TRANSACTION FORM

DATE: 3/13/2023

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION	TexPool BondProcess	FUND NAME:	TexPool OP
PAR VALUE:	1,046,869.56	SAFEKEEPING NO:	N/A
CPN/DISC RATE	N/A	PRICE:	100%
MATURITY DAT	N/A	BOND EQ. YIELD:	4.5425%
PRINCIPAL:	1,046,869.56	PURCHASED THRU:	exPool BondProces
ACCRUED INT	N/A	BROKER:	N/A
TOTAL DUE:	1,046,869.56	CUSIP #:	N/A
TRADE DATE:	3/13/2023	SETTLEMENT DATE:	3/13/2023

AUTHORIZED BY:

  
CASH/INVESTMENT MANAGER

CENTRAL HEALTH  
INVESTMENT DEPARTMENT  
SECURITY TRANSACTION FORM

DATE: 3/15/2023

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION	TExDaily	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	3,859,200.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE	N/A	PRICE:	100%
MATURITY DAT	N/A	BOND EQ. YIELD:	4.6600%
PRINCIPAL:	3,859,200.00	PURCHASED THRU:	TExDaily
ACCRUED INT	N/A	BROKER:	N/A
TOTAL DUE:	3,859,200.00	CUSIP #:	N/A
TRADE DATE:	3/15/2023	SETTLEMENT DATE:	3/15/2023

AUTHORIZED BY:

*Deborah A. Lauder milk*

CASH/INVESTMENT MANAGER

CENTRAL HEALTH  
INVESTMENT DEPARTMENT  
SECURITY TRANSACTION FORM

DATE: 3/17/2023

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION	TexDaily	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	35,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE	N/A	PRICE:	100%
MATURITY DAT	N/A	BOND EQ. YIELD:	4.6900%
PRINCIPAL:	35,000.00	PURCHASED THRU:	TexDaily
ACCRUED INT	N/A	BROKER:	N/A
TOTAL DUE:	35,000.00	CUSIP #:	N/A
TRADE DATE:	3/17/2023	SETTLEMENT DATE:	3/17/2023

AUTHORIZED BY:

*Deborah A. Lauder milk*  
CASH/INVESTMENT MANAGER

CENTRAL HEALTH  
INVESTMENT DEPARTMENT  
SECURITY TRANSACTION FORM

DATE: 3/21/2023

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION	<u>TexPool</u>	FUND NAME:	<u>CENTRAL HEALTH</u>
PAR VALUE:	<u>1,607,000.00</u>	SAFEKEEPING NO:	<u>N/A</u>
CPN/DISC RATE	<u>N/A</u>	PRICE:	<u>100%</u>
MATURITY DAT	<u>N/A</u>	BOND EQ. YIELD:	<u>4.5664%</u>
PRINCIPAL:	<u>1,607,000.00</u>	PURCHASED THRU:	<u>TexPool</u>
ACCRUED INT	<u>N/A</u>	BROKER:	<u>N/A</u>
TOTAL DUE:	<u>1,607,000.00</u>	CUSIP #:	<u>N/A</u>
TRADE DATE:	<u>3/21/2023</u>	SETTLEMENT DATE:	<u>3/21/2023</u>

AUTHORIZED BY:

  
Reagan Linn  
CASH/INVESTMENT MANAGER

CENTRAL HEALTH  
INVESTMENT DEPARTMENT  
SECURITY TRANSACTION FORM

DATE: 3/23/2023  
\_\_\_\_\_

TIME: 10:30  
\_\_\_\_\_

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	TexDaily	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	28,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE	N/A	BOND EQ. YIELD:	4.6900%
PRINCIPAL:	28,000.00	PURCHASED THRU:	TexDaily
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	28,000.00	CUSIP #:	N/A
TRADE DATE:	3/23/2023	SETTLEMENT DATE:	3/23/2023

AUTHORIZED BY:

  
\_\_\_\_\_  
CASH/INVESTMENT MANAGER

CENTRAL HEALTH  
INVESTMENT DEPARTMENT  
SECURITY TRANSACTION FORM

DATE: 3/24/2023

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION	TexStar	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	22,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE	N/A	PRICE:	100%
MATURITY DAT	N/A	BOND EQ. YIELD:	4.7593%
PRINCIPAL:	22,000.00	PURCHASED THRU:	TexStar
ACCRUED INT	N/A	BROKER:	N/A
TOTAL DUE:	22,000.00	CUSIP #:	N/A
TRADE DATE:	3/24/2023	SETTLEMENT DATE:	3/24/2023

AUTHORIZED BY:

Deborah A. Lauder milk  
CASH/INVESTMENT MANAGER

CENTRAL HEALTH  
INVESTMENT DEPARTMENT  
SECURITY TRANSACTION FORM

DATE: 3/30/2023

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	TexStar	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	28,200.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE:	N/A	BOND EQ. YIELD:	4.8011%
PRINCIPAL:	28,200.00	PURCHASED THRU:	TexStar
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	28,200.00	CUSIP #:	N/A
TRADE DATE:	3/30/2023	SETTLEMENT DATE:	3/30/2023

AUTHORIZED BY:

  
CASH INVESTMENT MANAGER



CENTRAL HEALTH  
INVESTMENT DEPARTMENT  
SECURITY TRANSACTION FORM

DATE: 3/30/2023

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	TexStar	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	83,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE:	N/A	BOND EQ. YIELD:	4.8011%
PRINCIPAL:	83,000.00	PURCHASED THRU:	TexStar
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	83,000.00	CUSIP #:	N/A
TRADE DATE:	3/30/2023	SETTLEMENT DATE:	3/30/2023

AUTHORIZED BY:

  
CASH/INVESTMENT MANAGER

CENTRAL HEALTH MONTHLY INVESTMENT REPORT  
 PORTFOLIO STATISTICS

DATE: March 31, 2023

By Fund Type

Operating	\$	647,486,044.64	92.42%
LPPF		1,192,482.92	0.17%
Bond Proceeds		51,921,230.02	7.41%
Other		-	0.00%
Total Portfolio	\$	<u>700,599,757.58</u>	<u>100.00%</u>

By Security Type

**Operating-**

TexasDAILY	\$	150,163,546.21	23.19%
TexPool	\$	75,747,336.35	11.70%
TexSTAR	\$	27,457,784.13	4.24%
TexasTERM CP		30,000,000.00	4.63%
Non-Int Bearing Bank Account		1,228,500.00	0.19%
Certificates of Deposit		-	0.00%
Treasury Securities		-	0.00%
Government Agencies		304,988,037.50	47.10%
Commercial Paper		-	0.00%
Municipal Bonds		57,900,840.45	8.94%
Total	\$	<u>647,486,044.64</u>	<u>100.00%</u>

**LPPF-**

TexPool		1,192,482.92	100.00%
Total	\$	<u>1,192,482.92</u>	<u>100.00%</u>

**Bond Proceeds-**

TexPool	\$	51,921,230.02	100.00%
Total	\$	<u>51,921,230.02</u>	<u>100.00%</u>

Compared to Policy Limits

		Actual %	Guidelines
TexasDAILY	150,163,546.21	21.47%	30.00%
TexPool	128,861,049.29	18.43%	50.00%
TexSTAR	27,457,784.13	3.93%	30.00%
TexasTERM CP	30,000,000.00	4.29%	30.00%
Total LGIPS	\$ 336,482,379.63	48.11%	70.00%
Certificates of Deposit	-	0.00%	50.00%
Treasury Securities	-	0.00%	100.00%
Government Agencies	304,988,037.50	43.61%	75.00%
Commercial Paper	-	0.00%	20.00%
Municipal Bonds	57,900,840.45	8.28%	20.00%
	\$ <u>699,371,257.58</u>	<u>100.00%</u>	

Municipal Bonds by Entity as a Percentage of Portfolio

City of Hampton VA - GO	\$ 1,157,199.00	0.18%	5.00%
City of Lafayette LA Utility - Rev	\$ 5,870,448.00	0.91%	5.00%
City of Yuma AZ - REV	\$ 1,500,000.00	0.23%	5.00%
Clear Creek TX ISD 2/15/2025	\$ 4,856,355.00	0.75%	5.00%
Commonwealth of Virginia - GO	\$ 5,089,600.00	0.79%	5.00%
DFW Airport - REV	\$ 3,616,168.05	0.56%	5.00%
Multnomah CNTY OR - GO	\$ 5,415,174.00	0.84%	5.00%
NYC Tran Fin Tax - REV	\$ 5,000,000.00	0.77%	5.00%
Penn Sate Univ - REV	\$ 1,253,057.20	0.19%	5.00%
Port Auth of NY & NJ - REV	\$ 4,967,100.00	0.77%	5.00%
Port Auth of NY & NJ - REV	\$ 4,926,550.00	0.76%	5.00%
San Diego CA Pub Facs - Rev	\$ 1,067,164.80	0.16%	
Shakopee, MN ISD - GO	\$ 1,000,000.00	0.15%	5.00%
State of Hawaii - GO	\$ 2,812,170.00	0.43%	5.00%
State of Mississippi CP	\$ 3,000,000.00	0.46%	5.00%
Texas A&M Univ - REV	\$ 1,734,014.40	0.27%	5.00%
Texas Tech Univ	\$ 525,840.00	0.08%	5.00%
Univ Cincinnati OH Tax - Rev	\$ 1,000,000.00	0.15%	5.00%
Upper Occoquan VA - Rev	\$ 3,110,000.00	0.48%	5.00%
	<u>\$ 57,900,840.45</u>	<u>8.94%</u>	<u>25.00%</u>

Investment Revenue & Accrued Interest

March-23

Fiscal YTD

Interest/Dividends-		
TexasDAILY	\$ 611,277.84	\$ 1,814,168.14
TexPool	535,558.15	\$ 3,504,024.63
TexSTAR	112,622.39	\$ 374,980.64
TexasTERM CP	0.00	\$ -
Certificates of Deposit	0.00	\$ -
Treasury Securities	0.00	\$ -
Government Agencies	190,950.00	\$ 890,952.50
Commercial Paper	0.00	\$ -
Municipal Bonds	33,641.00	\$ 459,930.26
	<u>\$ 1,484,049.38</u>	<u>\$ 7,044,056.17</u>
Discounts, Premiums, & Accrued Interest		
TexasTERM CP	\$ 130,030.14	\$ 286,150.69
-less previous accruals	0.00	\$ -
Certificates of Deposit	0.00	\$ -
-less previous accruals	0.00	\$ -
Treasury Securities	0.00	\$ -
-less previous accruals	0.00	\$ -
Government Agencies	431,895.26	\$ 1,257,980.01
-less previous accruals	(156,433.22)	\$ (748,450.01)
Commercial Paper	0.00	\$ -
-less previous accruals	0.00	\$ -
Municipal Bonds	79,512.89	\$ 413,192.49
-less previous accruals	(48,670.42)	\$ (516,780.75)
	<u>\$ 436,334.65</u>	<u>\$ 692,092.43</u>
Total Investment Revenue & Accrued Interest	<u>\$ 1,920,384.03</u>	<u>\$ 7,736,148.60</u>



CENTRAL HEALTH

**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.

**BOARD MEETING**

**April 26, 2023**

**AGENDA ITEM C3**

Approve an amendment to the contract with Maxwell Locke & Ritter for annual audit services.



# CENTRAL HEALTH

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## **BOARD MEETING**

**April 26, 2023**

## **AGENDA ITEM C4**

Approve appointment of Manager Amit Motwani as the Central Health representative on the City of Austin Regional Affordability Committee as recommended by the Executive Committee.



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 April 26, 2023

Who will present the agenda item? (Name, Title) Chair Bell

General Item Description Discuss and take appropriate action to approve the appointment of Manager Amit Motwani as the Central Health representative on the City of Austin Regional Affordability Committee.

Is this an informational or action item? Action

Fiscal Impact N/A

Recommended Motion (if needed – action item) Approve the appointment of Manager Amit Motwani as the Central Health representative on the City of Austin Regional Affordability Committee.

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

- 1) Approve CH representative on the City of Austin Regional Affordability Committee.
2)
3)

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

Estimated time needed for presentation & questions? 5 minutes

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

Form Prepared By/Date Submitted: Briana Yanes/April 20, 2023



# CENTRAL HEALTH

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## **BOARD MEETING**

**April 26, 2023**

## **REGULAR AGENDA ITEM 1**

Announce appointments to the Central Health Board Ad hoc Appointments Committee and Ad hoc Succession Committee. (*Announcement*)



**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 April 26, 2023

Who will present the agenda item? (Name, Title) Chair Bell

General Item Description Announce appointments to the Central Health Board Ad hoc Appointments Committee and Ad hoc Succession Committee

Is this an informational or action item? Informational

Fiscal Impact N/A

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

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

- 1) Chair Bell will announce members of each committee.
- 2) \_\_\_\_\_

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

Estimated time needed for presentation & questions? 5 minutes

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

Form Prepared By/Date Submitted: Briana Yanes/ April 20, 2023



**Ad Hoc Appointments Committee**

Manuel Martin - **Chair**  
Cynthia Valadez  
Shannon Jones  
Maram Museitif

**Ad Hoc Succession Committee**

Ann Kitchen - **Chair**  
Cynthia Brinson  
Guadalupe Zamora



# CENTRAL HEALTH

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*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.

## **BOARD MEETING**

**April 26, 2023**

## **REGULAR AGENDA ITEM 2**

Discuss and take appropriate action on the proposed amended mandatory payment rate to be assessed on institutional healthcare providers during Fiscal Year (FY) 2023 under the local healthcare provider participation program (LPPF) in Travis County as required by Texas Health & Safety Code §298E.151. (*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 April 26, 2023

Who will present the agenda item? (Name, Title) Katie Coburn, RHP Director

General Item Description FY 23 LPPF Rate Amendment

Is this an informational or action item? Action Item

Fiscal Impact None

Recommended Motion (if needed – action item) Approve the FY 23 rate LPPF mandatory payment rate amendment as proposed by Central Health staff

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

Central Health staff propose an LPPF mandatory payment rate amendment for FY 2023. Staff recommend a new annual rate of 3.96%, an increase from the currently approved annual rate of 1.26%. The additional \$100 million generated by the rate amendment will fund IGT requirements for the Comprehensive Hospital Increased Rate Program (CHIRP) and the

1) Uncompensated Care program.

This is first rate amendment for FY 2023. Due to uncertainties and irregular timing of information from HHSC related to these programs, the rate may need to be amended again

2) during the year to maximize federal funding for the community.

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

Estimated time needed for presentation & questions? 10 minutes (maybe less)

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

Form Prepared By/Date Submitted: Katie Coburn, April 19, 2023



## MEMORANDUM

**To:** Central Health Board of Managers  
**From:** Katie Coburn  
**CC:** Mike Geeslin, President & CEO  
**Date:** April 26, 2023  
**Re:** Amending the Local Provider Participation Fund (LPPF) mandatory payment rate for FY 2023 – ACTION ITEM

---

### Summary

Central Health staff request the board take action to amend the FY 2023 Local Provider Participation Fund (LPPF) mandatory payment rate to 3.96% of net patient revenue of Travis County inpatient hospitals.

### Background

Under Chapter 298E of the Texas Health & Safety Code, the Central Health board is authorized to set a mandatory payment rate for hospitals that provide inpatient services in Travis County. Funds generated by the payment must be used to provide intergovernmental transfer (IGT) payments on behalf of nonpublic hospitals to draw down Federal matching funds available in certain Medicaid supplemental payment programs. The Travis LPPF program is not authorized to fund Delivery System Reform Incentive Payments (DSRIP) and Disproportionate Share (DSH) Program payments per its enabling legislation. The LPPF program is a critical financing tool to support hospitals that serve people with low income who have Medicaid or are uninsured.

By state law and federal regulation, the mandatory fee must be uniform and broad based. This is accomplished by assessing the same (uniform) percentage of the net patient revenue of all inpatient hospitals (broad-based) within Central Health's jurisdiction.

The currently approved FY 2023 LPPF payment rate is 1.26%, generating an annual payment of \$47.8 million. The proposed amended payment rate of 3.96% will generate approximately \$150.3 million annually, an increase of \$102.5 million. The new funds will provide the local funding portion for additional payments in the Comprehensive Hospital Increased Reimbursement Program (CHIRP) and the Uncompensated Care Pool.

Central Health staff have evaluated the rate and recommend the board adopt the proposed amended rate of 3.96%.

**Action Requested**

Central Health staff request the board take action to set the FY 2023 Local Provider Participation Fund (LPPF) mandatory payment rate at 3.96% of net patient revenue of Travis County inpatient hospitals.



**CENTRAL  
HEALTH**

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# Travis County LPPF: FY 23 Proposed Mandatory Payment Rate Amendment

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**April 26, 2023**

Central Health Board of Managers Meeting

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**PRESENTER**

**Katie Coburn**

# Board Action Request

- **Amend the FY 23 Travis County Local Provider Participation Fund (LPPF) annual rate to 3.96% to fund Intergovernmental Transfer (IGT) requirements for:**
  - Comprehensive Hospital Increased Reimbursement Program (CHIRP)
  - Uncompensated Care Pool Payments



# Local Provider Participation Fund (LPPF) Mandatory Payment Rate

- **Assessed as a uniform percentage of net patient revenue of Travis County inpatient hospitals**
- **Set by the Board of Managers**
- **Central Health, as LPPF Administrator, collects funds to be held in fiduciary capacity and completes intergovernmental transfers**
- **Use of funds**
  - Limited to legislatively defined purpose of leveraging federal supplemental payments; DSH and DSRIP are prohibited
  - Central Health collaborates with hospital representatives on uses of funds
- **Current FY 23 approved rate: 1.26%**
- **Requested rate amendment: 3.96%**
- **Delays and changes in program information from HHSC may require us to amend the FY 23 LPPF rate as needed during the fiscal year to maximize federal funding to community**





# Which facilities are assessed?

- From SB 1350: *“a hospital that is not owned and operated by a federal, state, or local government and provides inpatient hospital services.”*
- For the Central Health LPPF, this means all private hospitals located in Travis County that are licensed to provide inpatient services, including medical and behavioral health facilities
- Twenty-two (22) facilities in Travis County



# Uniform and Broad-Based Assessment

- **Uniform** = all hospitals are assessed the same percentage of NPR
- **Broad-based** = All hospitals in the same class are assessed, i.e. private hospitals providing inpatient services
- **Below is an example of how payments are calculated:**

Inpatient Facility	Net Patient Revenue	Assessment Rate	Mandatory Payment
Hospital A	\$748,887,158	6.00%	\$44,933,229
Hospital B	\$24,259,306	6.00%	\$1,455,558
Hospital C	\$527,977,598	6.00%	\$31,678,656
Hospital D	\$15,729,178	6.00%	\$943,751
Hospital E	\$5,628,756	6.00%	\$337,725



# FY 23 Rate Amendment Proposal

BOM Action Date	Rate	Use	Annual Amount
April 2023	3.96	Comprehensive Hospital Increased Reimbursement Program (CHIRP) Program Year 3 Advance Payment  Uncompensated Care Pool – DY 12 Final Payment	\$150.3 million
October 2022	1.26	CHIRP Program Year 2 Final Payment  Uncompensated Care Pool – DY 12 Advance Payment	\$47.8 million





# CENTRAL HEALTH

## **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.

## **BOARD MEETING**

**April 26, 2023**

## **REGULAR AGENDA ITEM 3**

Receive an update on continued development of operational and financial sustainability plan for implementation of the Healthcare Equity Plan. (*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.

4/26/2023

Agenda Item Meeting Date \_\_\_\_\_

Who will present the agenda item? (Name, Title) Monica Crowley, CSO & Sr. Counsel, Dr. Abhi Sharma (Partner, Guidehouse), Julia Clark (Director, Guidehouse)

General Item Description Continued progress on Operational and Financial Sustainability Planning (OFSP), to support implementation of Healthcare Equity Plan.

Is this an informational or action item? Informational

Fiscal Impact Not applicable

Recommended Motion (if needed – action item) Not applicable

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

- 1) Central Health and Guidehouse developed and prioritized strategic projects and initiatives to address the community needs identified in the Board Adopted Healthcare Equity Plan (aka Service Delivery Strategic Plan).
- 2) This work included organizing related and interdependent projects into manageable sets of initiatives that rely on similar capabilities to execute and then cataloguing initiatives into workstreams for implementation.
- 3) This work has also included identifying ideal and current state capabilities required to implement and resource the initiatives to achieve the Service Delivery Strategic Plan.
- 4) Guidehouse will preview some of the initiatives and capability requirements. Others are still in development and will be provided to the Board in a future update.
- 5) Central Health and Guidehouse are continuing to work towards presentation of short and long-term work-plans for Board consideration in June and July.

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



CENTRAL HEALTH

Estimated time needed for presentation & questions?

1 hour, consisting of 30 mins for presentation and 30 minutes for discussion

Is closed session recommended? (Consult with attorneys.)

Is closed session recommended? (Consult with attorneys.)

No

Form Prepared By/Date Submitted:

Monica Crowley, 04/18/2023



CENTRAL HEALTH

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CommUnityCare | Sendero

# Central Health Operational and Financial Sustainability Planning (OFSP)

Board of Managers Presentation

April 26, 2023

# Agenda

1. **Introductions**
2. **Overview of Phase I: Operational and Financial Sustainability Planning (OFSP)**
  - Engagement Progress and Achievements
  - Developed Initiatives and Projects to Address Community Needs
  - Ideal State Capabilities Required to Operationalize Initiatives and Projects
  - Preview Depth of Initiatives and Capabilities Maps
3. **Questions and Next Steps**





# Engagement Progress and Achievements

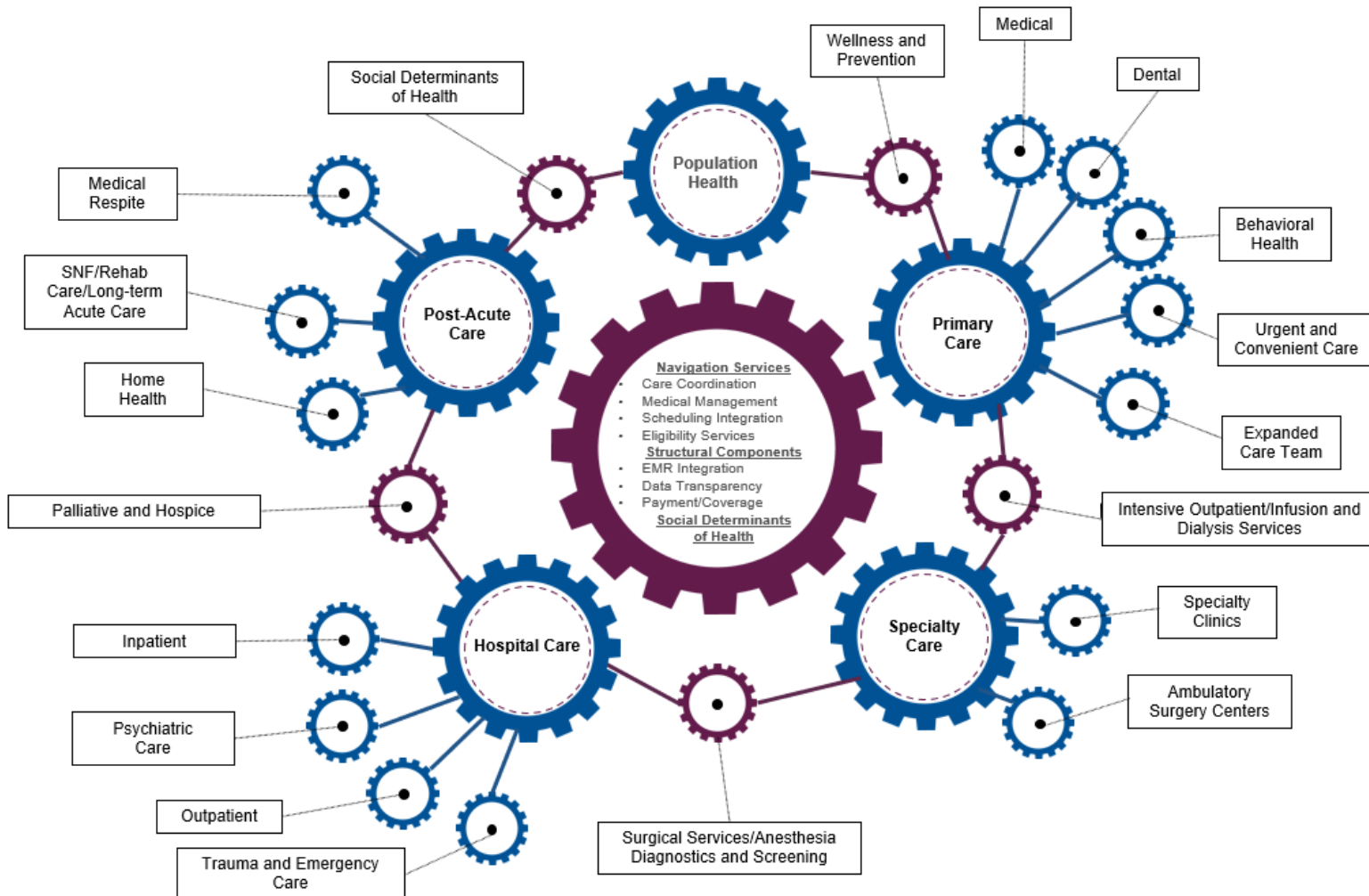


## OFSP tasks completed to date:

1. Weekly working sessions and update meetings with leadership.
2. Organized projects into initiatives that rely on similar capabilities and developed workstreams for implementation.
3. Conducted in-person strategic visioning sessions with the Central Health leadership and Central Health SMEs to identify the capabilities and critical components required for each initiative's implementation.

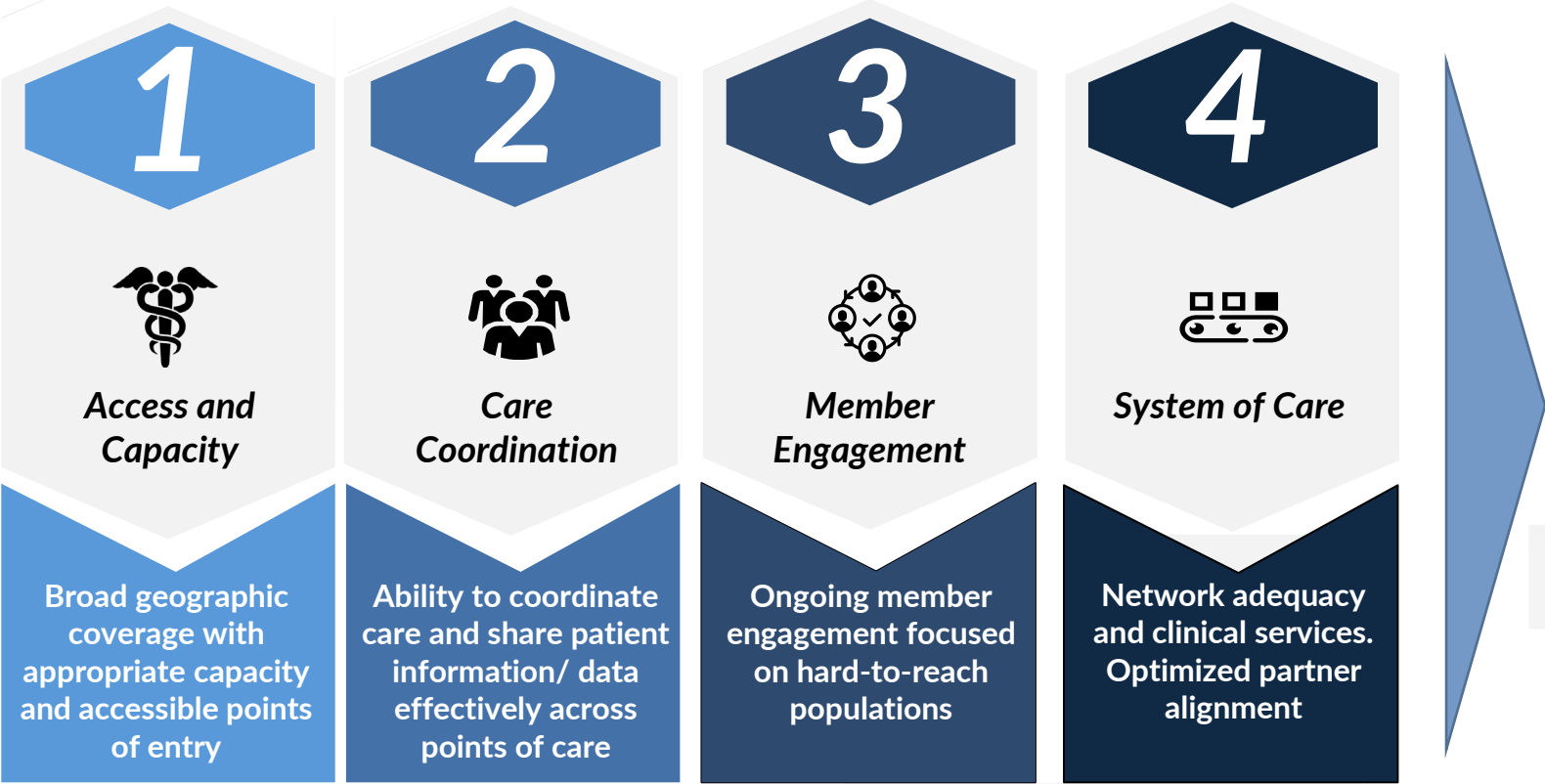


# Designing a High Performing Healthcare System to Meet the Healthcare Needs of Travis County's Safety Net Population



# Central Health Adopted its Healthcare Equity Plan to Achieve Identified System-Based Strategic Imperatives

**Goal:** To develop an equitable system of care that is comprehensive and accountable, while optimizing the collective use of capabilities and resources to serve residents with low incomes

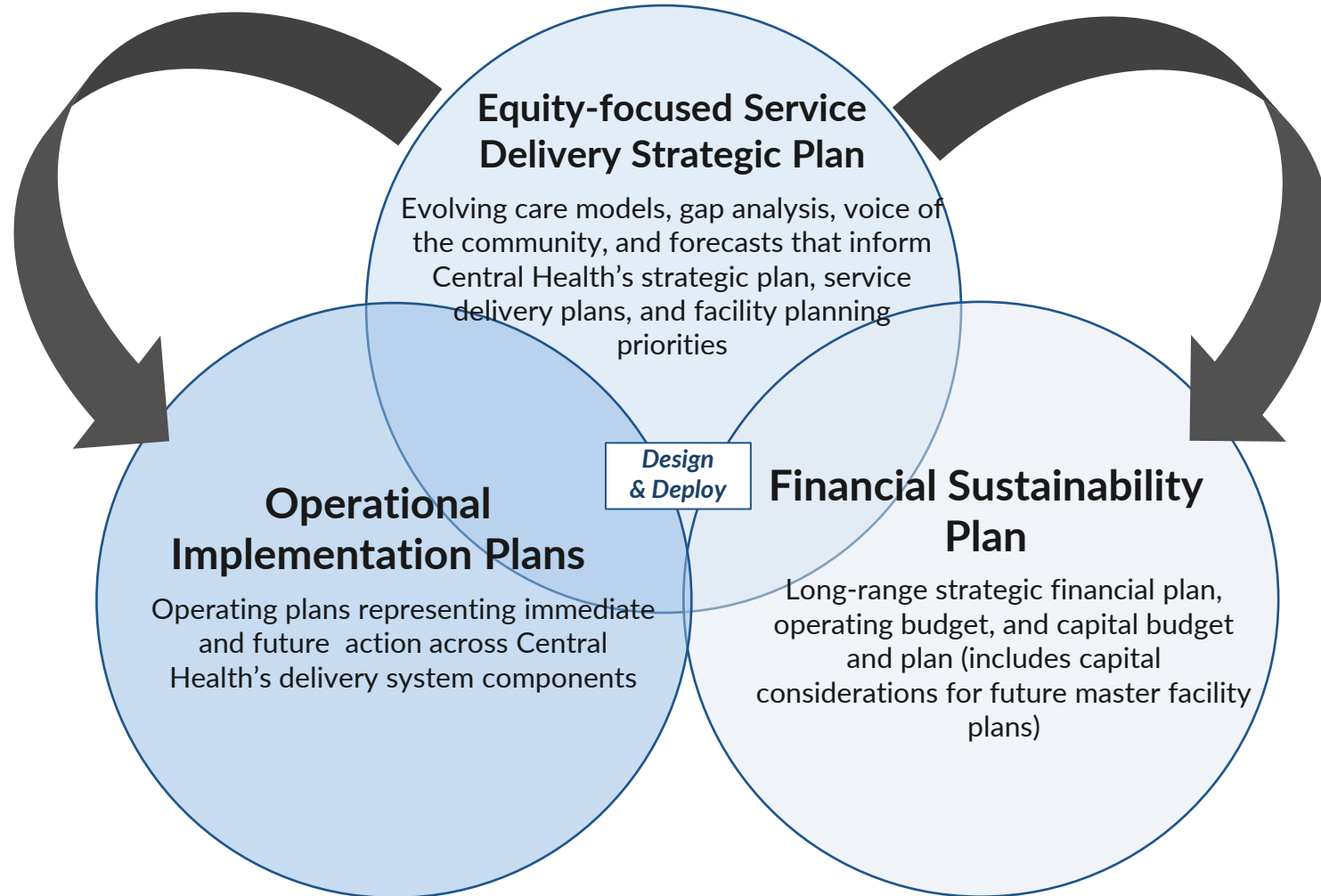


## Critical Elements that Extend Across All Strategic Imperatives

1. Clinical Staff
2. Administrative Staff
3. IT and systems capabilities
4. Data Management Capabilities
5. Contracts and Agreements
6. Fiscal Capacity
7. Infrastructure



# To Advance and Operationalize These Strategic Imperatives, Central Health is Developing Operational and Financial Plans



# In Phase I, Central Health and Guidehouse Set Out to Develop a List of Projects and Initiatives to Address Community Needs

**Objective:** Define and develop a list of projects that will be staged and sequenced to address community needs and achieve the Healthcare Equity Plan for the Travis County safety-net population.

## Phase 1 Goals:

- ✓ Develop a Prioritized List of Community Needs
- ✓ Translate Prioritized Needs into Strategic Projects
- ✓ Group Related Projects into Executable Initiatives



# Phase II and III Focus on Creating Operational Roadmaps for the Priority Initiatives and Projects to Create a High-Functioning Safety-Net System

## Phase II Engagement

### Objectives of this Work:

Design and develop the Service Delivery Strategic Plan to build and operate a financially sustainable, comprehensive, high-functioning, equitable and affordable safety-net system of care for Travis County.



**Phase I:**  
Define and  
Prioritize Initiatives








**Phase II:**  
Define Capabilities, and  
Design Operational  
Roadmap



**Phase III:**  
Design  
Operational Models and  
Financial Plans



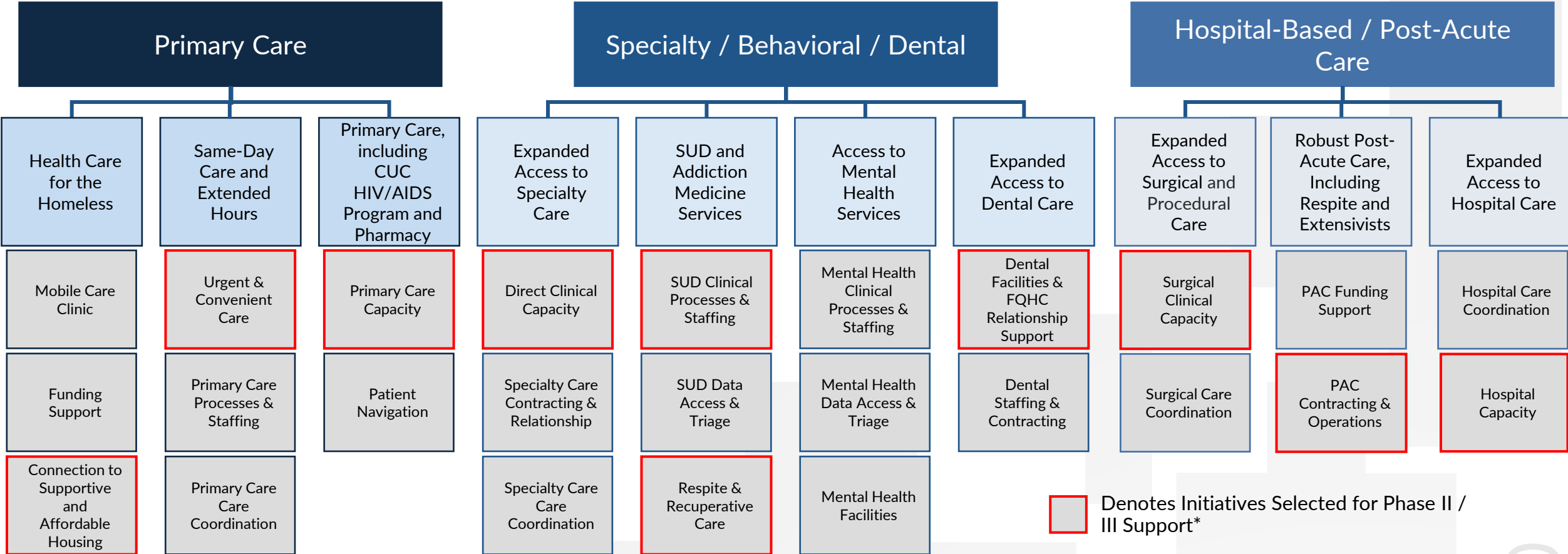
# Under Each Category, Central Health and Guidehouse Developed Initiatives and Projects to Address Each Community Need

Category	 <b>Primary Care</b>	 <b>Specialty / Behavioral / Dental</b>	 <b>Hospital-Based / Post-Acute Care</b>	 <b>Foundational Enablers</b>	 <b>Social Determinants of Health and Coverage Programs</b>
Community Needs	<ul style="list-style-type: none"> <li>• Health Care for the Homeless</li> <li>• Expanded Access to Same-Day Care and Extended Hours, Including Virtual Options</li> <li>• Expanded Access to Primary Care, including CUC HIV/AIDS Program and Pharmacy</li> </ul>	<ul style="list-style-type: none"> <li>• Expanded Access to Specialty Care</li> <li>• Substance Use Disorder and Addiction Medicine Services, Including MAT and Alcohol Addiction</li> <li>• Access to Mental Health Services</li> <li>• Expanded Access to Dental Care</li> </ul>	<ul style="list-style-type: none"> <li>• Robust Post-Acute Care, Including Respite and Extensivists</li> <li>• Expanded Access to Surgical and Procedural Care</li> <li>• Expanded Access to Hospital Care</li> </ul>	<ul style="list-style-type: none"> <li>• Care Coordination</li> <li>• Pharmacy</li> <li>• Eligibility and Enrollment Services</li> <li>• Health Systems Interoperability and Technology / Data and Analytics</li> </ul>	<ul style="list-style-type: none"> <li>• Social Determinants of Health               <ul style="list-style-type: none"> <li>• Transportation</li> <li>• Connection to Supportive and Affordable Housing</li> </ul> </li> <li>• Coverage Programs, Benefits, and Structures               <ul style="list-style-type: none"> <li>• Enhanced Coverage and Benefits</li> <li>• Expanded Enrollment for Eligible Populations</li> </ul> </li> </ul>



# Related and Interdependent Projects Were Grouped to Create a Manageable Set of Initiatives That Rely on Similar Capabilities to Execute

## Clinical Initiatives



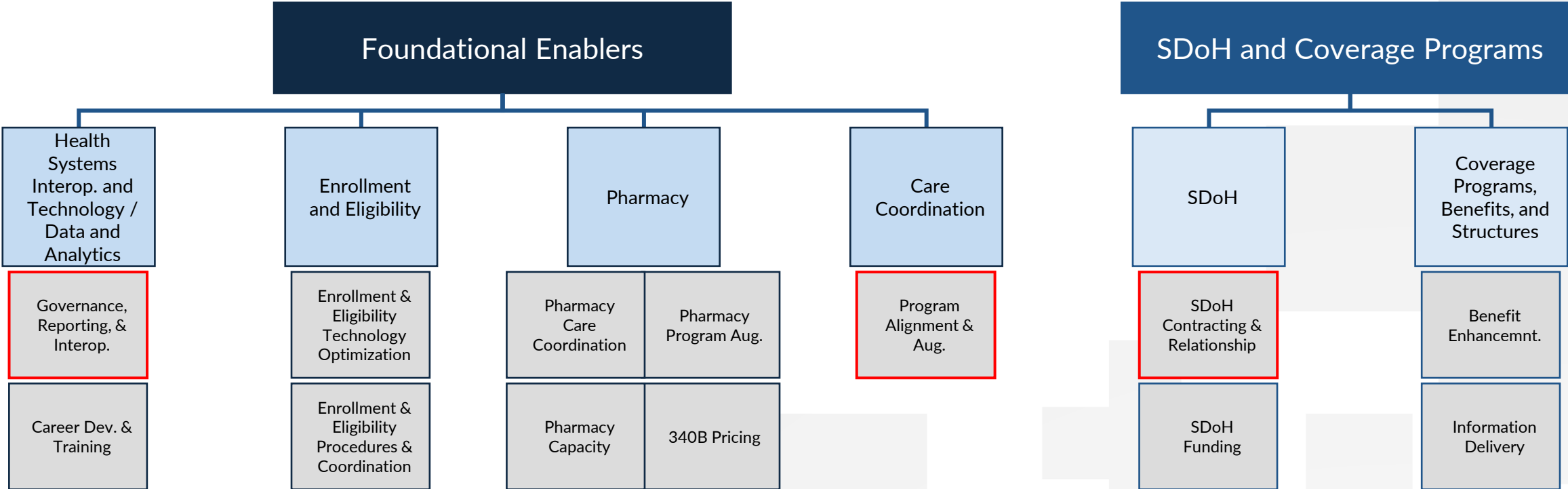
10 \*Central Health underwent a data driven approach to prioritizing the initiatives to address the most critical community needs. Central Health is prioritizing all the projects and initiatives developed in this engagement, Guidehouse will support the phasing of all projects and initiatives and support developing Phase 2 and 3 deliverables for prioritized initiatives. Central Health will lead the development of business plans for Central Health developed initiatives.





# Related and Interdependent Projects Were Grouped to Create a Manageable Set of Initiatives That Rely on Similar Capabilities to Execute

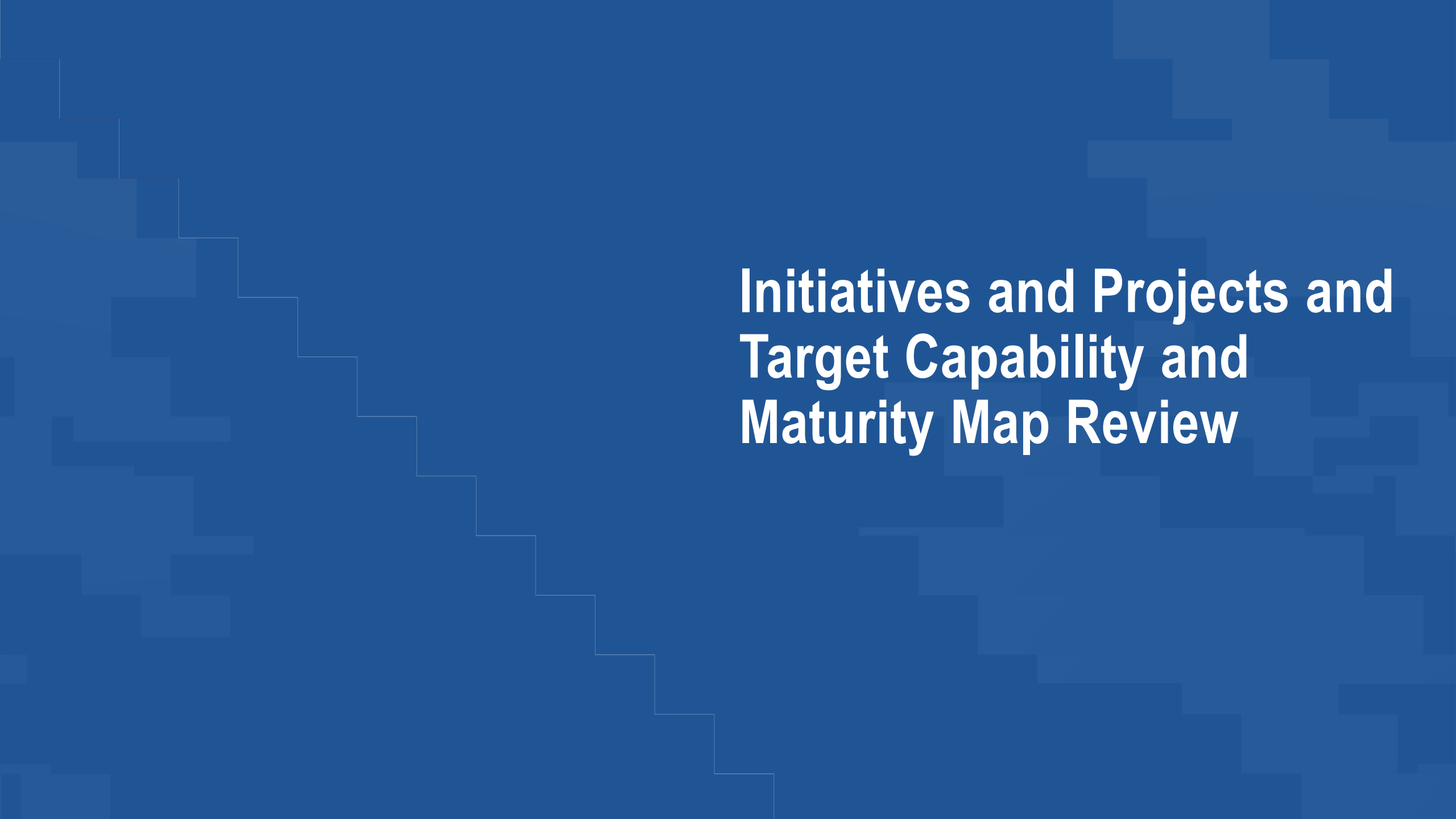
## Non-Clinical Initiatives



Denotes Initiatives Selected for Phase II / III Support\*

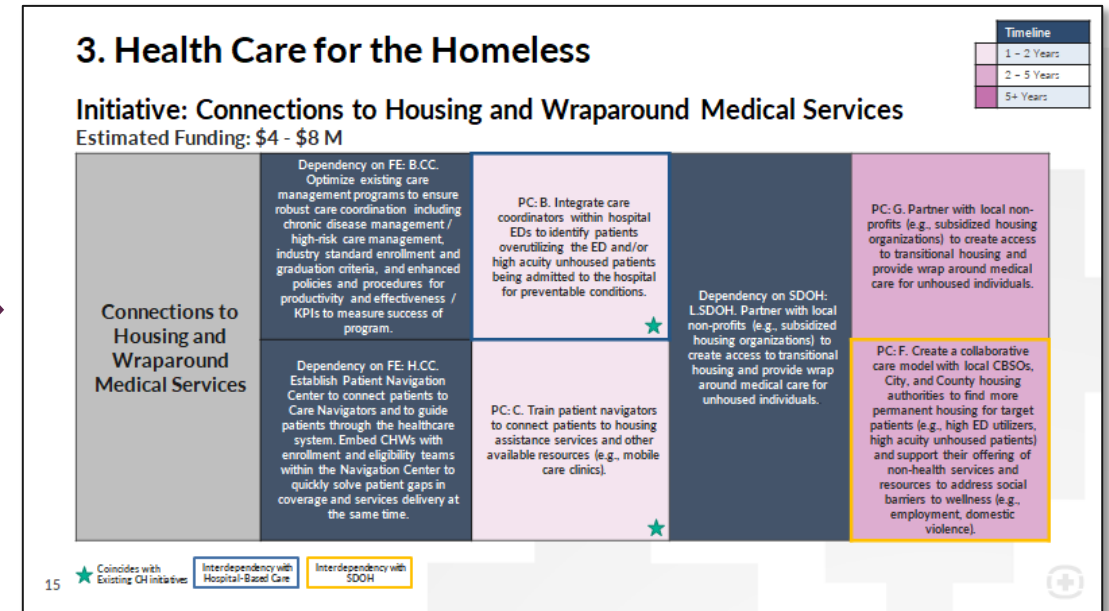
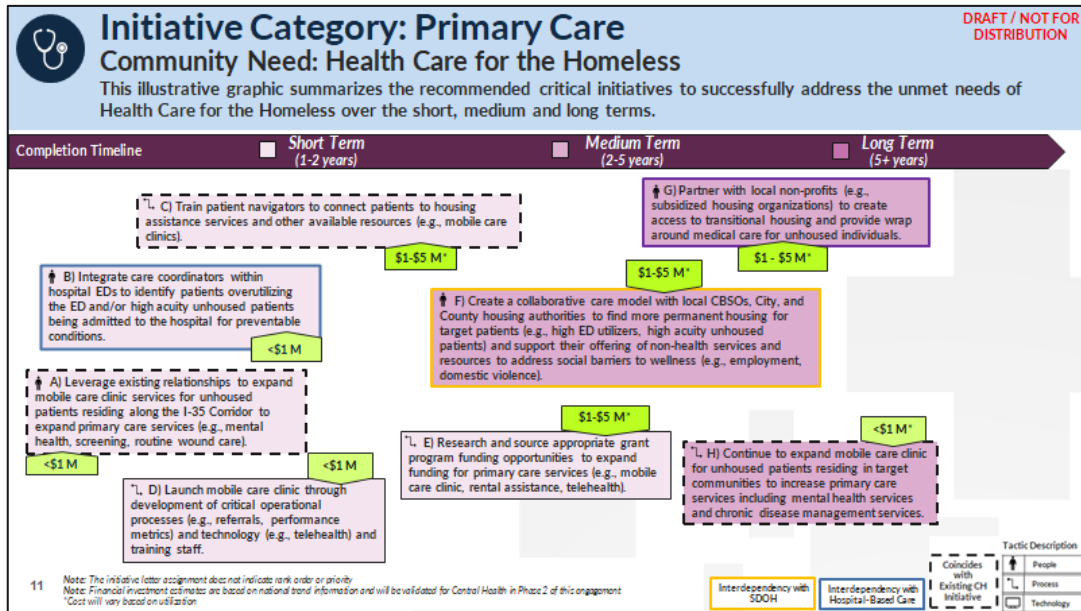
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# **Initiatives and Projects and Target Capability and Maturity Map Review**

# Guidehouse and Central Health Transitioned From Loosely Organized Projects to Catalogued Initiatives



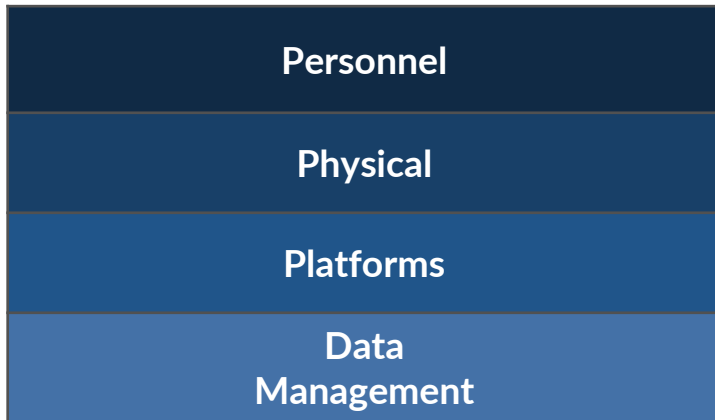
**Projects were grouped to create larger “workstreams” for implementation based on:**

1. Anticipated timeline
2. Interdependencies for implementation
3. Capabilities, skills, and expertise required for execution

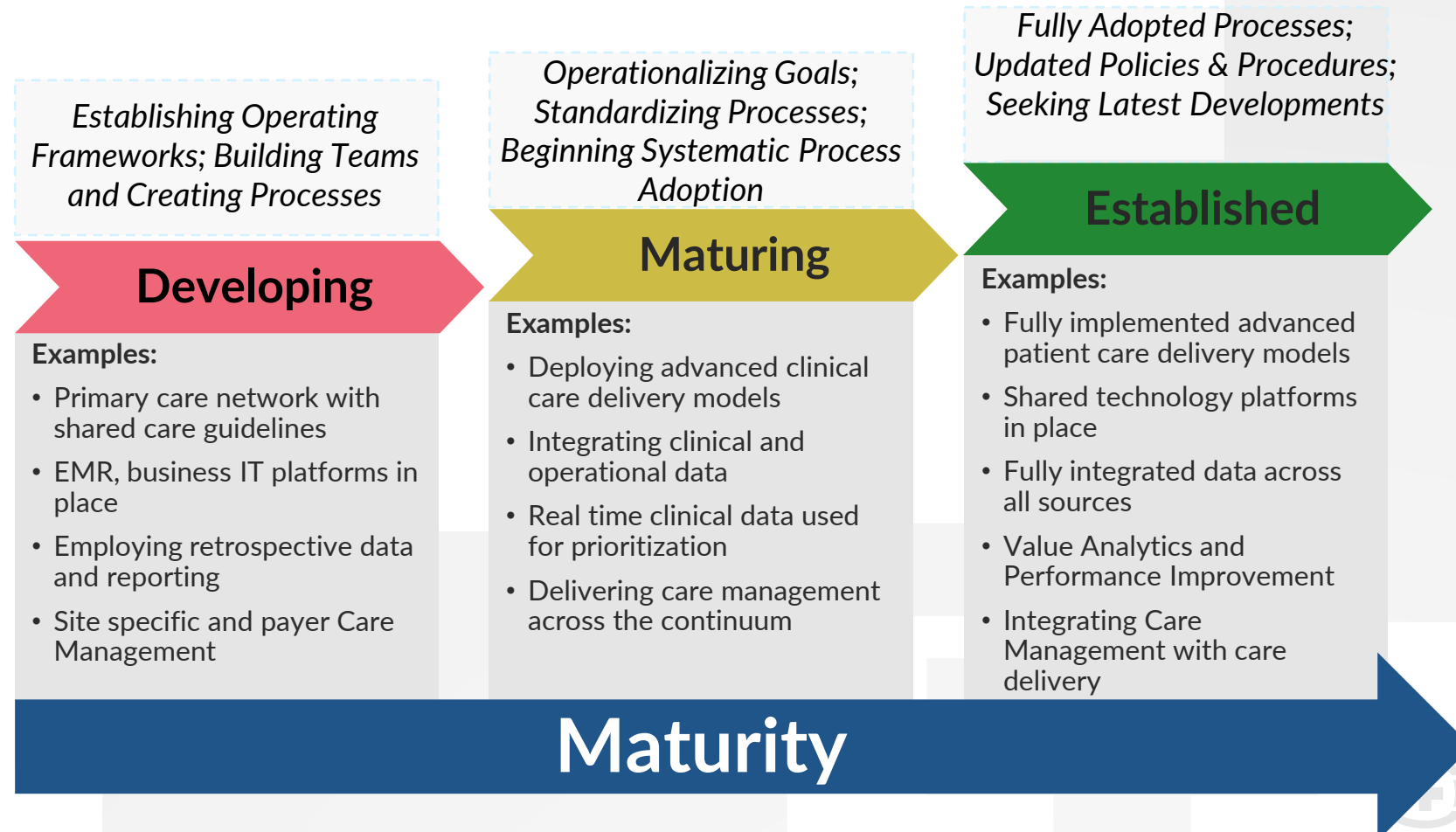


# Identifying Ideal State and Current State Capabilities Allows Guidehouse and Central Health to Accurately Plan for the Resources Needed to Implement Initiatives

Capabilities were categorized into four domains:



Capability maturity was assessed on a three-point scale:



# 3. Health Care for the Homeless

Timeline	
	1 - 2 Years
	2 - 5 Years
	5+ Years

## Initiative: Connections to Housing and Wraparound Medical Services

Estimated Funding: \$4 - \$8 M

<h3>Connections to Housing and Wraparound Medical Services</h3>	<p>Dependency on FE: B.CC. Optimize existing care management programs to ensure robust care coordination including chronic disease management / high-risk care management, industry standard enrollment and graduation criteria, and enhanced policies and procedures for productivity and effectiveness / KPIs to measure success of program. ★</p>	<p>PC: B. Integrate care coordinators within hospital EDs to identify patients overutilizing the ED and/or high acuity unhoused patients being admitted to the hospital for chronic and/or preventable conditions. ★</p>	<p>Dependency on SDOH: L.SDOH. Partner with local non-profits (e.g., subsidized housing organizations) to create access to supportive and affordable housing and provide wrap around medical care for unhoused individuals. ★</p>	<p>PC: G. Partner with local non-profits (e.g., subsidized housing organizations) to create access to supportive and affordable housing and provide wrap around medical care for unhoused individuals. ★</p>
	<p>Dependency on FE: H.CC. Establish Patient Navigation Center to connect patients to Care Navigators and to guide patients through the healthcare system. Embed CHWs with enrollment and eligibility teams within the Navigation Center to quickly solve patient gaps in coverage and services delivery at the same time. ★</p>	<p>PC: C. Train patient navigators to connect patients to housing assistance services and other available resources (e.g., mobile care clinics). ★</p>		<p>PC: F. Create a collaborative care model with local CBSOs, City, and County housing authorities to find more permanent housing for target patients (e.g., high ED utilizers, high acuity unhoused patients) and support their offering of non-health services and resources to address social barriers to wellness (e.g., employment, domestic violence). ★</p>

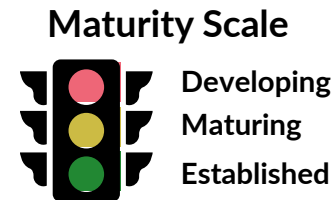
★ Coincides with Existing CH initiatives

Interdependency with Hospital-Based Care

Interdependency with SDOH

























# 3. Health Care for the Homeless



## Initiative: Connections to Housing and Wraparound Medical Services

Estimated Funding: \$4 - \$8 M

		Current State			
		Personnel	Physical	Platforms	Data Management
Overall Maturity Level		Maturing	Developing	Developing	Maturing
	Capabilities	Licensed RN care coordinators with experience in identifying unhoused patients at risk of being admitted to the hospital for preventable conditions or frequently visiting the ED 	Affiliate Emergency Departments to house licensed care coordinators 	Directory of available housing assistance services, resources, and benefits with built in referral process 	Consistent and timely access to quality and complete acuity, risk, and clinical services data 
Staff with experience in delivering information on available housing assistance services and other resources for unhoused and housing insecure 		Physical ability to centralize staff with experience in offering housing assistance services and resources to patients 	Database of available housing and bed options contracted CBSO's, city and county housing authorities with ability to reserve beds/units 	Access to performance metrics and reports to understand efficacy of care coordinators 	
Staff with experience in collaborating with high acuity patients and caregivers and meeting them where they are in educating on available services, benefits, technology, and applications 		Physical ability to offer respite care for unhoused and housing insecure patients and to work with community partners on transitional housing 		Access to roster of available housing and bed options with contracted CBSO's, city and county housing authorities 	
Partnership with local community-based organizations that provide temporary and/or permanent housing options with robust wrap-around services, such as substance abuse and mental health counseling, case management, and workforce development 		Physical availability of permanent housing and rapid re-housing options through partners for the unhoused and housing insecure patients 		Access to performance metrics and reports to understand efficacy of housing stability and impact on appropriate health care utilization 	
Partnership with city and county housing authority that provides available beds, housing vouchers, and rapid re-housing for Central Health's high acuity unhoused patients 		Availability of transportation to transport high acuity patients to available bed/unit 		Homeless Management Information System (HMIS) to collect data on available housing and connection to permanent housing and rapid re-housing 	
	Technology (e.g., tablets) to use with high acuity, unhoused patients to assist in completing applications for additional services and benefits 				

Key	
	Foundational
	Intermediate
	Sophisticated
	Efficiency Enabler

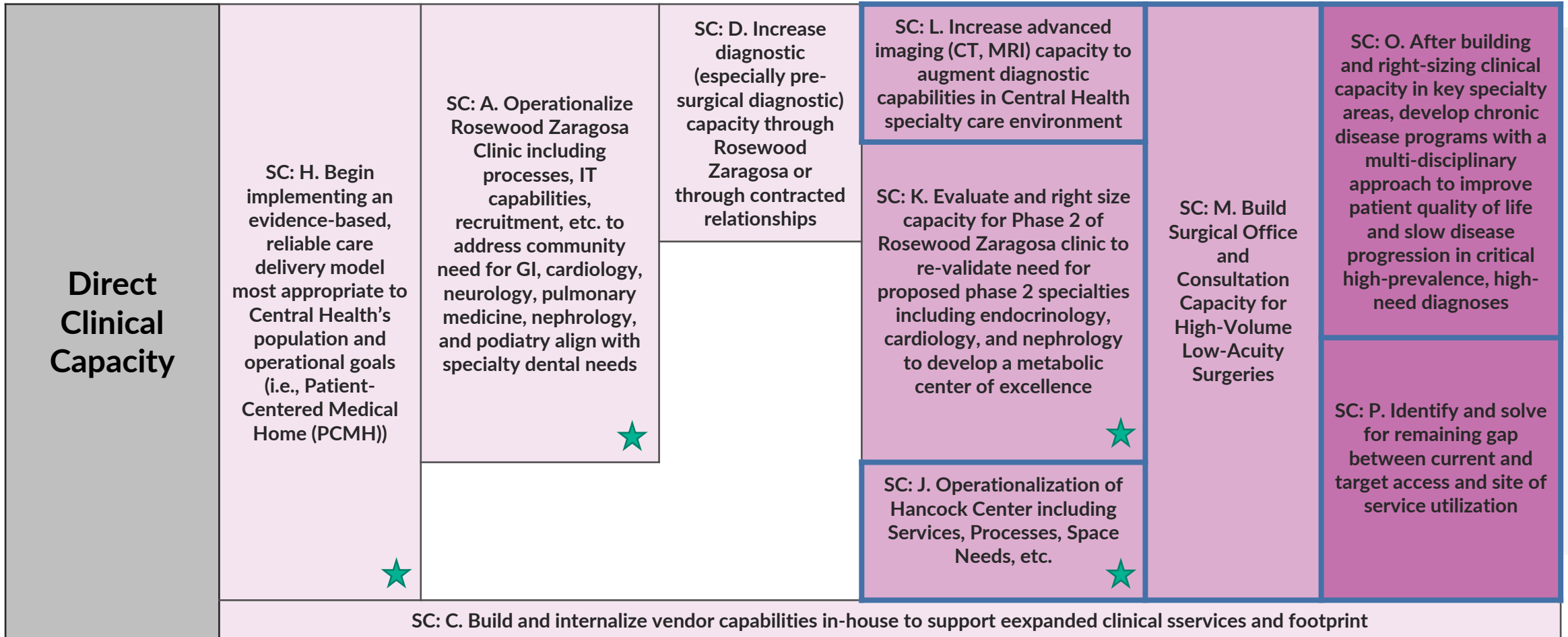


# 1. Expanded Access to Specialty Care

Timeline	
	1 - 2 Years
	2 - 5 Years
	5+ Years

## Initiative: Direct Clinical Capacity

Estimated Funding: \$42 - \$77 M



★ Coincides with Existing CH initiatives

Interdependency with Hospital-Based Care


















# 1. Expanded Access to Specialty Care





Maturity Scale



## Initiative: Direct Clinical Capacity

Estimated Funding: \$42 - \$77 M

		Current State			
		Personnel	Physical	Platforms	Data Management
Overall Maturity Level	Developing	Developing	Maturing	Maturing	Developing
	Capabilities	Clinical support staff (RNs and MAs) working at top of license in appropriate staffing ratio to physicians (variable by clinic) <sup>1</sup> 	Average of 2,000 square feet per FTE physician including 2-3 examination rooms per FTE physician, doing 12-16 visits per day. Space also includes office space, and front desk / waiting room areas <sup>1</sup> 	Ability to manage physical assets and personnel through robust integrated systems (e.g., resource planning) 	Ability to monitor practice performance against capacity benchmarks and target industry standard benchmarks through dashboards (e.g., Epic Capacity Command Center) 
Clinic managers with experience in managing multi-specialty clinic operations 		Flexible space with the ability to support wraparound medical or SDOH services 	Highly functioning EMR system including patient portal 	Financial management system ability to systematically implement, manage and audit performance-based payments to care teams for services rendered 	
Service line directors and RN clinical educators with experience in overseeing service line performance and working with physicians, peers, and executives 		Suite of ancillary equipment capable of providing medical diagnostics for specialties in Central Health's clinical environment 	Ability to credential providers and ensure compliance with state and federal guidelines 	Ability to assess and report on overall clinic capacity constraints including total available exam rooms, template utilization, slot utilization, and provider / staffing capacity 	
Physician FTEs with experience in adhering to quality and efficiency standards 		<b>Sources:</b> (1) Medical Group Management Association Data Dive Cost and Revenue Survey, 2021. Front office support staff include medical receptionists, medical secretaries and other admin support while business operations support include general admin, patient and general accounting, managed care admin, and IT.			
Front office support staff and business operations support staff <sup>1</sup> 					
Ancillary support staff (e.g., imaging technicians) with experience in operating equipment in accordance with professional standards 					

Key	
	Foundational
	Intermediate
	Sophisticated
	Efficiency Enabler



# Guidehouse Developed Ideal State and Current State Capability Maps for Thirteen Initiatives to Begin Determining The Capabilities Required For Implementation

## *Selected Initiatives\*:*

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*Specialty Care Direct Clinical Capacity*  
*Care Coordination Program Alignment and Augmentation*  
*Surgical Clinical Capacity*  
*Hospital Capacity*  
*Primary Care Capacity*  
*SDOH Contracting and Relationships*  
*Governance, Reporting, and Interoperability*

*Urgent and Convenient Care Capacity*  
*Connections to Housing and Wraparound Medical Services*  
*Post-Acute Care Contracting and Operations*  
*SUD Respite and Recuperative Care*  
*SUD Clinical Processes and Staffing*  
*Dental Facilities and FQHC Relationship Support*



# Next Steps



## Key Upcoming Tasks of Operational and Financial Sustainability Planning:

- Finalize Target Capability Architecture Maps including “ideal state” for capabilities required to operationalize initiatives
- Assess key considerations to operationalize initiatives including hospital capacity, post-acute care, and IT needs
- Develop operational roadmaps that include staging, sequencing and timing of initiatives and capabilities to support implementation of prioritized initiatives
- Construct Financial Models and Cost and Expense Modeling



# Appendix

# Central Health's Prioritized Community Needs

## Primary Care

- 3. Health Care for the Homeless
- 8. Expanded Access to Same-Day Care and Extended Hours, Including Virtual Options
- 9. Expanded Access to Primary Care, including CUC HIV/AIDS Program and Pharmacy

## Specialty Care / Behavioral / Dental

- 1. Expanded Access to Specialty Care
- 4. Substance Use Disorder and Addiction Medicine Services, Including MAT and Alcohol Addiction
- 7. Access to Mental Health Services
- 10. Expanded Access to Dental Care

## Hospital-Based Care / Post-Acute Care

- 2. Robust Post-Acute Care, Including Respite and Extensivists
- 5. Expanded Access to Surgical and Procedural Care
- 6. Expanded Access to Hospital Care

## Foundational Enablers

- **Additional Access Points and Infrastructure (e.g., Facilities, Technology, etc.)\***
- Care Coordination
- Comprehensive Multi-Disciplinary Care
- Eligibility and Enrollment Services
- Expanded Access to General Prevention and Wellness
- Health Systems Interoperability and Technology
- Management of Chronic Conditions
- Pharmacy
- **Physician and Clinical Workforce Supply, Including Demographically-Diverse Workforce\***

## Coverage Programs, Benefits, and Structures

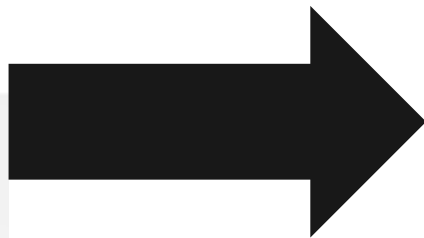
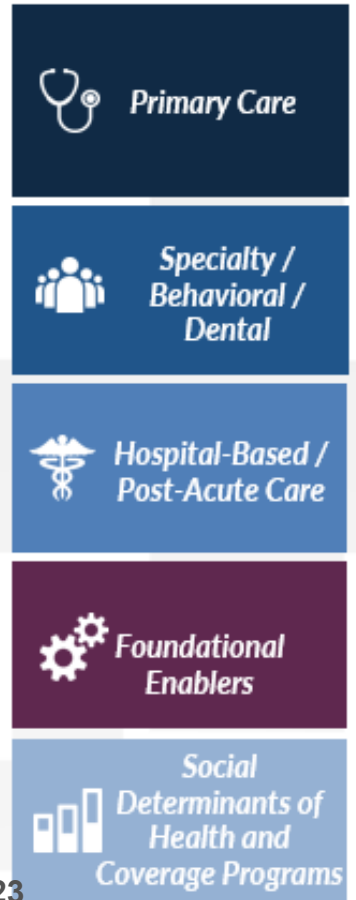
- Extended Enrollment Period for MAP
- Increased Enrollment of Eligible Populations
  - People experiencing homelessness, justice involved individuals, and communities where English and Spanish are not the primary language
- Restructure copays to remove patient barriers
- Additional coverage services and benefits
- Patient education (benefits, how and where to use MAP, copays)
  - Language access

## Social Determinants of Health

- Improved Community Transitions for Justice-Involved Individuals
- Culturally Competent Materials and Communications
- Affordable Housing
- Access to Transportation
- Access to Healthy Foods
- Technology and Internet Access
- Stable and Consistent Employment Opportunities
- Educational Support Programs

# Central Health and Guidehouse Underwent a Data-Driven Prioritization Exercise to Identify the Priority Level of Each Initiative Along an Effort and Impact Prioritization Matrix

## Initiative Categories



**Level of Effort**  
 Amount of time / resources / investment required to activate or optimize initiative.

High

↑

Low

**Tier 4: Recalibrate**  
 Assess how market developments and status of Tier 1 and Tier 2 initiatives impact the need for these initiatives.

**Tier 1: Mission Critical**  
 The most urgent and important initiatives with significant execution risk that are critical to realizing Central Health's strategic goals.

**Tier 3: Possible Future Priorities**  
 Initiatives that are unlikely to have a significant impact but also do not present major execution risks.

**Tier 2: Quick Wins**  
 Initiatives with an outsized impact for the safety-net community (relative to effort).

Low



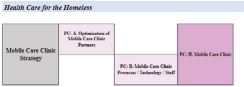
High

**Level of Impact**

Financial / quality impact that an initiative can support upon implementation / optimization.







# Initiative and Project Definitions

Milestone	Description	Example
<b>Strategic Imperatives</b>	Act as the guiding principles for Central Health’s strategic plans and priorities, underpinning everything under discussion	<i>Access &amp; Capacity; Care Coordination; Member Enrollment and Engagement; System of Care Infrastructure</i>
<b>Category of Community Need</b>	Defines the categorization of community needs that align with the Phase 1 Health Equity Plan	<i>Primary Care, Specialty / Behavioral / Dental, Hospital-Based / Post-Acute Care</i>
<b>Community Need</b>	Describes the unmet demand for health and non-health care need (social) for Central Health's patient population	<i>Health Care for the Homeless</i>
<b>Initiatives</b>	Align related projects strategically based on interdependencies	
<b>Projects</b>	Explain the “what” that needs to be done to address community needs identified through analysis	<i>Optimization of Partner Mobile Care Clinics to Expand Primary Care Services to the Unhoused</i>
<b>Dependencies</b>	Determines and identifies the foundational initiatives that enable the success of other initiatives	<i>Care Coordination Program Optimization -&gt; Deployment of ED-Based Care Coordination Teams</i>
<b>Capabilities</b>	Capabilities define the “what is needed” to implement the initiatives <ul style="list-style-type: none"> <li>• Personnel</li> <li>• Physical infrastructure</li> <li>• Platforms and Systems</li> <li>• Data management and access</li> </ul>	<ul style="list-style-type: none"> <li>• <i>Personnel: 6 Cardiologists, RNs, APPs</i></li> <li>• <i>Physical: clinic space (8.6k SQFT)</i></li> <li>• <i>Technology: EMR</i></li> <li>• <i>Data: sharing and analytics</i></li> </ul>
<b>Operational Roadmap / Activities</b>	Operational roadmaps are the “how” we build the capabilities needed to implement the initiatives	<ul style="list-style-type: none"> <li>• <i>Creating capacity and efficiency</i></li> <li>• <i>Build, buy, partner</i></li> <li>• <i>Dependencies and sequencing</i></li> </ul>



# Capability Map Definitions

Maturity Level		Description
Developing		<ul style="list-style-type: none"> <li>Establishing Operating Frameworks</li> <li>Building teams and creating processes</li> </ul>
Maturing		<ul style="list-style-type: none"> <li>Operationalizing goals</li> <li>Standardizing processes</li> <li>Beginning systematic process adoption</li> </ul>
Established		<ul style="list-style-type: none"> <li>Fully adopted processes</li> <li>Updated policies and procedures</li> <li>Seeking latest developments</li> </ul>
Target State Indicator		Description
	Foundational	Must have capability for initiative to be executed
	Intermediate	Common standard capability for similar systems
	Sophisticated	Best in class capability for similar systems
	Efficiency Enabler	Capability improves process efficiency





# CENTRAL HEALTH

## **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.

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## **BOARD MEETING**

**April 26, 2023**

## **REGULAR AGENDA ITEM 4**

Receive and discuss a briefing regarding *Travis County Healthcare District d/b/a Central Health v. Ascension Texas f/k/a Seton Healthcare Family*, Cause No. D-1-GN-23-000398.<sup>3</sup> (*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 April 26, 2023

Who will present the agenda item? (Name, Title) Monica Crowley

General Item Description Receive and discuss a briefing regarding *Travis County Healthcare District d/b/a Central Health v. Ascension Texas f/k/a Seton Healthcare Family*, Cause No. D-1-GN-23-000398.<sup>3</sup> (*Informational Item*)

Is this an informational or action item? Informational

Fiscal Impact N/A

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

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

- 1) Briefing with legal counsel as needed. Please note that this agenda item will be taken up at the discretion of the chair based on status of the situation at the time of the meeting.
- 2) \_\_\_\_\_

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

Estimated time needed for presentation & questions? 10 minutes

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

Form Prepared By/Date Submitted: Briana Yanes/April 20, 2023



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## **BOARD MEETING**

**April 26, 2023**

## **REGULAR AGENDA ITEM 5**

Receive and discuss a briefing regarding *Birch, et al. v. Travis County Healthcare District d/b/a Central Health and Mike Geeslin*, Cause No. D-1-GN-17-005824 in the 345<sup>th</sup> District Court of Travis County.<sup>3</sup> (*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 April 26, 2023

Who will present the agenda item? (Name, Title) Monica Crowley

General Item Description Receive and discuss a briefing regarding Birch, et al. V. Travis County Healthcare District d/b/a Central Health and Mike Geeslin, Cause No. D-1-GN-17-005824 in the 345th District Court of Travis County.

Is this an informational or action item? Informational

Fiscal Impact N/A

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

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

- 1) Briefing with legal counsel as needed. Please note that this agenda item will be taken up at the discretion of the chair based on status of the situation at the time of the meeting.
- 2) \_\_\_\_\_

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

Estimated time needed for presentation & questions? 10 minutes

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

Form Prepared By/Date Submitted: Briana Yanes/ April 20, 2023



# CENTRAL HEALTH

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## **BOARD MEETING**

**April 26, 2023**

## **REGULAR AGENDA ITEM 6**

Receive and discuss updates on the 1115 Medicaid Waiver, the Community Care Collaborative, and other healthcare delivery partners, programs, projects, reporting, and arrangements, including agreements with Ascension Texas and the University of Texas at Austin.<sup>3</sup> (*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 April 26, 2023

Who will present the agenda item? (Name, Title) Mike Geeslin, Monica Crowley

General Item Description Standing Partnership Item #6 (Reporting)

Is this an informational or action item? Informational

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

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

- Based upon direction from the Board of Managers, the FY2023 Central Health Budget Resolution, and the Affiliation Agreement between Central Health, CCC and UT, Central Health and University of Texas staff prepared a draft of an annual reporting matrix from UT to Central Health
- 1) Health  
Pursuant to the timelines set in the Budget Resolution, UT submitted initial examples of the types of data to be reported within the matrix on January 31, 2023. The matrix includes live, hyperlinks to datasets described in the matrix. UT is continuing to collect data to complete the reporting described in the matrix
  - 2)
  - 3) The matrix was presented as informational material for review in board packets on 12/14/22, 1/25/23, 2/22/23, and 3/29/23. Discussion occurred on 1/25/23.
  - 4) A preliminary report from Dell Medical School to the Board of Managers is tentatively scheduled for July 2023, in advance of the meetings for the FY 2024 Budget adoption. The FY 2023 Budget Resolution contemplates interval reports to occur during the time period from January 31, 2023 through January 31, 2024.
  - 5) The purpose of the discussion on April 26 is to stage future reporting by UT-Dell Medical School and understand the reporting matrix as the Board’s tool for accountability.

What backup will be provided, or will this be a verbal update? (Backup is due one week before the meeting.) Draft matrix including active hyperlinks to data

Estimated time needed for presentation & questions? \_\_\_\_\_



CENTRAL HEALTH

Is closed session  
recommended? (Consult  
with attorneys.)

N/A

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Form Prepared By/Date  
Submitted:

Monica Crowley, April 18, 2023

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Affiliation Agreement Term	Relevant Information or Data for Inclusion in Annual Report	Source of Information	Context Notes	Highlights
<p><b>4.1.</b> UT Austin Dell Medical School. UT will develop, own, and operate the UT Austin Dell Medical School and pursue full accreditation from the Liaison Committee for Medical Education (“LCME”) and the Accreditation Council for Graduate Medical Education (“ACGME”). Subject to continuing funding support from Seton and Central Health, UT Austin Dell Medical School will operate and serve as the Accreditation Council for Graduate Medical Education sponsoring institution of Graduation Medical Education residency programs in Austin, Texas, including those Graduation Medical Education programs currently sponsored by The University of Southwestern Medical Center (“UTSW”) in affiliation with Seton, with rotations at the Teaching Hospital and certain other IDS service sites in Travis County.</p>	<p>Accreditation Timeline and reaccreditation dates and overview of curriculum with any changes highlighted</p>	<p>Dell Medical School to provide</p>	<p>Liaison Committee for Medical Education (LCME) sets curriculum standards and oversight of medical schools through accreditation (hyperlink)</p>	
	<p><i>Graduation destination and specialty</i></p> <p><a href="#">Comprehensive List of Dell Med UME Graduates Mapped by Residency Match</a></p>	<p>Dell Medical School to provide to Central Health to use data as desired</p>	<ul style="list-style-type: none"> <li>Dell Medical School students would <u>only</u> now have the opportunity to match into local fellowships which have been started by Dell Medical School.</li> <li>A successful medical school matches residents to top tier residency and fellowship programs regardless of location.</li> </ul>	<ul style="list-style-type: none"> <li>300% growth in Graduation Medical Education programs (15→45) largely subspecialty fellowships in the last 7 years</li> <li><a href="#">Pursuing Excellence in Medical Education</a> (last updated June 2022)</li> </ul>
	<p><i>Dell Medical School to provide rotation grids of programs, initial date of accreditation and # of resident positions within the programs for both Accreditation Council for Graduate Medical Education and Texas Medical Board programs</i></p> <p><a href="#">Cumulative Dell Med ACGME Residency Totals</a></p> <p><a href="#">Combined Residency Rotation Grid</a></p>	<p>The Office of Graduation Medical Education at Dell Medical School to provide with agreement from Ascension.</p>	<p>Accreditation Council for Graduate Medical Education (ACGME) in cooperation with American Boards of Medical Specialties govern residency training requirement including training experiences which influence locations of service provision.</p> <p>Additional grids to be added in the future.</p>	

Affiliation Agreement Term	Relevant Information or Data for Inclusion in Annual Report	Source of Information	Context Notes	Highlights
	<p><i>Resident Matriculation Data - medical school of origin</i></p> <p><a href="#">Graduating Med School of Incoming Resident</a></p>			
<p><b>4.2.1</b> Assist the CCC in serving low-income communities by offering opportunities to train Residents and Medical Students in community-based settings</p>	<ul style="list-style-type: none"> <li>• <i>Med student curriculum including associated training sites.</i> <ul style="list-style-type: none"> <li>○ <a href="#">Dell Med UME Curriculum Overview</a></li> </ul> </li> <li>• PC (Primary Care) Clerkship, Elective Enrollment Numbers           <ul style="list-style-type: none"> <li>○ <a href="#">Primary Care Clerkship Enrollment Locations</a></li> </ul> </li> </ul>	<p>Dell Medical School to provide</p>	<p>Covered in 4.1 with curriculum</p>	
	<p><i>Residency/Fellowship rotation grids including associated training sites</i></p>	<ul style="list-style-type: none"> <li>• The Office of Graduation Medical Education at Dell Medical School to provide with agreement</li> </ul>	<p>Multiple clinics and hospitals across the developing Integrated Delivery System (IDS) are required to meet the necessary Accreditation Council for Graduate Medical Education (ACGME) training requirements to ensure that graduate learners have robust broad and deep training</p>	<p><a href="#">Dell Med resident demographics</a> (updated annually)</p>



Affiliation Agreement Term	Relevant Information or Data for Inclusion in Annual Report	Source of Information	Context Notes	Highlights
		from Ascension <ul style="list-style-type: none"> <li>Central Health to determine which are community-based settings associated with the safety net population</li> </ul>	experiences for continued accreditation.	
<p>4.2.2 Assist Central Health and the CCC in developing appropriate levels of clinical services at Community Clinics and new clinic locations in Travis County</p>	<ul style="list-style-type: none"> <li><i>Annual report for UT Health Austin provided to Central Health including services, volumes, and outcomes for MAP and MAP basic patients</i></li> <li>Effort allocation matrix for employed faculty could be provided with service specificity to affiliated partner.               <ul style="list-style-type: none"> <li><a href="#">Dell Med MSRDP Allocation Matrix</a></li> </ul> </li> <li>Include data from the master service</li> </ul>	UT Health Austin Information Technology  Medical Service, Research, and Development Plan (MSRDP) Allocation Grids (Central Health to determine if affiliate provides services to safety net population and at what level)	We annually provide this data and have for 4 years.  Medical Service, Research and Development plan effort allocation matrix represents distribution of Dell Med Clinical Faculty efforts across affiliates. Practice site location coordinated through affiliates.	

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	<p>agreement that is shared at the joint operating committee level once this is completed.</p> <ul style="list-style-type: none"> <li>○ Executive Summary to be provided</li> <li>● Include data from grids derived from exhibits to master service provider agreement with Central Health</li> </ul>			
<p><b>4.2.3</b> Promote effective and efficient medical practice by training professionals to work together in multi-disciplinary teams</p>	<p>Current examples of UT's accomplishments in this area.</p>	<p>Dell Medical School to provide</p>		<p><a href="#">Center for Health Interprofessional Practice &amp; Education</a> 2022 Annual Report</p>
<p><b>4.2.4</b> Assist the CCC, Central Health, and Seton with their Delivery System Reform Incentive Payment (“DSRIP”) projects under the existing Medicaid 1115 Waiver Program of the State.</p>			<p>This work is complete with the end of the DSRIP program.</p>	
<p><b>4.2.5</b> Provide medical care with a focus on preventative health care and the multitude of factors that impact health outcomes;</p>	<ul style="list-style-type: none"> <li>● Listing of all primary care sites where Dell Medical School faculty and residents provide care. (From resident rotation grids and faculty effort allocations outlined below. See 4.3) <ul style="list-style-type: none"> <li>○ <a href="#">Dell Med GME</a></li> </ul> </li> </ul>			<ul style="list-style-type: none"> <li>● List other relevant projects in Pop Health and Dell Medical School, e.g., M3 (Mobile, Medical, and Mental Health Care) Street Team, Community Driven initiatives, Community Care, Community Health Worker (CHW) programs in collaboration with Austin Public Health (APH), Lone Star Circle of Care (LSCC),</li> </ul>

Affiliation Agreement Term	Relevant Information or Data for Inclusion in Annual Report	Source of Information	Context Notes	Highlights
	<p style="text-align: center;"><a href="#">Clinical Training Locations</a></p> <ul style="list-style-type: none"> <li>• Current examples of UT’s accomplishments in this area. <ul style="list-style-type: none"> <li>○ <a href="#">Examples of Progress and Impact</a></li> </ul> </li> <li>• Medical Student Curriculum – Preventative Care <ul style="list-style-type: none"> <li>○ <a href="#">Overview of Preventive Care Components of UME Curriculum</a></li> </ul> </li> </ul>			<p>Black Men’s Health Clinic (BMHC), Ascension; Cancer Prevention and Research Institute of Texas (CPRIT) projects (Drs. Pignone, Shokar) and other relevant grants/contracts.</p> <ul style="list-style-type: none"> <li>• <a href="#">A Low-Cost Approach to Increasing Colorectal Cancer Screening in Vulnerable Patients</a></li> <li>• <a href="#">Innovation in Cancer Prevention &amp; Care</a></li> <li>• <a href="#">Improving the Continuum of Care for Mental Health</a></li> </ul>
<p><b>4.2.6</b> Recruit, train, and educate Medical Students, including those from diverse ethnic and cultural backgrounds, consistent with applicable Laws.</p>	<p><i>Student demographics</i></p>	<p>Dell Medical School to provide</p>	<p>Provided on Dell Med website and updated annually</p> <p><a href="#">Dell Med student demographics</a> (updated annually)</p>	
<p><b>4.2.7</b> Generate and utilize data to educate physicians and patients on methods to achieve better health outcomes and reduce health disparities in Travis County.</p>	<ul style="list-style-type: none"> <li>• Grand Rounds, Speaker Series, Workshops, Symposia and Seminars across the institution on select topics</li> <li>• Ongoing <a href="#">Dell Med/Travis County</a></li> </ul>	<p>Dell Medical School to provide</p>		

Affiliation Agreement Term	Relevant Information or Data for Inclusion in Annual Report	Source of Information	Context Notes	Highlights
	<a href="#">Medical Society Town Halls</a> for Central Texas Physicians			
<p><b>4.2.8</b> Endeavor to promote training that integrates biomedical science with other disciplines, thereby providing students with a full understanding of the myriad of factors that influence the individual and population health and suggested interventions that improve both, by developing and teaching innovative ways to provide medical care and strengthen population health within Travis County through research, education, public health policy and clinical practice.</p>	<ul style="list-style-type: none"> <li>• Provide MS3 curriculum and tracts populated.               <ul style="list-style-type: none"> <li>○ <a href="#">MS3 Curriculum Overview</a> <ul style="list-style-type: none"> <li>○ Annual list of community and leadership projects</li> <li>○ <a href="#">Comprehensive List of MS3 Projects by Year</a></li> </ul> </li> </ul> </li> <li>• Provide data on the Distinction tract and residents.               <ul style="list-style-type: none"> <li>○ <a href="#">ACT Curriculum Overview</a></li> </ul> </li> <li>• Health Equity and IPE Curriculum               <ul style="list-style-type: none"> <li>○ <a href="#">Dell Med Health Equity Course Overview by Academic Year</a></li> <li>○ <a href="#">Dell Med IPE Curriculum Overview</a></li> </ul> </li> </ul>	Dell Medical School to provide		Healthscape tract students have focused on delivering food for low-income Travis County residents (in the thousands) & eliminating medical debt with a specific focus on low-income communities of color (30+ a month)

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<p><b>4.2.9</b> Engage in clinical research to improve the quality of care in the community that will include integration of care, cultural sensitivity in treatment, and effective use of population data in the treatment of patients.</p>	<ul style="list-style-type: none"> <li>• Funded/unfunded clinical research information.               <ul style="list-style-type: none"> <li>○ <a href="#">List of Active Dell Med Research Projects by Department (Funded)</a></li> </ul> </li> <li>• Annual publications/presentations               <ul style="list-style-type: none"> <li>○ <a href="#">Examples of Impactful Research Stories</a></li> </ul> </li> <li>• Blue Ridge Rankings</li> <li>• Annual Funding Levels</li> </ul> <p><a href="#">Dell Med Blue Ridge Ranking and Current Research Funding Overview</a></p>	<p>Dell Medical School to provide</p>	<p>Should show growth over time</p>	<ul style="list-style-type: none"> <li>• Depression &amp; other mental health for low-income older population with at least one comorbidity through health callers</li> <li>• Diabetes management through non-medical approaches for patients with unmanaged diabetes at LSCC</li> <li>• Mental health support for vulnerable LGBTQ youth</li> <li>• Food vouchers and impact on child diet.</li> <li>• Produce prescription programs with Peoples Community Clinic</li> <li>• Meal delivery for better management of diabetes with Community Care patients.</li> </ul>
<p><b>4.3</b> UT Austin Dell Medical School Provision of Clinical Services. As soon as the Faculty and Residents are available in Travis County, Texas to provide clinical services, UT will make available, through the Seton 162b Entity or UT Austin Dell Medical School provider practice entities, appropriate members of its Faculty and Residents to provide clinical services at clinics and other facilities acting as providers for the IDS, including the Teaching Hospital, Dell Children’s Medical Center, and other</p>	<ul style="list-style-type: none"> <li>• Resident rotations and sites</li> <li>• Faculty effort allocations as described in section 4.2.2</li> </ul>	<p>Dell Medical School Graduation Medical Education to provide with Ascension approval</p> <p>Central Health to abstract relevant sections.</p>	<p><b>As students and residents do not operate without supervision, it is not possible to determine at the patient level the level of involvement. The entity could provide based on claims data at the faculty level as we do for UT Health Austin, request between Central Health and entity.</b></p>	

Affiliation Agreement Term	Relevant Information or Data for Inclusion in Annual Report	Source of Information	Context Notes	Highlights
<p>reasonably accessible facilities and clinics utilized by such Faculty and Residents to provide clinical services for IDS patients (“Service Sites”). Subject to evolutions in the generally accepted practice of medicine as reflected in periodic adjustments by the UT Austin Dell Medical School to its teaching programs, this participation will include Faculty and Residents providing a comprehensive range of medical services and clinic experiences to residents of Travis County who present to the various Service Sites and coordination with those Service Sites to assure efficient and quality care to the residents seeking services in those settings. At such Service Sites, the Seton 162b Entity or UT Austin Dell Medical School provider practice entities will accept MAP (or its successor) patients, Charity Care Enrollees, members of any health plan owned by Central Health and the CCC, any residents participating in any program of the IDS and uninsured patients, in the same manner and pursuant to procedures that ensure the same access as other patients of the Seton 162b Entity or UT Austin Dell Medical School provider practice entities regardless of the patient’s age, gender, race, color, religion, origin, sexual orientation, disability, health status, insurability, genetic information, source of payment, or utilization of medical or mental health services, consistent with the applicable UT Austin Dell Medical School Charity Care Policy. The Parties understand that the permanent and ongoing funding commitments of Central Health, CCC, and Seton to UT described in this</p>		<p>See Sec. 4.9 for charity care policy response</p>		

Affiliation Agreement Term	Relevant Information or Data for Inclusion in Annual Report	Source of Information	Context Notes	Highlights
<p>Agreement, in that certain affiliation agreement between Seton and UT being prepared as of the Effective Date of this Agreement, and indirectly through the comprehensive affiliation arrangement existing as of the Effective Date of this Agreement between or among Central Health, Seton, and/or CCC, including the Master Agreement and Omnibus Agreement, are the bases for UT Austin Dell Medical School's provision of clinical services under this Section 4.3. Should such funding commitments be diminished or otherwise compromised during the Term of this Agreement, UT Austin Dell Medical School will use its best efforts to continue to provide the same level of clinical services as furnished prior to the diminution or compromise of such funding commitment, subject to good faith negotiations among the Parties to promptly identify and arrange for comparable, alternative levels of funding to UT Austin Dell Medical School.</p>				

Affiliation Agreement Term	Relevant Information or Data for Inclusion in Annual Report	Source of Information	Context Notes	Highlights
<p><b>4.4 Women’s Health.</b> A primary obligation of Central Health and the CCC is to assure that adequate services of all types are available to the women of Travis County. The UT Austin Dell Medical School will assist Central Health and the CCC in meeting this obligation by providing comprehensive education and training in women’s health services to its Residents and Medical Students and comprehensive women’s clinical services to this population as described in Section 4.3 above. Further, the UT Austin Dell Medical School plans to accept the transfer of sponsorship from UTSW and maintain an accredited graduate medical education residency program which includes all aspects of women’s health.</p> <p><b>4.5 Ethical and Religious Directives.</b> The Parties acknowledge that Seton is limited by the Ethical and Religious Directives of the Catholic Church and cannot provide ERD Restricted Services in Seton facilities. UT agrees that it will cooperate with and assist the CCC and Central Health such that (i) the ERDs shall not impede the delivery of medically appropriate health care to the residents of Travis County outside of Seton facilities and (ii) the ERDs do not limit the education provided by Faculty to Medical Students and Residents. UT will participate with providers other than Seton to assure the education and training of the Residents and Medical Students in a comprehensive range of clinical services and the availability of such clinical services to Travis County residents.</p>	<p>Compliant with LCME and ACGME requirement (hyper link to LCME and ACGME)</p> <ul style="list-style-type: none"> <li>• Curricula and other data to be shared through the JOC <ul style="list-style-type: none"> <li>○ <i>Current # of interval tubals performed by faculty</i></li> <li>○ <i>Current # of postpartum risk reducing salpingectomies done by our faculty at Seton</i></li> </ul> </li> </ul>	<p>Dell Medical School to provide</p> <p>Dell Medical School to provide in conjunction with Ascension and St. David’s</p>	<ul style="list-style-type: none"> <li>• Dell Medical School has recruited and retained 3 Family Planning boarded faculty.</li> <li>• Current residents can no longer rotate at St. David’s. No longer have access in our program for postpartum tubal training except for those procedures done for risk reduction at Seton Medical Center Austin</li> </ul>	



Affiliation Agreement Term	Relevant Information or Data for Inclusion in Annual Report	Source of Information	Context Notes	Highlights
<p><b>4.6.</b> Ground Lease. UT will execute and maintain a ground lease with Central Health which shall, consistent with the terms of the ground lease, authorize Central Health to sublease certain property to Seton for the purpose of building and operating the new Teaching Hospital on such property (“Ground Lease”).</p>				
<p><b>4.7.</b> Permitted Investment Payments. UT shall utilize the Permitted Investment Payments for funding of Permitted Investments and shall periodically inform Central Health and the CCC through the JAC and other means acceptable to UT as to the nature of the Permitted Investments being supported by such Permitted Investment Payments.</p>	<ul style="list-style-type: none"> <li>• Permitted investments to be discussed in the JAC including: <ul style="list-style-type: none"> <li>○ Clinical Overhead Expenses Breakdown</li> </ul> </li> <li>• Annual review with the previously agreed upon procedures.</li> </ul>	<p>Central Health may abstract to present and explain to their board.</p>	<p>Central Health and Dell Medical School will work within the JAC and other relevant working groups to consider a staged approach to provide a university-wide acceptable means of reporting with a goal to complete stage one by September 1, 2023.</p>	
<p><b>4.8</b> Medical Support. Consistent with Section 4.3 above, (i) UT will coordinate with the CCC, Central Health, and Seton in developing and staffing programs that will provide medical and clinical services through the Faculty and Residents that will benefit the residents of Travis County and (ii) UT Faculty and Residents licensed, privileged, or otherwise authorized to provide patient care services shall be available to participate in the IDS.</p>	<p>No additional information available beyond the data noted for 4.2.2 and 4.3 above.</p>			
<p><b>4.9</b> MAP and Charity Care Patient Access to Clinical Services. As soon as the Faculty and Residents are licensed, privileged, or otherwise authorized and available to provide patient care services in Travis County, they will provide clinical services to the residents of Travis County as described in Section 4.3</p>	<p><i>Annual report to include reference to UT Health Austin Charity Care Policy</i></p> <p><i>Also related to reporting in 4.3 and 4.4</i></p>		<p><a href="#">UT Health Austin Charity Care Policy</a> previously provided</p>	

Affiliation Agreement Term	Relevant Information or Data for Inclusion in Annual Report	Source of Information	Context Notes	Highlights
<p>above. Additionally, as described in Section 4.3 above and subject to evolutions in the generally accepted practice of medicine as reflected in periodic program adjustment by the UT Austin Dell Medical School, the UT Austin Dell Medical School shall coordinate with Central Health, the CCC, Seton, the Seton 162b entity and UT Austin Dell Medical School provider practice entities to make available Faculty and Residents to provide part of the physician services component of the (i) MAP Healthcare Services and Charity Care Health Care Services in comparable specialties and scope as are provided as of the Effective Date of this Agreement by UTSW faculty and residents under the Omnibus Agreement, through or in conjunction with that certain UTSW and Seton Affiliation Agreement, effective as of November 30, 2009, and (ii) women’s or other health services that Seton cannot provide because of ERDs. It is understood by the Parties that a period of five (5) years will be required for the UT Austin Dell Medical School to recruit a full complement of Faculty. In conjunction with the recruitment of additional Faculty and expansion of Graduation Medical Education programs by UT Austin Dell Medical School, additional specialty and sub-specialty care will be provided by Faculty and Residents at such Service Sites, consistent with the efficient delivery of clinical services and the UT Austin Dell Medical School mission. Expansion of specific clinical programs will be addressed by the JAC. On an annual basis, the JAC shall</p>				

Affiliation Agreement Term	Relevant Information or Data for Inclusion in Annual Report	Source of Information	Context Notes	Highlights
<p>consider changes to the types and volume of clinical services that it proposes to be provided by the Faculty and Residents through the Seton 162b Entity or UT Austin Dell Medical School provider practice entities. In the event that the members of the JAC cannot agree on the changes to the type and volume of clinical Dell Medical School services that it proposes to be provided by the Faculty and Residents licensed, privileged, or otherwise authorized to provide patient care services, the UT Austin Dell Medical School shall, consistent with Section 4.3 above, cooperate with Central Health, the CCC, the Seton 162b Entity or UT Austin Dell Medical School provider practice entities to provide in the next year the same type and volume of clinical services to Travis County residents (including MAP Enrollees and Charity Care Enrollees) as were provided in the immediately previous year, subject to evolutions in the generally accepted practice of medicine as reflected in periodic programmatic adjustments by the UT Austin Dell Medical School.</p>				
<p><b>4.10 Medical and Clinical Research Resources.</b> The Parties acknowledge that UT will, as a part of the UT Austin Dell Medical School’s mission, engage in research activities to develop medical and clinical innovations that will improve and enhance the medical care available to patients. The UT Austin Dell Medical School will participate in clinical research programs that are intended to expand the medical research presently performed in Travis County. UT will pursue a</p>	<p>No additional information available beyond the data noted for 4.2.9 above.</p>			

Affiliation Agreement Term	Relevant Information or Data for Inclusion in Annual Report	Source of Information	Context Notes	Highlights
broad range of medical research regardless of any potential conflict with the ERDs and in doing so will consider the eventual availability and accessibility to Travis County residents of the innovations developed from this research.				
<b>4.11</b> Seton/UT Affiliation Agreement. UT intends to enter into and maintain an Affiliation Agreement with Seton that will govern the relationship between the UT Austin Dell Medical School and Seton. UT will use reasonable efforts to maintain a similar affiliation agreement with Seton or any other entity that owns or operates the Teaching Hospital during the term of this Agreement.	Annual report to include reference to Seton affiliation agreement.			
<b>4.12</b> Master Agreement. UT will cooperate where reasonably possible with the CCC, Central Health, and Seton to assist in their performance under the Master Agreement.	No additional information to include in annual report.			
<b>4.13</b> Communication. The UT Austin Dell Medical School, CCC, and Central Health will communicate and share information on a regular basis regarding the participation of each Party in the IDS and will coordinate with each other in the effort to achieve IDS integration and efficiency.	Annual report to demonstrate UT's ongoing communication and information sharing.		Annual report to be created specific to Central Health as subset of an overarching Dell Medical School/UT Health Austin report	

## MEMORANDUM

**To:** Central Health Board of Managers

**From:** Monica Crowley, CSO & Sr. Counsel  
Mike Geeslin, President and CEO

**CC:** Perla Cavazos, Deputy Administrator

**Date:** March 24, 2023

**RE:** Information Item - Update on UT Reporting to Central Health

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### Overview

Based on feedback from the Board of Managers, the FY2023 Central Health Budget Resolution, and the Affiliation Agreement between Central Health, CCC and UT, Central Health and University of Texas staff prepared a draft annual reporting matrix from UT to Central Health. Pursuant to the timelines set in the Budget Resolution, UT submitted initial examples of the types of data to be reported within the matrix on January 31, 2023. The matrix includes live, hyperlinks to datasets and source documents described in the matrix.

Although UT has provided annual reporting to Central Health since 2015, as UT Health Austin and Dell Medical School have matured, the reporting requested by Central Health has also become more detailed. The current reporting matrix is intended to be a living document that will be updated annually by August to inform the Central Health board and the community about work UT is doing pursuant to the Affiliation Agreement.

Key areas of additional information in the matrix include:

- Detailed information on residency rotations pursuant to Section 4.1
- Allocations of employed faculty pursuant to Section 4.2.2
- GME clinical training locations pursuant to Section 4.2.5
- Active Dell Med research projects pursuant to Section 4.2.9

These past reports as well as the latest iteration of the reporting matrix, still in progress, are attached to this memo to demonstrate the progress that is underway towards improved reporting.

### Next Steps

- UT will continue to collect data and present a review of the information in the matrix to the Board at the April Board of Managers meeting
- UT will complete collection of data to be presented in the matrix
- Central Health and Dell Medical School will work within the JAC and other relevant working groups to consider a staged approach to provide a university-wide acceptable means of reporting with a goal to complete stage one by September 1, 2023, pursuant to timelines set in the Budget Resolution and Section 4.7 of the Affiliation Agreement.



**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>February 23, 2023</u>
Who will present the agenda item? (Name, Title)	<u>No Presentation – draft matrix including active hyperlinks attached</u>
General Item Description	<u>Standing Partnership Item</u>
Is this an informational or action item?	<u>Informational</u>
Fiscal Impact	<u></u>
Recommended Motion (if needed – action item)	<u>N/A</u>

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

- 1) Based on feedback from the Board of Managers, the FY2023 Central Health Budget Resolution, and the Affiliation Agreement between Central Health, CCC and UT, Central Health and University of Texas staff prepared a draft annual reporting matrix from UT to Central Health.
- 2) Pursuant to the timelines set in the Budget Resolution, UT submitted initial examples of the types of data to be reported within the matrix on January 31, 2023.
- 3) The matrix includes live, hyperlinks to datasets and source documents described in the matrix.
- 4) UT will continue to collect data to complete the reporting and present to the Board at the March Board of Managers meeting.
- 5) Future presentations will be compiled and aggregated information, with context. Source documents and datasets are being provided to the Board as a demonstration of work progress.

What backup will be provided, or will this be a verbal update? (Backup is due one week before the meeting.)	<u>Draft matrix including active hyperlinks to data</u>
Estimated time needed for presentation & questions?	<u>No Presentation</u>
Is closed session recommended? (Consult with attorneys.)	<u>N/A</u>
Form Prepared By/Date Submitted:	<u>Monica Crowley, February 16, 2023</u>



**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 January 25, 2023

Who will present the agenda item? (Name, Title) Monica, Charles, Mike

General Item Description Standing Partnership Item – UT Dell Medical School

Is this an informational or action item? Informational

Fiscal Impact \_\_\_\_\_

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

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

- As part of the FY23 budget resolution, the board directed staff to work with UT to develop an
- 1) annual reporting matrix from UT to the Central Health board
- 2) A draft matrix was presented in December of 2022
- An updated reporting structure based upon the Affiliation Agreement between CH, CCC and UT
- 3) and based upon the draft matrix was developed collaboratively between CH and UT
- The finalization of financial reporting structures will continue with a report to the board in June
- 4) of 2023

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

Estimated time needed for presentation & questions? 30 minutes

Is closed session recommended? (Consult with attorneys.) Potential consult with attorneys

Form Prepared By/Date Submitted: Monica Crowley, January 18, 2023



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 12/14/2022

Who will present the agenda item? (Name, Title) Perla Cavazos & Monica Crowley

General Item Description Partnership Item

Is this an informational or action item? Informational

Fiscal Impact

Recommended Motion (if needed – action item) Not applicable

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

- As directed by the FY2023 Budget Resolution staff are sharing a draft reporting matrix that lists
1) reporting requirements for UT Austin Dell Medical School.
Staff have scheduled a meeting with UT to discuss required details that should be provided to CH
2) including a timeline for receiving the information.
3) Staff will return in January for a broader board update on the matrix and reporting information.
4)
5)

What backup will be provided, or will this be a verbal update? (Backup is due one week before the meeting.) Draft matrix on UT Dell Medical School Reporting

Estimated time needed for presentation & questions? 5 minutes

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





# CENTRAL HEALTH

## **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.

## **BOARD MEETING**

**April 26, 2023**

## **REGULAR AGENDA ITEM 7**

Confirm the next regular Board meeting date, time, and location. (*Informational Item*)