

FILED
AT 2:56 O'CLOCK P.M.
SEP 11 2025
AMY FINCHER
County Clerk, County Court at Law
Angelina County, Texas
GR

AGENDA

Board of Health Meeting

When: 7:00 a.m., Wednesday, September 17, 2025

Where: Classroom/205 Shands Building

[https://teams.microsoft.com/meetingOptions/?organizerId=d96c7722-f07f-49b7-af79-53c18a80e62c&tenantId=b47be331-a44c-4dfb-88cb-12b914a1b9a7&threadId=19 meeting YTIwNDY5NzAtODdiYS00Zig3LTg3YWVetZTczMjYzN2RmMDA1@thread.v2&messageId=0&language=en-US](https://teams.microsoft.com/meetingOptions/?organizerId=d96c7722-f07f-49b7-af79-53c18a80e62c&tenantId=b47be331-a44c-4dfb-88cb-12b914a1b9a7&threadId=19%20meeting%20YTlwNDY5NzAtODdiYS00Zig3LTg3YWVetZTczMjYzN2RmMDA1@thread.v2&messageId=0&language=en-US)

Pages

Meeting ID: Meeting ID:

Passcode: Zg7Uq6hR

- A. Welcome
- B. Public Forum
- C. Discuss and Consider the Approval of Minutes from 8/27/2025
- D. Discuss and consider approval of selling Environmental Vehicle.
- E. Discuss and consider approval of title change for Anthony Carter Finance Manager to Finance Director.
- F. Discuss and consider pausing the Jail STD testing due to lack of state funding and staffing constraints.
- G. Discuss and consider charging \$60 for STD testing for clients that have commercial insurance due to lack of state funding.
- H. Discuss and consider decreasing the Retirement Matching from 5% to 3%.
- I. Discuss and consider approval of Case Management Policies 600-603, Clinical Policies 700- 722, Reimbursement Tracking Policy 813, Blood Board Pathogen Exposure 903, Quality Assurance Policies 1201- 1203 and 303 ACCHD Employee Benefit and COBRA Benefits
- J. Discuss and consider approving closed bids for the RMHI renovation.
- K. Finance Updates: Anthony Carter
- L. Administrative Updates: Yesenia Cabral-Fetcher
- M. Adjourn

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9-72

**MINUTES OF THE REGULAR MEETING OF
THE BOARD OF HEALTH
OF
ANGELINA COUNTY & CITIES HEALTH DISTRICT
HELD ON THE 27TH DAY OF AUGUST 2025.**

On the 27th day of August 2025, the Board of Health of Angelina County & Cities Health District, Lufkin, Texas convened in a Regular Meeting in the Classroom/205 Shands St, WIC building with the following members, thereof to wit:

BOH MEMBERS PRESENT

Chief Jesse Moody-Chair
Dr. Christina Graves
Dr. Kyle King
Mayor Trey Wilkerson
Dr. Jerry Johnson
Commissioner Kenneth Jeffrey
Dr. Karina Urquia
Judge Pete Johnson
Dr. Brittany Hanes

STAFF PRESENT

Yesenia Cabral-Fletcher, Administrator
Anthony Carter, Finance Manager
Martha Hernandez, Executive Assistant
Carlos Fernandez, Systems & Facilities Supervisor
Omar Estrada, Director of Environmental Services
Veronica Byrd, Environmental Services Inspector

GUESTS PRESENT

Krystal Garcia Riley- Attorney
Dr. Joshua Allen
Public Member

BOH MEMBERS NOT PRESENT

Pam Hooks
Commissioner Kenneth Jeffrey
Dr. Emily Todd-Parker
Mayor Todd Ricks
Being absent when the following business was transacted.

- A. WELCOME-** The meeting was called to order by Board Chair Chief Moody at 7:03a.m., with a quorum present. Board Chair Chief Jesse Moody welcomed the Board and thanked everyone for their attendance.
- B. PUBLIC FORUM-** Board Chair Chief Moody opened the public comment period at 7:04 a.m., no public comments were made. There being no one who wished to speak, Chief Moody closed the Public Forum.

CONSENT AGENDA

C. MINUTES OF THE BOH MEETING OF AUGUST 27TH , 2025 APPROVED.

Board Member Judge Pete Johnson moved to approve minutes as presented. Board Member Dr. Jerry Johnson seconded the motion and a unanimous vote to approve was recorded.

D. DISCUSSION & PRESENTATION AND APPROVAL OF THE FY JUNE 2025 FINANCIAL REPORT-APPROVED.

Anthony Carter, Finance Manager, presented the FY June 2025 Financial Report. The present financial report reflected the last 10 months into the budget, about 83% of expenditure and revenues. Mr. Carter explained that revenue mirrors a lower amount since funding has been cut by federal cuts. The higher expenses have been in maintenance because of A/C issues this year. The lower expenses in PHEP are due to the resignation of the director in this department, and salary is not being paid. The new director will start in September 2025.

Board Member Dr. Kyle King moved to approve the FY June 2025 Financial Report as presented. Board Member Dr. Jerry Johnson seconded the motion and a unanimous vote to approve was recorded.

E. REVIEW AND CONSIDER OF PROPOSED EMPLOYEE BENEFIT PLAN FOR FY26 – APPROVED.

Anthony Carter, Finance Manager, presented the proposed Employee Benefit Plan FY 2025-2026. The new proposed plan will allow ACCHD to keep the existing PPO plans but will be adding two new HMO plans for employees to choose if they decide to add family members. The FY2026 budget was adjusted to help ACCHD pay a major part of the premium to supplement the employee insurance cost.

Board Member Dr. Christina Graves moved to approve the FY 2026 Employee Benefit Plan as presented. Board Member Dr. Jerry Johnson seconded the motion and a unanimous vote to approve was recorded.

F. REVIEW AND CONSIDER APPROVAL OF BOARD OF HEALTH MEETING FY26 CALENDAR -APPROVED.

Yesenia Cabral-Fletcher recommended the new schedule for FY2026 board meeting be held monthly. It is essential to help keep the business of ACCHD running smoothly. Prior the BOH meetings were quarterly, but special meetings were held to address important issues.

Board member Dr. Kyle King moved to approve the Board of Health Meeting FY25 Calendar recommendation as presented. Board Member Dr. Jerry Johnson seconded the motion and a unanimous vote to approve was recorded.

G. DISCUSS AND CONSIDER APPROVAL OF IMMUNIZATION FEE INCREASES EFFECTIVE 9/1/2025 - APPROVED.

Yesenia Cabral-Fletcher, ACCHD Administrator presented the proposed new immunization fee increases effective 9/1/2025. It will be a slight increase to help offset the administrative cost and the cuts in Federal and State funding.

Board Member Mayor Trey Wilkerson moved to approve the increases of the immunization fee as recommended. Board Member Dr. Kyle King seconded the motion and a unanimous vote to approve was recorded.

H. DISCUSS AND CONSIDER APPROVAL OF REVISED POLICIES AND PROCEDURES: ADMINISTRATIVE POLICIES (200-210), BENEFITS POLICIES (300-308), EMPLOYMENT POLICIES (500-514), INFECTION PREVENTATION AND CONTROL POLICIES (900-903) AND IT AND SECURITY POLICIES – APPROVED.

Yesenia Cabral-Fletcher, ACCHD Administrator, presented the Personnel /Procedure Policies. These policies were mirrored to reflect the policy manual for the City of Lufkin. It was noted that ACCHD current policies had a lot of gaps. The main highlighted policy that was presented to the board was the #303 ACCHD employee and COBRA Benefits regarding allowing employees to carry over 80 hours from one fiscal year to the next. This is to encourage employees to take time off from work and less burnout. The policies presented for approval are as follows: #200-Personnel Records, #201-Public or Client Complaint vs Incident/Adverse Outcome Report, #202-ACCHD and WIC Closing Procedures, #203-Management of Ethical Issues, #204-Medication and Medical Supply Integrity, Expiration Date and Storage, #205-Fraud and Abuse, #206-Employee Response During a Declared Emergency Event, #207-Weather Closing and Emergency, #208-Interim Life Safety Measure, #209-Development and Revision Process for Policies and Procedures, #210-Student Rotations and Internships, #300-Leave without Pay/Family and Medical Leave Act (FMLA) Extended Medical Leave and Military Family Leave, #301-Workers' Compensation, #303-ACCHD Employee Benefit and COBRA Benefits, #304-Funeral and Bereavement Leave, #305-Jury Duty, #306-Medical Care for Employees at ACCHD, #307-Holiday Policy, #310-Meal Breaks, #500-Posting and Filling of Open Positions, #501-Equal Employment Opportunity and Employment Disqualification, #502-New Employee Orientation, #502A-Human Trafficking Required Training, #503-Employee Immunizations, #504-Employee Identification and Name Badge, #505-Job Descriptions, #506-Employee and Provider Credentialing Verification and Maintenance, #507-Reporting Personal Information Changes, #508-Part-Time/Short-Term Employment, #509-Employee Transfers, Promotion and Demotions, #510-Employee Separation and Recall Procedures, #511-Personal Property, #512-ACCHD's Automobile Use and Driver's License, #513-Employee Burnout, #514-Intimate Partner Violence and Required Training, #900-Managing Suspected or Confirmed

Bed Bug Activity, #901-Terminal Room Cleaning, #902-Hand Hygiene, and #1100-Information Technology (IT) and Security Policy.

Board Member Mayor Trey Wilkerson moved to approve all the policies and procedures presented. Board Member Dr. Kyle King seconded the motion, and a unanimous vote was recorded.

I. DISCUSS AND CONSIDER APPROVAL OF SALE OR DISPOSAL OR DONATION OF EXCESS OFFICE EQUIPMENT - APPROVED.

Yesenia Carbel-Fletcher, ACCHD Administrator presented the need to dispose of the furniture that is stored in the WIC building. The space is being under-utilized and will be needed for future office space.

Board Member Judge Pete Johnson moved to approve sale or disposal or donation of excess office equipment as recommended. Board Member Dr. Kyle King second the motion, and a unanimous vote was recorded.

J. DISCUSS AND CONSIDER APPROVAL OF DISPOSING OF THE ACCHD STORAGE BUILDING - APPROVED.

Yesenia Carbel-Fletcher, ACCHD Administrator explained the need to dispose of this storage building located on the ACCHD property. Carlos Fernandez, Systems and Facilities Supervisor presented the findings to the BOH. The ACCHD storage building is considered a liability now. It is an empty building that is severely deteriorated.

Board Member Judge Pete Johnson moved to approve the disposal of the ACCHD storage building as recommended. Board Member Dr. Karina Urquia second the motion, and a unanimous vote was recorded.

K. DISCUSS AND CONSIDER APPROVAL OF NEW MEDICAL DIRECTOR DR. JOSHUA ALLEN, EFFECTIVE 9/1/2025 AT A SALARY OF \$45,000/YEAR – APPROVED.

Yesenia Carbel-Fletcher, ACCHD Administrator, recommended Dr. Joshua Allen as the next ACCHD Medical Director. Special thanks were given to the outgoing Medical Director, Dr. Kindrell Tucker and to the outgoing interim Medical Director, Dr. Karina Urquia.

Board member Dr. Kyle King moved to approve the recommendation of the new medical director, Dr. Joshua Allen, effective 9/1/2025 at a salary of \$45,000 per year. Board member Dr. Christina Graves seconded the motion, and a unanimous vote was recorded.

L. DISCUSS AND CONSIDER APPROVAL OF BUDGET AMENDMENT FOR FY25 AND FY26 DUE TO INCREASE LIABILITY FOR LEAVE – APPROVED.

Anthony Carter, ACCHD Financial Manager presented to the BOH, the FY25 budget amendment was not needed after a close review, the request was included in the agenda for

precautionary purposes. The FY2026 budget is going to need an amendment to the budget. There was an adjustment down on the revenue side of the County & Cities Funds of \$78,699 due to the amounts already being doubled. Specifics funds were found for Preventive & other categories, which created an additional \$30,735 in revenue for injections. Additionally, there was an additional \$80,000 added to the revenue side to allow for one FTE Licensed Certified Social Worker for the Rural Mental Health program. The allowance for Uncollectible was also adjusted to reflect a lower amount, \$40,000. Anthony also made some adjustments with a buffer for accrued leave allowance and the increased insurance premiums due to the insurance being underestimated for the past two years, that is the reason for an increase in personnel expenditures. The contractual /professional services were also adjusted with a slight difference in increase from previous year and it was actually higher than budgeted. IT Network services were lowered by \$25,000; it was actual lower than budgeted. The telephone expense was also lower by \$9,083, it was overestimated. Overall the bottom line was adjusted to \$72,036.

Board member Dr. Kyle King moved to approve the recommendation of the budget amendment for FY26. Board member Dr. Jerry Johnson seconded the motion, and a unanimous vote was recorded.

M. DISCUSS AND CONSIDER APPROVAL OF EFT FOR TRUSTED VENDORS WITH CONSISTENT MONTHLY COST. INTRAFI PROCESS COMBINES BALANCES FOR SOUTHSIDE BANK- APPROVED

Anthony Carter, ACCHD Finance Manager, presented the proposal from Southside Bank. This process will help leverage the technology to help with the labor-intensive process in check processing for accounts payable. The fee for this process will be offset with the credit these accounts generate. Paper statements will still be generated from the vendors.

Board member Dr. Kyle King moved to approve the recommendation of EFT for Trusted Vendors with Consistent monthly cost and Intrafi process that combines balances for ACCHD accounts with Southside Bank. Board member Dr. Jerry Johnson seconded the motion, and a unanimous vote was recorded.

N. DISCUSS AND REVIEW THE MARKET ANALYSIS OF POSITIONS AND SALARIES AND CONSIDER AND ACTION REGARDING THE SAME.

Yesenia Carbel-Fletcher, ACCHD Administrator and Anthony Carter, ACCHD Finance Manager, presented the findings from this market analysis of positions and salaries. One employee was found to be under the market value of their position and only one employee was found to be a bit over for their position. The employee that is below the market value of their position will be ratified. No motion was needed.

O. DISCUSS AND CONSIDER APPROVAL OF PREVIOUS ADMINISTRATOR, KRISTINA CHILDRESS TRAVEL REIMBURSEMENT-APPROVED.

There was a scheduled meeting set for travel on the day the previous administrator was terminated. There was no time to anticipate the cancellation, due to the day termination happened. The reimbursement is for the cancellation fee for the hotel stay.

Board member Mayor Trey Wilkerson moved to approve the travel reimbursement of previous administrator contingent to proof of no refund of cancellation fee. Board member Dr. Karina Urquia seconded the motion, and a unanimous vote was recorded.

P. DISCUSS AND CONSIDER APPROVING THE TOP THREE STRATEGIC PLANNING THEMES-APPROVED.

Yesenia Carbel-Fletcher, ACCHD Administrator, presented the results of a Strategic Planning Summit conducted in April 2025 with the stakeholders of our community and the results from the employee feedback. The top three themes selected are:

1. **Strategic Collaboration and Partnerships-** We are committed to building sustainable, cross-sector partnerships to extend our impact and improve service continuity.
2. **Organizational Identity and Public Trust-** Building awareness, credibility, and clarity around ACCHD's role and services is essential to our success.
3. **Preventive Care and Health Education-** There is strong interest in shifting from reactive to preventive care through education and early intervention.

These priorities will guide our focus as we move forward in the strategic planning process, helping ensure our efforts reflect the values and needs of both our organization and the communities we serve.

Board member Judge Pete Johnson moved to approve the top three strategic planning themes as presented by ACCHD administrator, Yesenia Cabral-Fletcher. Board member Dr. Karina Urquia seconded the motion, and a unanimous vote was recorded.

Q. LEADERSHIP UPDATE: YESENIA CABRAL-FLETCHER.

Yesenia Carbel-Fletcher, ACCHD Administrator, presented an update on the activities at ACCHD. A lot has been happening, and administration has been working very hard on getting Case Management Program underway for the community. The State has been a tremendous help in getting this program off the ground, it will be very beneficial to our community. Another project that is being visited is increasing provider volume, administration has been meeting with the team to increase patient experience. Another item that is being looked at is establishing an audit schedule in all departments of the health district. Anthony is seeking the help of auditors from Axley & Rode Accounting Firm. Also the Community Health Bridges Program has had some significant Federal and State budget cuts. ACCHD is currently looking to see if this program is sustainable. She will be meeting

with the State to see what strategies are available to keep this program in place. This program provides a lot of education on chronic diseases and prevention in the community. They also ensure that food pantries provide healthy food and less junk food for the clients they serve. They also advocate for workers that are breastfeeding and ensure that they have private areas to pump their breastmilk.

Yesenia also gave update on the upgrades of the security system with B&D Security System, the vendor that was previously approved by the board of directors.

Yesenia also updated the Board of Health on improvements to the FAX system technology as it relates to E-Fax system. It will reduce costs and improve security towards receiving incoming faxes.

The 40-hour work week will start in September 2025, and all staff job classifications have been reviewed. Everyone is good to go.

The Rural Mental Health initiative is ready to be launched at the start of September 2025, building improvements will begin soon as well for this program.

R. FINANCE UPDATES: ANTHONY CARTER

Anthony Carter, ACCHD Finance Manager, gave update on process for the search for the new external auditor. A temporary auditor was contracted for the ACCHD Pharmacy audit for FY2025 end of year audit. All went well. All other business was covered in the earlier agenda items.

S. ADJOURN.

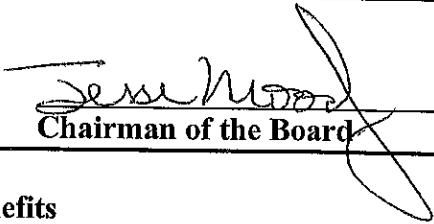
There being no further business, Board Chair Chief Jesse Moody adjourned the meeting at 8:14 a.m.

Chief Jesse Moody, Board Chair

ATTEST:

Martha Hernandez, Executive Assistant


Administrator


Chairman of the Board

Subject: ACCHD Employee Benefit and COBRA Benefits

Effective Date: August 27, 2025

Supersedes: New Policy

Policy: Angelina County & Cities Health District (ACCHD) offers its employees a comprehensive benefit package to our full-time employees. The benefit package includes medical, dental, life, and disability insurance for full-time employees and eligible dependents. The coverage, eligibility, premium contributions, carrier, and provisions of the plan are as approved by the Board of Health as appropriate. ACCHD also offers paid time off as listed below. The Board of Health reserves the right to change ACCHD's benefit package. In the event ACCHD's benefit package changes, employees will be notified in a timely manner.

Medical

All full-time employees are offered medical insurance.

The insurance provides for payment of hospitalizations and major medical expenses up to the limits of the policy for illness and accidental injuries unconnected to the job.

Details of the plan are discussed during the New Employee Orientation.

Coverage shall begin on the first day of the month following the date of hire for full-time employment.

Coverage will end on the last day of the termination month.

Dental/Vision

All full-time employees are automatically enrolled in the dental/vision plan insurance. ACCHD pays 100% of the dental and vision plan.

ACCHD pays dental and vision insurance.

Coverage shall begin on the first day of the month following the date of hire for full-time employment.

Coverage will end on the last day of the month in which termination occurs if premiums are deducted from the employee's payroll.

Other employee benefits programs may be provided through or mandated by the state or federal government, such as workers' compensation or unemployment compensation.

Major Life-Changing Event

During the health plan fiscal year, certain qualifying events will permit an employee to add or drop a dependent instead of waiting until the next open enrollment period as determined by ACCHD. Documentation of a major life-threatening event must be submitted to the Administrator when requested.

An employee shall notify their supervisor, and the supervisor will notify Human Resources or the Administrator within 30 days if any of the following major life-changing events occur. If the employee do not notify the HR department within 30 days of a major life-changing event as defined above, the employee must wait until the next open enrollment period to make benefit changes. Major life-changing events include:

1. Marriage or Divorce
2. Birth or Adoption of a Child
3. Change in Household Size. Due to a death in the family or the addition of a new dependent.
4. Loss of Other Coverage. Such as if a spouse loses his/her job and the dependent loses insurance coverage as a result.
5. Change in Employment: such as a spouse starting a new job, leaving a job, or changes in an employee's employment status from full-time to part-time.
6. Dependent reaches twenty-six (26): At 26, dependents must be removed from the parents' health plan.
7. Special circumstances such as becoming a U.S. citizen, gaining lawful presence in the U.S or being granted asylum or refugee status.
8. Loss of Medicare or Medicaid entitlements

Life Insurance

Upon the first day of the month after the full-time employee's hire date, ACCHD provides at no cost to the employee, \$10,000 towards group term life insurance. The employee has the option to contribute a higher value if they choose so. They also have the option to add a spouse or children.

Annual Leave

Fulltime employees are allowed to carry over 80 hours from one fiscal year to the next. At the end of the fiscal year, all hours over the carryover limit of 80 hours will be converted to sick leave hours. The Board of Health has the right to determine annual leave for the Administrator.

Full-time Annual Accruals:

0 but less than 2 years/ 8 hours

2 but less than 5 years/ 9 hours

5 but less than 10 years/ 10 hours

10 but less than 15 years/ 14 hours

15 years and over/ 16 hours

Part-time Annual Accruals:**0 but less than 2 years/ 4 hours****2 but less than 5 years/ 4.5 hours****5 years and over/ 5 hours**

Part-time employees are allowed to carry over 48 hours from one fiscal year to the next. At the end of the fiscal year, all hours over the carryover limit of 48 hours will be converted to sick leave hours.

Employees shall be allowed to use annual leave only after 90 days of continuous employment with ACCHD, according to the following:

1. Unused annual leave will "roll over" from year to year into sick time. No full-time employee may have more than 80 hours of annual leave to his/her credit at the end of the year. No Part-time employees may have more than 48 hours of annual leave his/her credit at the end of the year.
2. Payment upon separation from employment shall be made for unused annual leave only after 1 year of continuous employment, if the employee leaves in good standing.
3. Official holidays occurring during an annual leave day shall not be charged to annual leave.
4. Annual leave may be taken in 30-minute increments with the approval of department heads.
5. Annual leave may not be advanced to employees.
6. Annual leave may not be used in lieu of a termination notice.

Upon resignation, an employee will be paid based on the final completed work cycle. Annual leave accruals will be paid upon resignation of the employee who has been employed with ACCHD for at least one year and leaves in good standing.

Sick Leave

Employees shall be allowed paid sick leave in accordance with the following:

1. A full-time employee shall earn 8 hours of sick leave per month.
2. Sick leave may be taken in increments of 30 minutes for personal illness, injury, legal quarantine, or routine health care appointments, which cannot reasonably be scheduled outside working hours.
3. ACCHD may request and obtain verification of the circumstances surrounding any use of sick leave.
4. Earned annual leave may be used to supplement sick leave or in place of sick leave.
5. Employees may use up to 40 hours of accrued sick leave for illness related to immediate family members (spouse, children, stepchildren, parents, step-parents, or grandparents if any employee has been employed continuously for a minimum of 90 days).
6. No payment shall be made for unused sick leave upon separation.
7. Employees shall not continue to accrue sick leave while on unpaid leave for any reason or while on workers' compensation leave or any type of unpaid FMLA.
8. The Board of Health has the right to determine sick leave for the Administrator.

Retirement Plan

ACCHD offers 457B plan to all full-time employees after 1 year of continuous service. Employees participating in the plan are encouraged to speak to the Southside Bank for details on investment. The Board of Health has the right to determine retirement plan guidelines.

Consolidated Omnibus Budget Reconciliation Act (COBRA)

Angelina County & Cities Health District (ACCHD) complies with laws regarding the Consolidated Omnibus Budget Reconciliation Act (COBRA). COBRA is a health insurance program that allows an eligible employee and their dependents the continued benefits of health insurance coverage in the case that the employee loses their job or experiences a reduction of work hours for up to eighteen (18), twenty-nine (29), or thirty six (36) months provided the employee/dependent otherwise qualified under COBRA. The affected employee/dependent will be responsible for the cost of continued coverage.

Rules

1. In the event of an employee's termination of employment (except for gross misconduct), or reduction from full-time to part-time employment, the employee, spouse, and dependent children are entitled by law to purchase continuing health care coverage under the ACCHD group plan for up to 18 months.
2. If the employee or any member is disabled, the disabled individual and nondisabled family members are entitled to an additional 11 months of continuation coverage.
3. In the event of an employee's death, divorce, or legal separation, or a retiree losing coverage under the ACCHD's group because of enrollment in Medicare, the spouse and dependent children of the employee or retiree have the option of purchasing continuing coverage under the ACCHD's group health plan for up to 36 months.
4. If a dependent child loses coverage under the ACCHD's health plan because of age restrictions, the child can purchase continuing health care coverage under the ACCHD's plan for up to 36 months.
5. Employees or qualified beneficiaries electing COBRA coverage are responsible for paying the cost of the extended health care coverage. There is no waiting period, no exclusion for preexisting conditions, and no physical examination. Any amounts already paid toward deductibles and coinsurance during the current year count under the continuation policy.
6. In order for ACCHD to meet its legal obligations in providing continuing health care coverage, all employees must inform the ACCHD's Administration staff within 30 days of a divorce or legal separation or when a child has reached the age restriction.
7. Employees must update ACCHD's Administration of any changes in address for all employees and family members.
8. If an employee is unable to return to work following FMLA leave, if eligible, they will be offered COBRA at the employee's expense.
9. Information on extension of benefits under COBRA is available in the Administrative office and may be obtained during the normal working hours.
10. COBRA notifications will be provided to all employees within 30 days of their hire date.
11. All eligible employees and qualified dependents will be provided with COBRA information following their termination.
12. Retired employees are eligible for COBRA coverage. COBRA allows former employees, retirees, and their dependents to temporarily keep their health coverage. To be eligible for

COBRA, you must have coverage under an employer's plan before leaving, and you must leave because of a qualifying event, such as retirement.

Administrator

Chairman of the Board

Subject: Process for Case Management

Effective Date:

Supersedes: New Policy

Policy: Angelina County & Cities Health District (ACCHD) establishes guidelines for the scope of practice for Case Manager (CM). “The Commission of Case Manager Certification (CCMC) defines case management as: A collaborative process that assess, plans, implements, coordinates, monitors and evaluates the options and services required to meet the client’s health and human services needs. It is characterized by advocacy, communication, and resource management and promotes quality and cost-effective interventions and outcomes”. Case Managers assist clients/patient accomplish wellness, wholeness and good health outcomes. Case Managers rarely provide hands on care. Most of the work of CM focuses on education, patient advocacy and care coordination.

Education: Is focused on the plan of care, treatment options, medication management, discharge instructions, disease management and community resources etc.

Advocacy: Is accomplished by ensuring the client’s best interest is prioritized. Information is shared with other members of the interdisciplinary team. The client’s best interest drives decisions.

Care Coordination: Is accomplished when the right care is provided in the correct setting and in a timely manner.

Procedure:

Before initiating care the Case Manager (CM) will perform the following process:

1. Establish a collaborative professional relationship with clients, their families, their support systems, providers, pharmacists, stakeholders and other members of the health care system.
2. Acquire a referral for Case Manager from the provider’s office.
3. Acquire health records from the Provider’s office such as Face Sheet, medication list, medical diagnosis, results and any other information that will provide detailed information on the patient’s condition and challenges.

4. Provide the client/patient with consent for services. The consent must be signed and dated by the client/patient or Power of Attorney before the client/patient receives care from the ACCHD Case Manager.
5. Complete an initial assessment with the client/patient to identify goals and any potential or actual barriers that may interfere with the client/patient goals.
6. Continue to provide an ongoing assessment of the client/patient too ensure the goals are on track.
7. Establish a Plan of Care: Developed in collaboration with other stakeholders to resolve identified issues, actual or potential barriers. The client/patient is always involved in creating this plan.
8. Implementation: This is an application of the identified plan of care.
9. Monitor and Evaluates: Includes assessing the client/patient's progress or the effectiveness of the treatment plan and goals.
10. Coordination: Process where the CM coordinates the services (e.g. durable medical equipment, home care etc.) and resources used in the client's treatment and care.
11. Advocacy: Considers the client/patient's best interest and attempts to create awareness of the client/patient's situation within the interdisciplinary team.
12. Communication: Communicates with all relevant stakeholders on the above process to ensure all members of the interdisciplinary team are aligned with the patient's progress or adjust the interventions in order to reach goals.
13. Documentation: Documents all information in the clients record to ensure that the process is delineated, explained, and recorded.

Administrator

Chairman of the Board

Subject: Case Management Comprehensive and Initial Assessment

Effective Date:

Supersedes: New Policy

Policy: Angelina County & Cities Health District (ACCHD) establishes guidelines for Case Management (CM) assessment process.

Procedure:

A comprehensive, individualized and client-centered needs-based assessment is conducted and documented when the case is opened. The purpose of the assessment is to identify the client's problems, needs, and interests. Once the data is collected, the CM will analyze the information to develop a client-centered case management plan of care.

The assessment covers the following:

1. Client's health
2. Physical challenges
3. Functional challenges
4. Psychological issues
5. Behavioral issues
6. Sexual practices
7. Social status and needs.

Elements of the Assessment

Medical Assessment

1. Current health status and medical conditions.
2. Medications (prescribed and OTC, supplements).
3. Medication Adherence.
4. Medical/Surgical History.
5. Treatment History
6. Nutritional Status.
7. Treating Provider.
8. Past and current healthcare service utilization
9. Health goals.

Behavioral and Cognitive Assessment

1. History of or current substance abuse.
2. Depression risks screening.

3. Cognitive functioning.
4. Health Literacy.
5. Adherence to plan of care, and engagement.

Social Assessment

1. Family Dynamics.
2. Caregiver availability.
3. Community Involvement and support systems.
4. Environmental (living conditions).
5. Education.
6. Vocational status.
7. Financial status.
8. Socioeconomical background.
9. Access to nutritional foods

Housing

1. Safety Issues.
2. Access to care (insurance, transportation)
Cultural values, beliefs.
3. Sexuality.
4. Language preferences.
5. Hobbies, interest.
6. Advance Directives.

Functional Assessment

1. Activities of daily living (ADL).

Administrator

Chairman of the Board

Subject: Case Management Plan of Care

Effective Date:

Supersedes: New Policy

Policy: Angelina County & Cities Health District (ACCHD) establishes guidelines for Case Management Plan of Care. The objective of the planning phase is to develop an individualized case management plan of care, including goals and interventions, to address the needs and opportunities identified during the initial assessment or at any other time, while the client is receiving case management services. The Plan of Care should be completed with input from the client and or caregiver, providers and the interdisciplinary team.

An individual case management plan of care is developed with input from the client and stakeholders. Stakeholders are those with an interest or concern in the client and may include but are not limited to the family, caregiver, primary care providers, specialist payer source, and any other person or organization with vested interest in the health of the client. The plan of care should be individualized to the client and recognized the client's desire and preference as well as be consistent with evidence-based practices when applicable.

The development of the Case Management Plan of Care begins by analyzing all the information gathered during the assessment phase. The needs and opportunities identified are presented to the client. The CM then helps the client discover goals to work on. Interventions are planned to help the client reach their goals.

Short- and Long-term Goals

Long-term and short-term goals should be developed, prioritized and interventions should be planned. Long term goals are usually those that will take three to six months or longer to reach. Documentation should include the client's motivation to complete the goal.

The short-term goals are developed to help accomplish the long term goals. The interventions are the treatment, resources, services and education needed to meet the client's goals. Interventions should apply evidence-based standards and care guidelines when applicable. Client participation does not stop with the development of goals. Clients should also be

informed decision-makers in the planning of the interventions. The plan of care may be revised as needed.

The acronym **SMART** is used to identify the attributes of effective goals.

Specific: Clearly define goals

Measurable: Ensure that the goal can be measured to track progress.

Achievable: Set a realistic goal that can be accomplished.

Relevant/Realistic: Align the goal with broader objectives.

Time-based: Set a deadline for achieving the goal.

Documentation

The agreed upon goals should be documented and reviewed with client and stakeholders to ensure the documentation reflects the following:

1. The Analysis of the assessment findings supporting the individuals case manager plan of care.
2. The collaboration and communication between team members in developing the plan of care.
3. Client participation in the development of the case manager plan of care.
4. Client agreement of the plan of care, including goals expected outcomes and interventions.
5. That the client was given the information and resources necessary to make informed decisions.
6. Any changes or additions to the case management plan of care.

Administrator

Chairman of the Board

Subject: Patient Discharge of Case Management Services

Effective Date:

Supersedes: New Policy

Policy: Angelina County & Cities Health District (ACCHD) establishes guidelines for closure of Case Management services.

The final step of the case management process is the closure of the client-case manager relationship. Closure of case management services should be mutually agreed upon and occur when the client has met the desired goals and outcomes. Other reasons for closure or termination of case management services may include:

1. The client attainment of the highest level of functioning and or recovery, even if desired goals /outcomes have not been met.
2. Reaching the maximum benefit from case management services (up to one year).
3. Change in the client's healthcare setting, which necessitates the transition of care to another healthcare provider/CM (If patient gets hospitalized, the case must be closed and reopened after discharge).
4. The needs and/or desires of the client have changed.
5. Ongoing client non-compliance, non-adherence, and or disengagement to the case management plan of care.
6. Lack of progress towards goals.
7. Inability to contact the client.
8. The client refuses further case management services.
9. Death of the client.
10. The provider request the closure of case management.
11. The client no longer meets the program requirements.
12. Loss of eligibility for the services before reaching the desired outcomes.

If a provider request termination of case management services, against the client wishes, ensure proper documentation is completed by noting advocacy efforts on behalf of the client. Provide client with written notice on why services are ended.

As closure to case management gets closer, the CM will want to decrease the client's dependence on the CM while fostering independence and self-advocacy.

Prior to discharge, the client should be educated about the services and funding resources the CM has put into place, including contact information for any questions, concerns or future needs. If a client is transitioning into inpatient, the ACCHD Case Manager should hand over the case to the inpatient Case Manager. This handoff will be documented in the client's record by the ACCHD Case Manager. This should be done with the permission of the client and include information relevant to the continuity of case management plan of care.

Documentation

Documentation related to the discharge from ACCHD Case Management services should include the following:

1. Reason for closure of services
2. Client appropriateness for closure
3. Client agreement or disagreement for closure
4. Client education provided on follow up regarding services, resources or funding set up by CM after the case is closed.
5. Documentation of the completed transitions of care handover to other provider or CM at the next level of care. Including client permission to disclose the information
6. Notice of the closure was communicated to the client in writing and verbal.
7. Notice to the referring provider on closure of CM services.

Administrator

Chairman of the Board

Subject: Confidentiality Policy

Effective Date:

Supersedes: New Policy

Policy: Angelina County & Cities Health District (ACCHD) establishes standards that protect client/patient confidentiality as permitted by rules, laws and regulations. Processes are established to provide access to clients in our community for preventive health care services. These services are accessible and delivered equitably without discrimination on the basis of age, race, national origin, religion, sex, sexual preference, handicap, or inability to pay. All programs and services are provided in a confidential manner adhering to state and federal privacy and Health Insurance Portability and Accountability Act of 1996 (HIPAA) rules and regulations. Employees are trained and understand their obligations to patient privacy through the orientation process and annual training.

PROCEDURE: ACCHD will be in compliance with HIPAA established standards for protection of the client's privacy.

1. The clinical staff will provide each client, regardless of age, verbal assurance of confidentiality and an explanation of what confidentiality means (specifically explain information to be kept private and not to be shared without written permission), as well as any exception (i.e., abuse reporting).
2. The Clinical staff will maintain confidentiality with health information management as well as release of information. Confidentiality will be maintained in the delivery of services, including documentation and billing. Family planning *visit* records will not be released without the client's written consent. IF a minor requests confidential services, family planning records must not be released to the parent without the minor's written consent.
3. Billing will not occur for minors in situations that could jeopardize the client's confidentiality.

Administrator

Chairman of the Board

Subject: Consent for Procedures including Minor Patients and Client Refusal of Services

Effective Date:

Supersedes: Policy: March 2010

Policy: Angelina County & Cities Health District (ACCHD) provides services to clients by following rules, laws, regulations, and standards of care. Patients are required to consent to treatment in writing prior to receiving care. Consent to treat will be filed in the client's medical record.

Under Aged/Minor Patients

ACCHD provides guidelines for procedures that are considered for patients that are underage or minors. Each patient must consent to treatment prior to treatment being administered. The signature of the patient, parent, or guardian on the appropriate consent form indicates patient consent. General consent for treatment with a signature shall be acknowledgment of seeking treatment.

Examples: physical exams, minor suturing, fracture stabilization, simple phlebotomy, pap smears, sexually transmitted disease cultures, tuberculosis prophylactic therapy, and immunizations.

Consents for Procedures

Consent for incision or excision procedures requires an additional consent entitled "Consent for Incision, Excision or Special Procedures". Examples include any procedure requiring an incision, procedures requiring local anesthetic, including injections for inflammatory processes, and excision or removal of lesions.

Refusal of Services

If a client does not consent for treatment or services, the client's wishes will be honored. ACCHD staff will:

1. Not force a client/patient to receive the services that are refused.
2. Document the client's refusal to sign necessary consent forms in the client's medical record.
3. Before closing the client record as a refusal, a thorough review of the client's plan, recommendations and navigator's actions will be conducted to ensure proper closure.

4. Education on the risks of refusal of treatment will be provided and documented in the client's medical record.
5. If a client does not show up for an appointment, staff will make up to three attempts to follow up with the client. Staff must document the three attempts. The three attempts include telephone calls, regular mail and certified mail.
6. ACCHD will allow sufficient time between contact attempts for the client to reply/respond. Client contact attempts can be made by office visit, telephone, and/or mail. Attempts to contact the client will be either written or presented verbally (when appropriate) in the client's primary language.
7. If the client is verbally or visually impaired, measures will be taken to ensure that the client is able to understand the information.

Administrator

Chairman of the Board

Subject: Client Non-Discrimination Statement

Effective Date:

Supersedes: #204 October 30th, 2024, #217-July 27th, 2005

Policy: Angelina County & Cities Health District (ACCHD) prohibits discrimination against any person participating in offered programs or who may be using ACCHD services based on age, color, disability, national origin, political belief, race, religion, sex, sexual orientation, or limited English proficiency. The ACCHD Administrator will refer any complaints concerning alleged discrimination to the Texas Department of State Health Services Civil Rights Office. ACCHD prohibits retaliation or discrimination against any client for opposing an unlawful or discriminatory practice, or for alleging or participating in any investigation of an allegation of discrimination.

Administrator

Chairman of the Board

Subject: Information on Immigration Status

Effective Date:

Supersedes: New Policy

Policy: Angelina County & Cities Health District (ACCHD) establishes guidelines on information sharing regarding clients' immigration status.

Health District History:

ACCHD was created under Chapter 121, Subchapter E of the Texas Health and Safety Code, through a cooperative agreement between Angelina County and the municipalities of Diboll, Hudson, Huntington, Lufkin, and Zavalla. This agreement, last amended and restated with an effective date of January 1, 2026, defines ACCHD as a public health entity—not a hospital system. ACCHD provides essential public health services such as environmental health inspections, communicable disease control, public health education, immunizations, and health preparedness. ACCHD does not operate hospitals, nor does it provide emergency or inpatient medical care as defined by the Executive Order.

Background: Executive Order GA-46 to the Angelina County & Cities Health District
On August 8, 2024, Governor Greg Abbott issued Executive Order GA-46, requiring hospital providers in the State of Texas to collect and report patient immigration status during hospital intake, as well as to submit quarterly reports to the Texas Health and Human Services Commission (HHSC). These reports are to include the number of emergency visits and inpatient discharges categorized by immigration status, along with the costs of care for individuals who are not lawfully present in the United States. Executive Order GA-46 explicitly applies to hospital providers and imposes no mandates on public health districts, local health departments, or outpatient service providers. No language in the order expands its scope to include entities like ACCHD. Furthermore, the cooperative agreement establishing ACCHD expressly limits ACCHD's authority and function to non-hospital, community-based public health operations. In accordance with both state law and federal public health obligations, ACCHD provides services to all individuals regardless of immigration status. ACCHD is committed to maintaining the confidentiality, dignity, and health rights of all residents of Angelina County. Staff are not required to inquire about, collect, or report immigration status during the provision of any ACCHD program or service. As a result of this legal and operational analysis, ACCHD affirms that it is not subject to the requirements of Executive Order GA-46 and will not implement data collection or reporting procedures associated with the order.

The Angelina County & Cities Health District (ACCHD) has reviewed the Executive Order in the context of its organizational structure, legal foundation, and public health mission. Based on this review, ACCHD has determined that **Executive Order GA-46 does not apply to ACCHD**, and no action is required under its provisions.

Administrator

Chairman of the Board

Subject: Translation Policy

Effective Date:

Supersedes: March 2014

Policy: Angelina County & Cities Health District (ACCHD) ensures patients/clients receive information in their preferred language by ensuring access to those with limited English proficiency.

Procedure:

Staff are permitted to speak to clients/patients in native languages. While it is understood the best communication with the patient/client is direct communication. If a language barrier exists, a translator will be utilized to ensure the accuracy and quality of the translation. It is also recognized, at times, that the patient/client would prefer a family member or a translator of their choice to be present. This is recognized as a patient's/client's right to their privacy if a patient/client declines use of ACCHD translator and instead uses a person of their choosing.

Hearing Impaired

Communication with the hearing impaired and/or persons of other language usage (other than English and Spanish) will be coordinated through the utilization of a sign language interpreter and the ATT Language Line service.

Documentation:

Documentation of the translator used and their title or relationship to the patient/client will be documented in the chart. If a translator from Language Line service is used, the interpreter's ID number will be documented.

WIC Procedures:

A language selection chart is available at the Registration Desks and WIC to assist in identifying language of choice. A designated staff member will accompany a visually impaired patient/client through the entire visit to the clinic, if not otherwise accompanied.

Administrator

Chairman of the Board

Subject: Provision of Services and Clinic Operations

Effective Date:

Supersedes: July 1, 2000, and October 1, 2000, January 2022

Policy: Angelina County & Cities Health District (ACCHD) establishes guidelines for the provision of medical services. ACCHD operates under a system that provides clients' services in a timely manner. Extended hours are available four (4) days a week. Appointments for clinical services are provided Monday-Thursdays with some walk-in spots reserved for sick clients that have an urgent need. Follow-up appointments are created for clients to return as instructed by the clinical healthcare provider. All other appointments for clinical services are made available within the time frame appropriate to the health concern but no greater than 1 week of the client's request. Immunizations, STI/HIV screenings, and Lab services are available without an appointment during regular clinic hours. Other ACCHD services are available on a walk-in basis and by appointment as necessary to accommodate the client and type of service.

Appointments for Adult Primary Health Care and Women's Health:

1. The services provided through the Eligibility and Primary Health Care Clinic are provided on a Walk-in and an appointment basis.
2. Missed appointments are flagged in the EMR system and the EMR System/Registration.
3. Staff send out letters to those individuals notifying them of their missed appointment and asking them to re-schedule within a reasonable time frame.

Laboratory:

1. Lab services are provided during all operational hours of ACCHD.
2. Most labs will be performed while the patient is onsite as part of their clinic visit.
3. Other labs are done at the patient's convenience on a walk-in basis.
4. Panic values and labs of concern will be brought to the clinician's attention via LabCorp and the patient is immediately notified to return to the clinic or given specific instructions.
5. Patients with critical labs or tests are contacted via phone call, letter, and certified mail.
6. The clinicians review all ordered labs in the EMR system in a timely manner following the test and subsequent download of lab results into the EMR system.
7. The clinicians review all ordered test results as they are received within the clinic. These results are initialed and scanned into the patient's chart.

8. Patients with Abnormal Findings are contacted immediately via phone x 3 and provided instructions as to return to the clinic or other action. If a patient cannot be reached within the 3- phone call attempts a certified letter will be sent to them.

Texas Health Steps/Title V:

1. Patients are called and reminded about their appointments by the EMR system and Registration staff during the week prior to their scheduled Well Child Exam.
2. Missed appointments are flagged in the EMR system and the EMR System/Registration.
3. Staff sends out letters to those individuals notifying them of their missed appointments and asking them to re-schedule within a reasonable time frame.

Eligibility Services:

The services provided through Eligibility are provided on a Walk-in and an appointment basis, and based on the needs of the client.

STD Clinic:

1. All patients are treated if they have presumptive signs of an STD.
2. Patients can return for results to testing within a designated time period.
3. The clinicians review all ordered labs in the EMR system in a timely manner following the test and subsequent download of lab results into the EMR system.
4. The clinical team reviews all ordered test results as they are received within the clinic. These results are initialed and scanned into the patient's chart.
5. Staff will contact patients and/or refer to DSHS DIS officer for notification.

Administrator

Chairman of the Board

Subject: Patient Verification Policy

Effective Date:

Supersedes: New Policy

Policy: Angelina County & Cities Health District (ACCHD) establishes procedures to ensure safe care is being delivered. This policy identifies components of patient verification, and implications of omitting patient verification. ACCHD implements a two-patient identifier process which includes full name and date of birth. Room number or other location is never used to identify a patient. Staff will observe the “Zone of Silence” during all patient verifications. Staff will use language line when there is barrier to verbal patient verification.

Points of Verification:

1. Patient verification will be initiated before care is delivered. This includes:
 1. Every point of care delivery
 2. Every time a health care professional has a conversation with a patient
 3. Any time patient information is recorded
 4. Any time patient information is accessed
 5. During Scheduling
 6. Administration of medication
 7. Specimen collection
 8. Tests or procedures
 9. Venipuncture
2. The two patient identifiers must also be used in situations where patient information is being transmitted over the telephone or in person. This includes, but is not limited to:
 1. During Phone triage
 2. Scheduling procedures
 3. Requesting patient transport
 4. Reporting test results
 5. In situations where more than one patient in the system has the same full name and date of birth, verify through address and phone numbers. Staff may ask patient/family to spell first and last name, if he/she deems it necessary.
 6. Prior to a test/procedure or treatment, the two patient identifiers must be compared to the order, requisition or prescription. When clinical information, such as a test result or a physician order, is verbally communicated over the telephone or in person, patient’s full name and date of birth must be confirmed by reading back the information.
 7. The individual receiving the information must write the two identifiers and read back to the person providing the information to verify accuracy of patient verification.

ACCHD will address causes that lead to improper patient verification through education and awareness. These causes include but are not limited to:

1. Human error

- a. Distractions: Recognize that distractions will occur and pay attention to the present moment and one's purpose. ACCHD promote a "Do Not Disturb" approach during high-risk tasks such as medication/vaccine administration, labs, etc.
- b. Fatigue: Staff are encouraged to take breaks.
- c. Time constraints: Gather supplies before starting task. Care/service for one patient at a time
- d. Communication issues. Use repeat back to confirm information was communicated correctly.
- e. Staff work around: Avoid deviation from standardized processes at all points of patient care (regardless of the frequency of that patient encounter during that visit).

2. Technology errors

- a. Display issues: Staff are encouraged to ensure computers and systems are functioning properly. IT department assesses system functionality in a systematic format.
- b. Refresh time: Staff are encouraged to refresh systems frequently.
- c. Down times: Staff are trained in downtime procedures.

Administrator

Chairman of the Board

Subject: Medical Record Procedure

Effective Date:

Supersedes: February 2010

Policy: Angelina County & Cities Health District (ACCHD) establishes procedures for medical records. A medical record will be created upon initiation of patient/client services. All medical records will be in electronic format. All paper medical records will be scanned into the electronic medical record. Paper records will be shredded in the designated confidential record bins.

Release of Information/Records

1. Information contained in the clinic medical record is confidential.
2. Information contained in the medical record will only be released with a signed consent from the patient, parent or guardian in the case of a minor (under 18 years of age), or legal representative, subpoena or court order, Personal representative or Executor of the estate in the case of a deceased patient, an emancipated minor (a minor that is at least 16 years of age who is supporting themselves and living apart from parents or is married).
3. A release is not required for review of medical records, or official surveys for compliance with accreditation, regulatory and licensing standards.

Transfer/Release of Records

1. Patients requesting that their medical records be transferred to another health care entity, will complete a Medical Record Release Form.
2. The clinical staff will copy the necessary records and forward them directly to the health care entity.

Subpoena Duces Tecum/Depositions.

1. The front desk supervisor is responsible for medical records release.
Procedure:
 - a. Open the subpoena and read over the information.
 - b. Search for a patient chart by name, birth date, and social security number.
 - c. If records are found, copy the information requested. Sometimes, all records are requested, and other times they request records for a specific time period.
 - d. If there are questions to be answered, answer them to the best of

your ability.

- e. Take the questionnaire to be notarized.
- f. Review all the information again for accuracy.
- g. Document in the patient chart the date the records were copied, and the place sent.
- h. Document in records notebook, for a quick reference.
- i. Take the copied record, in the addressed envelope, to the person who prepares an invoice for payment, if required. That person prints out the invoice, seals the envelope, and puts it in the mail.

Administrator

Chairman of the Board

Subject: Eligibility Procedures for All Plans and Contracts

Effective Date:

Supersedes: December 19, 2023

Policy: The Angelina County & Cities Health District (ACCHD) will conduct an eligibility screening for all clients who apply for specific DSHS services. All eligibility processes will follow and reference the DSHS eligibility guidelines and procedures found in the DSHS program manuals. ACCHD will evaluate program eligibility to ensure determination of benefits and documentation is correct in order to support billing and co-pay collection. Eligibility guidelines and procedures for specific DSHS programs will be used to train and guide employees in the delivery of eligibility determination services for ACCHD clients. **Eligibility Processes may change based on DSHS guidelines as amended.**

Guidelines to Train Employees:

The DSHS eligibility guidelines and procedures will be used to train and guide employees in the delivery of eligibility determination services for ACCHD clients.

1. Clients will be screened for Medicaid, CHIP, CHIP Perinatal, and any other benefit programs.
2. If a client is eligible for any of these other benefit programs, they will be granted Presumptive Eligibility for Title V while awaiting benefit determination.
3. The client will be instructed to apply for any program for which they are eligible and submit proof of application or a denial letter before the presumptive eligibility period ends.

Administrator

Chairman of the Board

Subject: Visit and Prescriptions Co-Pay Charge Calculation Policy

Effective Date:

Supersedes: September 1, 2015, #251, December 15, 1984

Policy: Angelina County & Cities Health District (ACCHD) establishes guidelines to determine and collect client co-pay who accesses Primary Health Care and Expanded Primary Health Care services.

Title V Services

1. Title V services will be assessed for individuals whose family income is between 100% and 185% of the national poverty level. ACCHD, Primary Care Clinic will collect all monies for services at the time they are provided unless the patient has stated an inability to pay. Acceptance of a payer source to include County Indigent, Medicaid, and CHIP is mandatory. Title V clients will be required to follow Title V policies regarding application for Medicaid and appointment at MHSET for pre-delivery screening. ACCHD Uses the Federal Poverty Level Methodology to Determine Client's Co-Pays.

Title V Payment Calculation Process

ACCHD establishes the following Title V policies and procedures, which are reviewed and updated annually, as needed, by ACCHD management.

1. All Title V clients will be screened by the eligibility clerks utilizing established Title V criteria.
2. Title V eligibility will follow the guidelines of the Health and Human Service Commission (HHSC) as applicable.
3. Title V clients at ACCHD will NOT have a social security number, hence no entitlement to Medicaid for prenatal care.
4. Title V clients will be required to follow Title V policies regarding application for Medicaid and appointment at MHSET for pre-delivery screening.
5. Appropriate standards of care will be followed as outlined in the Title V Handbook and per physician recommendation.
6. All individuals with a social security number and entitlement to Medicaid will be referred to local physicians.
7. Title V clients:
 - a. At 0-100% FPL will not be charged a co-pay.

- b. From 101-185% will be charged \$5.00 co-pay for services.
- c. No one is denied service due to inability to pay.
- d. Prescription medications will be provided to Title V clients, and a \$5.00 co-pay will be charged.

Title Family Planning Payment Calculation Process

Angelina County & Cities Health District establishes the following Family Planning policies and procedures, which are reviewed and updated annually, as needed, by ACCHD management. All Family Planning clients will be screened by the eligibility clerks utilizing established Family Planning criteria.

Family Planning eligibility will follow the guidelines of the HHSC as applicable. Priority of services will be provided to low-income families.

1. An electronic encounter will be generated for each appointment that is scheduled within the Practice Management System, including a fee assessment.
2. Each visit will be coded by the clinical staff as to what services were provided to the client.
3. The billing staff will review all charges prior to claim submission for logic and appropriate coding.
4. The family planning program will bill all third-party payor sources accepted by ACCHD for the services provided.
5. If a client requires confidential services, and billing the third-party payor jeopardizes client confidentiality, clients can waive the right to use their public or private insurance and instead be charged based on the schedule of discounts.
6. Any unpaid balances will not be billed to the client and will be written off automatically after 90 days by the EMR system.
7. No charges will be assessed to send current client records to other health care providers for continuity of care.
8. No charges will be assessed for a copy of the records of the most recent annual exam and related lab results for clients.
9. Voluntary donations are accepted from clients; however, the client must never be pressured to make donations. Donations must not be a prerequisite to the provision of services or supplies.
10. Client fees are determined by a sliding income scale (see below) established by the ACCHD and are never charged a flat fee.
11. Clients' income is assessed at the first/initial visit. The sliding fee discount is determined for that visit.
12. Minors requesting confidential services will be assessed based on their own income.
13. Income is reassessed at least annually, and at any other visit where an income change is reported by the client.
14. Clients with Family incomes between 101-250% of the federal poverty level do not pay more in copayment or additional fees than they would otherwise pay when the schedule of discounts is applied.
15. ACCHD will waive the fee if a client self-declares an inability to pay, which is documented in the client record as no receipt of monies for the day of services.
16. Fees for services are determined by review of Medicaid reimbursement amounts for services. Clients at or below 100% of the FPL are not charged for services.

Program Co-Pay, Fee Schedule, and Fee Collection Policies

ACCHD will assess a co-pay for clients who are eligible to receive services under the Primary Health Care (PHC) or Title V programs and have a household above 100% of the federal poverty level.

1. No PHC or Title V client will be denied services based on an inability to pay.
2. Individuals who are assessed a co-pay are presented with a bill at the time of service.
3. No PHC or Title V client will have an account with an outstanding balance turned over to a collection agency or reported delinquent to a credit reporting agency.
4. All outstanding balances are written off automatically by the Electronic Medical Record system.
5. Clients shall not be charged administrative fees for items such as processing and/or transfer of medical records, copies of immunization records, etc.
6. Contractors can bill clients for services outside the scope of PHC or Title V allowable services if the service is provided at the client's request and the client is made aware of their responsibility for paying for the charges.

Administrator

Chairman of the Board

Subject: Patient Referral

Effective Date:

Supersedes: March 2010

Policy: Angelina County & Cities Health District (ACCHD) establishes guidelines for patient referrals.

Procedure:

1. The clinician managing the patient care will initiate the referral process.
2. The clinician will place an "order" for the referral in the EMR system.
3. Upon notification that the clinician intends to refer the patient, and verification of the eligibility status, the Nurse/Medical Assistant faxes the referral to the referral consultant or facility. The facility is instructed to call the patient to schedule the referral.
4. The patient is instructed to call ACCHD if the referral source has not contacted them for an appointment within 14 days.
5. Documentation of the referral will take place on the proper form in the EMR system.
6. The referral form will be signed by the Administrator or his/her designee and clinician.
7. A signed copy of the referral will be given to the patient to carry to their appointment.
8. A signed copy of the referral will be scanned into the chart; and a signed copy of the referral will be forwarded to the billing office.

Tracking Referrals:

1. Reports from specialists/diagnostic referrals are received by ACCHD and are reviewed by the clinician and are scanned into the patient chart.
2. Orders are reviewed and compared to the reports in the system.
3. Orders that are not matched up to reports are then tracked by the primary care Medical Assistant calling the referral entity and asking for reports to be sent or if patient received services.
4. Upon receipt of info, the Medical Assistant then removes the order from the system.
5. Inter-agency referrals are made by staff to other services/programs within ACCHD. These points of service referral are carried out, while the patient/client is still in the facility.

Administrator

Chairman of the Board

Subject: Coercion of Clients

Effective Date:

Supersedes: July 1, 2000, May 6, 2021

Policy: Angelina County & Cities Health District (ACCHD) prohibits client coercion for any reason. Clients will not be coerced into services nor must participate in one service/program to meet eligibility requisite for another.

Family Planning clients are guaranteed the right to choose family planning providers and any contraceptive method without coercion or intimidation. Family planning and contraceptive methods must however be aligned with rules, laws and regulations.

ACCHD employees understand the consequences of coercion or endeavor to coerce any patient, participant, client, or customer for services to undergo an abortion or sterilization procedure. Consequences may include prosecution under federal law. Annual staff signature after review of this procedure manual signifies that they are informed.

Administrator

Chairman of the Board

Subject: Telehealth Primary Health Care Services

Effective Date:

Supersedes: July 1, 2024, and April 30, 2025

Policy: Angelina County & Cities Health District (ACCHD) provides Telehealth services as dictated by the Occupational Code Title 3, Chapter 111 for Health Professionals. Telehealth services are provided by a qualified physician or health professional acting under the delegation and supervision of a physician licensed in the state of Texas and acting within the scope of the physician's or health professional's license. To prevent abuse and fraud, Physicians and qualified professionals providing Telehealth services will comply with the rules relating to the filing of claims and records. Standard of care described in Section 111.007 of the Occupations Code Title 3 for Health Professions will be followed by practitioners providing Telehealth services. A treating physician or health professional providing or facilitating Telehealth services shall ensure the confidentiality of the client's clinical information as required by Chapter 159, by Subchapter X, Chapter 258, or by other applicable law. ACCHD will ensure, clients engaged in Telehealth services follow the parameters below:

1. Must be a current established client of ACCHD to ensure there is a valid practitioner-client relationship
2. Must have current program eligibility/ or current Medicaid or Gold Card documentation in the EMR.
3. Must have a signed HIPAA form scanned into the EMR.
4. Must have a signed Consent for Treatment, dated no more than two years prior to the appointment date, scanned into the EMR.
5. May have copays and other applicable fees waived at the discretion of the Administration/Finance department.
6. Must meet clinical guidelines as defined and on file with Nursing Leadership.

Administrator

Chairman of the Board

Subject: Preconception, Contraceptive Health, Family Planning and Infertility Policy

Effective Date:

Supersedes: September 10, 2020

Policy: Angelina County & Cities Health District (ACCHD) establishes guidelines for preconception, contraception, family planning and infertility care. The goal of preconception care is to reduce the risk of adverse health effects for the woman, fetus, and neonate. Providers will address health issues, potential risk factors and provide education for healthy pregnancies. Any patient encounter with nonpregnant women or men with reproductive potential is an opportunity to discuss preconception health. Preconception health services are to be provided by clinical staff for those patients of reproductive potential and for males at risk for impregnating their female partner. Information will be gathered in order to provide services to those patients who meet criteria for preconception health services.

Preconception Health: is a woman's health before she becomes pregnant. Patients are educated on health conditions and risk factors that could affect a woman or her unborn baby if she becomes pregnant. This includes:

1. Foods
2. Habits
3. Medications that can harm your baby - even before he or she is conceived.
4. Health problems, such as diabetes, that can affect pregnancy.

Preconception Procedure:

1. Providers will gather a medical history of the female and male patient/clients.
 - a. Female clients: Clinical staff will obtain reproductive history, history of pregnancy outcomes, environmental exposures or hazards (smoking, alcohol, or drug use), medications currently taken, genetic conditions, family history, age-appropriate immunization status, depression screening, height, weight & BMI, blood pressure, and diabetes screening.
 - b. Male clients: Clinical staff will obtain past medical history that might impair reproductive health, genetic conditions, alcohol & drug use, tobacco use, any condition that could affect sperm quality (obesity, diabetes, and varicocele).
2. Providers will provide preconception counseling and services based on the medical history obtained. Additional services and counseling on key preconception health topics will be provided by clinical staff.
3. Referrals will be made when appropriate for follow-up services that are not included with ACCHD and include:

- a. Intervention services for intimate partner violence.
 - b. Tobacco cessation services
 - c. Behavioral therapy
 - d. Any referral for medical services needed for underlying medical conditions.
- 4. Patients will be screened for Sexually transmitted infections. Appropriate laboratory and diagnostic testing will be performed as indicated with history obtained. A client with an STI will be treated in a timely manner as well as treatment of his/her partner.
- 5. Preconception education materials will be supplied to patients.
- 6. Clinical staff will address the following topics when clients' present for preconception health:
 - a. Discuss folic acid and the importance of starting prior to pregnancy,
 - b. Discuss importance of not drinking alcohol
 - c. Discuss smoking cessation
 - d. Discuss importance of not consuming any illicit drugs.
 - e. Diet and nutrition
 - f. Healthy weight
- 7. The patient will be provided with prenatal vitamins, rubella screening and referral for immunization for those client's non-immune, and a well- woman exam if indicated.

Contraceptive Services

ACCHD will provide a vast array of contraception to patients that present to our clinic who wish to prevent or delay pregnancy regardless of race, color, religion, national origin, age, sex, sexual orientation, gender identity or expression, or disability. Family Planning funds are not being used for abortion services or referral for abortion services as a method of family planning. ACCHD provides Federal Drug Administration (FDA)-approved methods of both short-term contraception, as well as long-acting reversible contraception (LARC) methods on-site.

Contraceptive Procedures:

ACCHD will adhere to the following guidelines in order to provide contraceptive services. The following guidelines will assist staff in carrying out specific functions and do not address every circumstance. Staff should use their judgement while following Texas rules, laws and regulations and adapt to procedures in special and/or unique circumstances.

1. Establish and maintain a rapport with patients/clients:
 - a. Staff will ask open-ended questions, demonstrate expertise and trustworthiness.
 - b. Staff will ensure privacy and confidentiality. Staff will explain how personal information will be used.
 - c. Staff will listen and observe and encourage the client.
 - d. Staff will demonstrate empathy and acceptance.

2. Obtain Medical History from the Patient/Client:

Female Medical History:

- a. A medical history will be taken to ensure that methods of contraception being considered are safe for the client.
- b. Discussion of any factors that may influence the client's choice as well as including past contraceptive experiences and preferences.
- c. A medical history for females will include reproductive life goals, menstrual history, gynecological and urological history. obstetric history, including

- pregnancies, recent delivery, or termination.
- d. Current contraceptive use
- e. Allergies
- f. Sexual history and health
- g. Any other relevant medical history in the decision-making process of contraception
- h. Smoking status or history.

Males Medical History:

- a. Reproductive life goals
 - b. Use of condoms
 - c. Known allergies
 - d. Partner's use of contraception
 - e. Recent sexual history
 - f. Presence of medical conditions
 - g. Recent infections.
3. Contraceptive experiences and preferences will be discussed.
 4. Sexual Health assessment:
 - a. The types of sexual practices will be explored with clients.
 - b. Last intercourse
 - c. Any difficulties with contraception, and whether the client had a specific method in mind.
 - d. Specific questions regarding the client's partners such as the number, gender, and if any concurrency (multiple partner's).
 - e. STI protection and past STI infection.
 - f. Condom use, monogamy and abstinence.
 5. Discuss potential barriers to method selection including social-behavioral factors, intimate partner violence, mental health, and/or substance abuse behaviors and if clients are experiencing any of these barriers.
 6. Provide the patient/client information for local resources for support.
 7. Physical assessments will be performed when warranted related to contraceptive use. Key Points of an assessment will include:
 - a. Blood Pressure
 - b. Current Pregnancy status
 - c. Weight measurements
 - d. Any and all Necessary Labs and screening will be performed in accordance with the appropriate clinical recommendations.
 - e.
 8. Provide Client/Patient with the contraceptive method and confirm understanding of use by:
 - a. Provide education on correct and consistent use.
 - b. Develop a plan with client for follow-up.
 - c. Explaining potential side effects.
 9. On-site dispensing of contraception will be provided, however if client chooses a method

that is not available on site or same day, the client will be provided with another method to use until he or she can start chosen method.

- a. The Clinical staff will provide condoms
- b. The Clinical staff will confirm the client's understanding by using the "teach-back method" to have clients repeat important messages about risks and benefits, appropriate use, and follow up.

Family Planning

The patient's first visit at the clinic to obtain family planning services may include a health education session appropriate to the patient's needs on a voluntary basis. Education provided during the visit will utilize a reproductive life plan approach. The clinical staff (Nursing, Providers, and/or Medical Assistants) will provide patient- centered health education. The clinical staff will assess the patient's level of understanding of reproductive health issues and provide information to assist the patient to make and implement informed reproductive health decisions. Information may be delivered verbally or via written or recorded media. A variety of formats is conducive to learning and retention of information.

Family Planning Procedure: The patient's acceptance of family planning services is not a prerequisite to eligibility for, or receipt of, any other services, assistance from, or participation in any other program offered at ACCHD.

1. Staff will build a rapport with patients by using open-ended questions, active listening skills and ensure privacy and confidentiality.
2. Review the patient's medical and social history to ensure completeness. If the patient has a parent that was born before 1972 ask about possible in-utero exposure to DES (Diethylstilbestrol), a drug used from 1940- 1971 to prevent spontaneous abortion and that appears to increase the risk of certain types of reproductive system cancers in male and female children born to patients who used the drug during pregnancy.
3. Explain that the health education session is a time for the patient to ask any questions about sex and reproduction and to choose a birth-control method, if desired.
4. Education provided will utilize a reproductive life plan approach by asking questions such as:
 - a. Do you want to become pregnant within the next year?
 - b. What are your life goals, plans for work, school, and education for the next five years and how would children fit in?
 - c. Tell me how your life would change if you found out you were pregnant today.
 - d. Are you responsible for the care of any children now?
5. A sexual assessment, including information on sexual practices, past contraceptive use and preference, partners, condom use and past STI history, is conducted to assist the patient select the contraceptive method that is most appropriate.
6. Use the Bedsider, "How Well Does Birth Control Work" handout, the booklet "Birth Control-Your Options" and other tools such as sample birth control drugs and devices and anatomical models to assess the patient's level of understanding about sex and family planning.
7. The Clinical staff will use a client-centered approach and inform clients about all contraceptive methods that can be used safely, even methods you may not have onsite.
8. The staff will employ a tiered approach: talk about the most effective methods first followed by the least effective methods.
9. The clinical staff will discuss the following:

- a. Permanent sterilization for clients who are certain they do not want children or any more children.
- b. Ensure the client understands method effectiveness, correct use of method, no contraceptive benefits and side effects.
- c. Potential barriers to using methods such as client's feelings about the method, confidence in using it correctly, and partner's response.
- d. Any intimate partner violence or sexual violence which might affect family planning goals, and if necessary, refer for appropriate care.
- e. Screen for any mental health disorders and substance use that might affect family planning goals. Refer for appropriate care, if necessary.
- f. Provide information on sexually-transmitted disease risk reduction through safer sex practices and awareness of which behaviors contribute to risk and assess the patient's risk for sexually transmitted infection. Risky behavior includes:
 - i. Unprotected sex outside of a mutually monogamous relationship
 - ii. Trading sex for drugs or money
 - iii. IV drug use
 - iv. A partner with these risks
- g. Inform the patient on HIV testing.
- h. Document counseling the patient on the importance of preventive health practices to promote wellness, including:
 - i. Folic acid supplementation if of child-bearing potential (any patient not surgically sterile or past menopause) to reduce the risk of neural tube defects. Folic acid supplementation should begin prior to conception. Folic acid may reduce the risk of heart disease in female patients. Folic acid is in many multivitamin supplements and in some enriched bread products.
- j. The patient should know and achieve their RDA for calcium and vitamin D through food or supplementation.
- k. Immunizations are not just for children. Recommended immunizations for adults include:
 - i. A tetanus booster every 10 years and one Tdap in adulthood.
 - ii. MMR if immunity to rubella is not documented by titer or a record of immunization. If the patient was not immune to rubella during pregnancy get delivery records to document that an MMR was given post-partum in the hospital.
 - iii. Varicella if there is no history of chicken-pox in childhood. The complications of chicken-pox are greatly increased in adults.
 - iv. HPV for female patients up to age 26 to protect against the virus that causes cervical cancer.
 - v. Hepatitis B vaccinations for patients at increased risk.
 - vi. PPV23 for patients with diabetes or certain other chronic conditions
- l. Screening exams at the recommended times. Pap Smears every 3 years for female patients aged 21-65 years. Pap Smear and HPV testing every 5 years, mammograms starting at age 40, screening for colon cancer at age 50.
- m. The leading causes of disease and death in the USA are related to lifestyle. Reduce your risk and increase wellness by:
 - n. Smoking cessation
 - o. Maintain a healthy BMI.
 - p. Get regular exercise.

q. Eat whole foods.

Infertility Services

ACCHD provides basic infertility services in conjunction with the provision of standard family planning services. All women with infertility concerns will be assessed with a full medical, sexual health, reproductive history and a full physical exam appropriate to an infertility work-up. ACCHD will also provide a basic laboratory assessment including CBC, ESR, TSH, Prolactin, STI screening, and any necessary reproductive hormone levels. Any further testing, including tubal patency testing, or treatment for infertility will require referral to a local OB/Gyn. All appropriate counseling will be provided at ACCHD. The client's partner will be referred to ACCHD Adult Primary Care Services or PCP for further evaluation.

Administrator

Chairman of the Board

Subject: Sexually Transmitted Diseases

Effective Date:

Supersedes: September 10, 2020

Policy: Angelina County & Cities Health District (ACCHD) provides guidelines for all family planning clients. will be provided with appropriate laboratory and diagnostic tests as indicated by history and physical exam. STI services will be delivered in accordance with CDC's STD Treatment and HIV guidelines.

Procedures

STI Services will be provided per CDC guidelines with the following steps:

1. Assessed at initial visits, and as needed per STI symptoms, potential exposure, and at least annually thereafter.
2. The Clinical Staff will discuss the client's reproductive life goals, conduct a standard medical history and sexual health assessment, as well as check immunization status
3. Pelvic exams are not indicated with asymptomatic patients.
4. SCREEN: The Clinical staff will screen a client at risk for STIs and for HIV including:
 - a. Herpes: as indicated with symptoms
 - b. Syphilis testing as indicated (men having sex with men, commercial sex workers, those living in correctional facilities, those living in communities with a high prevalence of syphilis, and pregnant women)
 - c. Chlamydia testing (all sexually active females under 25 years old, those with a new sex partner, multiple sex partners, a sex partner with concurrent partners, or a sex partner with an STI, Males to be tested who are MSM, symptoms suggestive of chlamydia or whose partner has chlamydia).
 - d. Gonorrhea testing (all sexually active females under 25 years old, those with a new sex partner, multiple sex partners, a sex partner with concurrent partners, or a sex partner with an STI. Males to be tested who are MSM, symptoms suggestive of gonorrhea.
 - e. Hepatitis C should be screened for all clients born 1945-1965, screening for Hepatitis C will also include: (past or current IV drug use, receipt of blood transfusion before 1992, long -term hemodialysis, born to mother with Hep C, intranasal drug use, unregulated tattoo recipient, or MSM with HIV.

Expected Partner Therapy:

The Clinical staff may treat sex partners diagnosed with chlamydia or gonorrhea by providing prescriptions or mediations to the client to take his/her partner without the provider examining the partner. Expedited partner therapy decision will be left to the discretion of the provider treating the patient. Referrals will also be made to STI clinic

for potential exam, further treatment, or work up that may be necessary as well as follow up treatments based on findings.

Administrator

Chairman of the Board

Subject: Breast and Cervical Cancer Screening

Effective Date:

Supersedes: September 20, 2020

Policy: Angelina County & Cities Health District (ACCHD) establishes procedures for women receiving related preventive health services. Women should be screened for cervical cancer and breast cancer following ACS, ACOG & USPSTF recommendations. Cervical cytology is no longer recommended on an annual basis or on women under 21 years of age. Clinical breast examinations have the potential to detect palpable breast cancer and recommended for all women over 19 years of age. The American Cancer Society has screening guidelines for women at average risk of breast cancer, and for those at high risk for breast cancer. Getting regular screening tests is the most reliable way to find breast cancer early.

Procedure: CERVICAL CYTOLOGY (PAP SMEAR):

1. Cervical cytology will be performed on women 21-65 years of age every three years.
2. A combination of cytology and HPV testing will be performed every 5 years on women 30-65 years of age.
3. In the event of an abnormal finding, ACCHD will treat in accordance of professional standards set forth by ACOG and ACS and may include a referral for a colposcopy.
4. A genital exam will coincide with cervical cancer screening to inspect for any suspicious lesions or other signs that may indicate an undiagnosed STI.
5. The need for cervical cytology will not delay initiation of a contraception method.

Procedure: CLINICAL BREAST EXAMINATION:

1. An annual examination will be performed on women 19 years of age and up.

Procedure: MAMMOGRAPHY

1. Women between 40 and 44 have the option to start screening with a mammogram every year. The provider will decide based on patient's history and findings prior to ordering mammogram.
2. Women 45 to 54 will have mammograms ordered yearly.
3. Women 55 and older can switch to a mammogram every other year, or they can choose to continue yearly mammograms. Screening should continue as long as a woman is in good health and is expected to live at least 10 more years.

Administrator

Chairman of the Board

Subject: CLIA Certification

Effective Date:

Supersedes: July 1, 2000

Policy: Angelina County & Cities Health District (ACCHD) provides appropriate quality laboratory services. Lab services are provided either directly in the clinic, at Lab Corp of Houston, Tyler-Smith County Health District Regional Lab, or in a referral lab. CLIA licenses are posted on site. The clinic provides tests that meet certification. Laboratory personnel are appropriately trained to perform lab services, follow-up and report. Lab Equipment Control Logs are maintained for routine and monthly checks. We maintain CLIA quality assurance testing through evaluations administered by AAB Medical Laboratory Evaluator.

Administrator

Chairman of the Board

Subject: Critical Test Results

Effective Date:

Supersedes: New Policy

Policy: Angelina County & Cities Health District (ACCHD) ensures safe and effective communication between the multidisciplinary team when communicating critical diagnostic procedures and test results, with efforts to promote favorable patient outcomes. ACCHD uses contracted diagnostic critical values and criteria to define critical test results. This policy addresses the appropriate timeframe of critical test results communication, identifies the appropriate licensed personnel receiving the critical results, and provides guidelines on the proper verification of the patient and the results.

Procedure:

1. Critical test result calls must be transferred to a nurse and/or the provider on duty.
2. Upon receipt of the critical test result, a nurse or provider will repeat back the patient's name, date of birth and the critical test result, to ensure the results were accurately reported and recorded.
3. If the nurse receives the results, the nurse will immediately notify the provider of the critical test result.
4. The time the results were received by the nurse from the diagnostic facility and the time the results were reported to the provider will be documented in the patient's medical record.
5. After the provider receives the critical test result, the provider will repeat back the patient's name, date of birth, and the result to the nurse or the diagnostic facility to ensure the result was accurately recorded.
6. The nurse and provider will independently document the receipt of the critical test result in the medical record.
7. The critical result must be reported and documented within one hour of receipt from the diagnostic facility.

Administrator

Chairman of the Board

Subject: Medical Directives

Effective Date:

Supersedes: New Policy

Policy: Angelina County & Cities Health District (ACCHD) will establish guidelines to educate clients/patients on medical directives. Patients seen in the ACCHD Clinic by a physician assistant/or nurse practitioner will be evaluated, diagnosed and treated according to the protocol approved by the medical director. Patients/clients are encouraged to establish medical directives based on the treatment plan established by the patient and the provider.

Accepted protocols:

1. Griffith's 5 Minute Clinical Consult: 1997
2. The Physician Assistant Protocol Manual: Thomas D. French, PA-C (copyright 1995)
3. Medical Directives: Physician Assistant Protocols: adapted from Nurse Practitioner Protocols.
4. Written protocols developed by the PA/NP and the medical director to be utilized in situations not covered in the above texts.

Situations that arise which are not covered in the protocols will be discussed with the medical director for evaluation and treatment. Protocols will be reviewed annually by the medical director and the PA/NP.

Administrator

Chairman of the Board

Subject: Denial Vs. Termination of Client Services Policy

Effective Date:

Supersedes: New Policy

Angelina County & Cities Health District (ACCHD) establishes guidelines for patient termination of services. ACCHD will not deny services to an eligible client due to an inability to pay, nor will ACCHD discriminate against any client. ACCHD will make every effort to ensure patients comply with all safety regulations by providing education regarding the risks associated with non-compliance/non-adherence.

Denial Of Services

Angelina County & Cities Health District will provide care to persons who are unable to pay for their care. No one is denied services based on their inability to pay. In order to be eligible for Primary Care, you must:

1. Have no private insurance and meet financial guidelines.
2. Provide proof about income and residence.
3. Complete an application and provide information required by ACCHD.
4. Forms and information about applying for Primary Care are available upon request.

Termination of Services

ACCHD reserves the right to terminate services to a client if:

1. The client is disruptive, unruly, threatening, or uncooperative to the extent that the client seriously impairs ACCHD's ability to effectively and safely provide services.
2. Staff will document efforts to provide education on the risks associated with patient non-compliance/non-adherence.
3. The client's behavior jeopardizes their safety, or the safety of clinic staff or others.
4. The applicant has provided intentionally false or incomplete information on the application form.
5. The recipient is no longer eligible.

If ACCHD denies, modifies, suspends, or terminates services to a client, an explanation must be documented in the client's record. A client has the right to appeal the denial, modification, suspension, or termination of services. If the client is a PHC client, then staff must review the Appeals process in the PHC rules Title 26, Part 1, Chapter 364.

Click here for the link: [SECTION 364.15. Denial/Modification/Suspension/Termination of Services, SUBCHAPTER A. PRIMARY HEALTH CARE SERVICES PROGRAM, CHAPTER 364. PRIMARY HEALTH CARE SERVICES PROGRAM, PART 1. HEALTH AND HUMAN SERVICES COMMISSION, TITLE 26. HEALTH AND HUMAN SERVICES, Texas Administrative Code](#)

Administrator

Chairman of the Board

Subject: Patient Emergency Management

Effective Date:

Supersedes: March 2010, January 2000

Policy: Angelina County & Cities Health District (ACCHD) will provide emergency medical care on site to all individuals in any instance when a need arises. An emergency box containing emergency drugs, airways and other emergency devices will be maintained. All emergency drugs and equipment will be checked by the Nursing Manager or her designee monthly for availability and expiration dates. All staff are trained in Universal Precautions, Bloodborne Pathogens, Fire Safety, and code 11 and BLS procedures.

Emergency Procedure:

Call for help/ Code 11 to origin of emergency
Appropriate personnel respond to Code 11 911 call
Transfer patient via EMS

Protocol for Emergency Room Referral

1. PA/NP or RN makes determination if patient needs to go to Emergency Room or call EMS. Patients will be transported by ambulance or other means.
2. Patient signs record release form for medical records. If patient is unconscious, client will be transported by ambulance.
3. Call MHSET @639-5777. Inform of triage and of inbound patient's condition, signs and symptoms.
4. Records of last progress notes, medication lists, labs and radiology reports should be transported by EMS or faxed to the receiving emergency room.

Other Emergency Management Protocols

Protocols for emergencies for adverse reactions to oral and injectable medications:

1. If client complains of pruritus and/or shortness of breath, lump in throat and/or hoarseness or the client has one or more of the following signs or symptoms:
 - a. Wheals and/or hives
 - b. Hoarseness of acute onset
 - c. Stridor
 - d. Wheezing
 - e. Cyanosis
 - f. Decreased breath sounds (on auscultation)
2. The following signs or symptoms may also be present:

- a. Maculopapular or macular rash that is not pruritic
- b. Nausea
- c. Vomiting
- d. Diarrhea

Equipment, Supplies

1. Sphygmomanometer with appropriate size cuff for client
2. AED: Automatic External Defibrillator
3. Appropriate size mask and Ambu bag with capacity for oxygen
4. PPE
5. Stethoscope
6. Nasal Cannula
7. Neb tubing

Medication on site:

1. 1:1000 epinephrine for injection
2. Liquid children's Benadryl
3. Injectable Diphenhydramine
4. Tuberculin syringe with needle
5. 3cc syringe with needle
6. Aromatic Ammonia
7. Oxygen
8. Albuterol Neb solution

Management Protocols:

1. Place patient supine
2. Obtain blood pressure, respiratory rate/O2 saturation, & pulse
3. Record the times as well as the findings of all data collected
4. Auscultate lungs
5. If vital signs are normal and clients have no sign or symptoms of respiratory distress, then administer diphenhydramine orally or by injection and contact physician.
6. Observe in clinic for one hour with VS q15 minutes, if client responds and does not develop any further signs or symptoms, dismiss home in care of a responsible person
7. Instruct clients to report to nearest ER if symptoms recur.

Medication for Anaphylactic Shock/Injection:

1. Have someone call 911
2. Give 0.5cc 1:1000 epinephrine SQ in another site other than where the injection was given that caused the reaction
3. Give 0.2cc 1:1000 epinephrine SQ at the site the injection was originally given that caused the reaction
4. Give 50mg Diphenhydramine IM
5. Record VS and auscultate lung sounds q15 minutes
6. If the client develops respiratory distress or signs of hypoxia or a 10mm or greater decrease in BP, begin administration of Oxygen by nasal canula until EMS arrives.
7. If symptoms persist or worsen, then 0.5cc of Epinephrine SQ may be repeated q 5

minutes unless BP exceeds 180/110.

8. Record any allergic reaction in the client's chart.

Administrator

Chairman of the Board

Subject: Patient Education

Effective Date:

Supersedes: July 2000, March 2014, September 2015

Policy: Angelina County & Cities Health District (ACCHD) ensures patient safety is the upmost priority. Staff will provide adequate education to patients regarding health care conditions and processes appropriate to their diagnoses and treatment plan. The overall responsibility for patient education will rest with the midlevel medical providers. Midlevel providers will conduct primary education with patients regarding their medical diagnoses and coordinate with the nursing staff to provide additional instruction and one-on-one teaching when appropriate. Patient instruction/education will be documented in the patient's medical record.

Administrator

Chairman of the Board

Subject: Medical Equipment

Effective Date:

Supersedes: February 2010, January 2009, November 2008, March 2006

Policy: Angelina County & Cities Health District (ACCHD) owns and operates various medical equipment at our facilities. This equipment will be inventoried and inspected on a regular basis to ensure safety. The Safety Department will review building safety and basic equipment on a set schedule as stated in the safety manual. Equipment will be inventoried by Administration yearly. Safety checks/accuracy checks of the equipment will be conducted by staff and according to manufacturer's recommendations:

1. Life saving equipment will be checked daily by the clinical staff/medical assistants.
2. The Crash Cart will be checked and re-stocked on an every month basis.

Administrator

Chairman of the Board

Subject: License Professional Standing Delegating Orders

Effective Date:

Supersedes: New Policy

Policy: Angelina County & Cities Health District (ACCHD) establishes License Professional Standing Delegating orders while following Texas Administrative Code guidelines, Title 22, Part II CHAPTER 193 RULE §193.1 regarding Standing Delegating orders.

The following services are performed by a Physician, Nurse Practitioner or Physician Assistant. Routine procedures may be performed by qualified clinic Nurses at Angelina County & Cities Health District. Records are checked and signed by acting Medical Director.

Procedures Delegated to the Physician Assistant/Nurse Practitioner:

1. Diagnosis
2. Treatment
3. Lab/Screening Tests
4. Education
5. Counseling
6. Prescriptions
7. Plan of Care
8. Referrals
9. Client Assessment:
 - a. Health History
 - b. Physical Exam
 - c. Lab
 - d. Documentation
 - e. Confidentiality

Standing Delegation Orders for Primary Health Care are provided for guidance of Public Health. The following services are performed by a Physician, Nurse Practitioner, Family Nurse Practitioner or Physician Assistant. Routine procedures may be performed by qualified clinic nurses at ACCHD. Records are checked and signed by acting Medical Director.

- I. Procedures
 1. Diagnosis
 2. Treatment
 3. Lab/Screening Test
 4. Education

5. Counseling
6. Prescriptions
7. Plan of Care
8. Referrals

II. Client Assessment

1. Health History
2. Physical Assessment
3. Documentation
4. Confidentiality

Supervising Physician-Outies

1. Medical Director/Supervising Physician will be available as needed by telephone.
2. Medical Director/Supervising Physician will review clinical records of the midlevel provider generated patient records.
4. Patient records reviewed by the Medical Director/Supervising Physician will have notes and/or signature indicating his review.

Practice Locations:

Angelina County & Cities Health District 503
Hill St Lufkin, TX 75904

Prescriptions

1. Prescription Drug Orders: Pursuant to the Medical Practice Act, Texas Civil Statutes Article 44956, Sections 3.06(d)(5) and (6) and section 193.8 Midlevel Providers are designated to administer, carry out or sign prescription drug orders for dangerous medications in the following categories:

Analgesics	Anticonvulsants
Antipyretics	Musculoskeletal agents
Migraine: treatment/prophylaxis	Antiparkinson agents
Anti-infectives	Alzheimer therapy
Anti-fungal Antiviral agents	Antidepressants
Arthritis/gout therapy	Abuse deterrents
Antianginals	Anxiolytics
Antiarrhythmics	Antihistamines
Hematologic agents Heart failure agents Hypertensive therapy Diuretics	Bronchodilators
Potassium	Antiasthmatics
Hypolipidemic agents	Antianaphylactics
Dermatologic agents	Circulatory/perfusion agents
Ophthalmic agents Otic agents Hormones	Antiparasitics Hematinics
Hypoglycemics	Vitamins and minerals
	Decongestants
	Steroids: topical and IM
	Contraceptives Gastrointestinal agents

2. Copies of all prescriptions will be kept on file in the patient electronic health record. Those written or printed will also be scanned into the patient electronic health record.
3. Prescriptions will not contain dosage units for more than three (3) months of medication. Prescriptions and refills will not be for more than six (6) months (except for BCP's one year). Medications will not be prescribed for overdosage maximums as set by the current Physician Desk Reference.
4. Medication samples from a pharmaceutical representative will be maintained in a locked area, all samples distributed by the midlevel provider will be entered into the electronic health record.
5. All OTC given by a midlevel provider will be entered into the electronic health record.
6. Generic medication substitution is authorized if the patient is informed of the substitution and has had no previous allergic reaction to the generic medication.

Controlled Substances

1. No controlled substances will be maintained in the ACCHD Pharmacy.
2. Midlevel Providers may prescribe controlled substances listed in schedule III, IV, or V as established by Texas Health and Safety Code.
3. Controlled medications will not be refilled unless authorized by the Medical Director. Written authorizations will be kept on file.

Schedule II Medications

1. These medications are prescribed after an evaluation in consultation with the medical director. A prescription is electronically submitted to the medical director for pharmacy submission.
2. Patients will then be medically evaluated for contraindications in using these medications.
3. After initial visit the patient will follow up in thirty days. If patient is doing well with the medications and vital signs are normal, then they may return every three (3) months to be seen less than 18 yrs old. The prescriptions are only for 30 days and must be refilled between patient visits.

STD/HIV Testing

1. Nursing staff will perform STD/HIV Testing and Treatment per DSHS protocol. Results will be given by Nursing staff directly to the patient.
2. Nursing staff will communicate with DSHS Region 4/SN and/or DSHS Austin for assistance.

Administrator

Chairman of the Board

Subject: Reimbursement Tracking Policy

Effective Date:

Supersedes: New Policy

Policy: Angelina County & Cities Health District (ACCHD) establishes guidelines for Reimbursement tracking from our grants and Managed Care Plans, or other revenue or reimbursement sources. The Finance department is responsible for submitting vouchers for reimbursement, overseeing, monitoring, and performing internal audits that track reimbursement requests and reimbursements received. Monthly random audits should be performed to ensure requested reimbursements are received.

Managed Care Process:

1. Submit claim after the claim content has been reviewed for accuracy.
2. Document on the established tracking report from Medinformatix for that MCO on which date the reimbursement request was submitted. The report should contain the amount submitted, the CPT codes that were billed, the amount payment was received and the date payment was received. The primary identifier (or key) for the item should be the encounter number from the EHR system.
3. If a difference is noted between the billed amount and the paid amount, an investigation will be conducted to determine the origin of the difference.
4. The tracking report from Medinformatix will flag encounters above 30 days old. If reimbursement is not received within 30 days, the Finance department point of contact for the grant should follow-up with the grant's point of contact. The point of contact should submit this to the Finance Director or Finance Manager for documentation. All noted outstanding claims should be submitted simultaneously when possible.
5. The Finance Director, or Finance Manager in the Finance Director's absence, will document the follow-up process, and implement corrective action or process improvements should the district's action, inaction or error be the cause for delayed or miscalculated payment.
6. Upon receipt of payment, the payments will be posted to the patient's account in Medinformatix.
7. A quarterly report should be generated describing reimbursement issues, the actions taken to correct deficiencies and the results of those actions.

Grants and other sources Process:

1. Submit invoices for qualifying reimbursements for the specific service/period after checking the content for accuracy.
2. Document on the established tracking spreadsheet on which date the reimbursement request or invoice was submitted. The spreadsheet should also contain the amount submitted, the name of the responsible entity, the amount of payment received and date payment was received. The primary identifier (or key) for the item should be named for the grant and the date submitted if no other name exists for the invoice. (e.g. PHC8192025)
3. The tracking spreadsheet will flag encounters above 30 days old. If reimbursement is not received within 30 days, the Finance department point of contact for the grants should follow up with the grant's point of contact. The point of contact should submit this to the Finance Director or Finance Manager for documentation.
4. If a difference is noted between the billed amount and the paid amount, an investigation will be conducted to determine the origin of the difference.
5. The Finance Director, or Finance Manager in the Finance Director's absence, will document the follow-up process, and implement corrective action or process improvements should the district's action, inaction or error be the cause for delayed payment.
6. Upon receipt of payment, the voucher/remittance advice should be coded to the proper GL account and the paper copy should be submitted to the Finance Director or Finance Manager for filing.
7. A quarterly report should be generated describing reimbursement issues, the actions taken to correct deficiencies and the results of those actions.

Administrator

Chairman of the Board

Subject: Bloodborne Pathogen Exposure

Effective Date:

Supersedes: Policy: October 2014

Policy: Angelina County & Cities Health District (ACCHD) establishes procedures for Bloodborne Pathogen exposure, such as needle stick, sharps, or splashes. The purpose of this policy is to ensure a safe environment for staff, contractors, and volunteers. The following Exposure Control Plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens. This ECP includes:

1. Determination of employee exposure.
2. Implementation of various methods of exposure control, including:
 - a. Universal precautions: All staff, volunteers, and contractors shall follow universal precautions when in contact with bodily fluids.
 - b. Work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. The work practices controls include laboratory safety standards.
 - c. Personal protective equipment (PPE) is provided to our employees at no cost to them. All employees using PPE must observe the following precautions:
 - i. Wear appropriate PPE when splashes, sprays, spatters, or droplets of blood or bodily fluids pose a risk to the eye, nose, or mouth.
 - ii. Wash hands immediately or as soon as feasible after removal of gloves or other PPE.
 - i. Remove PPE after it becomes contaminated, and before leaving the work area.
 - ii. Replace PPE if torn, punctured, contaminated, or if its ability to function as a barrier is compromised.
 - iii. Never wash or decontaminate disposable gloves for reuse.
 - iv. Remove PPE as soon as possible when contaminated by blood or bodily fluids in order to avoid contact with the outer surface and properly dispose of it.
 - d. Housekeeping:
 - i. Regulated waste is placed in containers that are closable and constructed to contain all contents and prevent leakage.
 - ii. Appropriate labels should be placed on the appropriate containers.
 - iii. Close containers before removal to prevent spillage or protrusion of contents during handling.
 - iv. Contaminated sharps are discarded immediately or as soon as possible in

containers that are closable, puncture-resistant, leakproof on sides and bottoms, and labeled or color coded.

3. Hepatitis B vaccination:
 - a. Employees will be provided with information on hepatitis B vaccinations and taught on the safety, benefits, efficacy, methods of administration, and availability.
 - b. The hepatitis B vaccination series is available at no cost after training and within 10 days of initial assignment to employees identified in the exposure determination section of this plan.
 - c. Vaccination is encouraged unless:
 - i. Documentation exists that the employee has previously received the series.
 - ii. Antibody testing reveals that the employee is immune.
 - iii. Medical evaluation shows that vaccination is contraindicated.
 - d. If an employee chooses to decline vaccination, the employee must sign a declination form. Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept in the employee's file.
4. Post-exposure evaluation and follow-up: Should an exposure incident occur, the following procedure will be followed:
 - a. Notify the Medical Director and Administrator.
 - b. Complete the required documentation, including required incident forms, employee record, and source individual record. Document the routes of exposure and how the exposure occurred.
 - c. Follow first aid practices such as cleaning and washing the wound, flushing eyes or other mucous membranes with soap and water.
 - d. Identify and document the source individual.
 - e. Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infection. If the source individual is already known to be HIV, HCV, and/or HBV positive, new testing need not be performed.
 - f. Provide the supervisor with the exposed employee, volunteer, or contractor with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).
 - g. Employee that was exposed through percutaneous and/or mucous membrane exposures will be instructed to visit the Emergency room immediately for further evaluation for consideration of treatment. The supervisor will accompany the employee to the emergency room.
5. Communication of hazards to employees and provide more training.

Procedures for Evaluating Circumstances Surrounding an Exposure Incident.

The Department Director will review the circumstances of all exposure incidents to determine:

1. Engineering controls in use at the time
2. Work practices followed
3. A description of the device being used (including type and brand)
4. Protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
5. Location of the incident
6. Procedure being performed when the incident occurred
7. Record all percutaneous injuries from contaminated sharps in the Sharps Injury Log.

Administrator

Chairman of the Board

Subject: ACCHD Quality Assurance Policy

Effective Date:

Supersedes: New Policy

Policy: Angelina County & Cities Health District (ACCHD) implements quality assurance processes and procedures in all areas of operation to ensure alignment and compliance with rules, laws, regulations, and customer expectations. Processes and procedures are designed to reduce liability, injury, and poor output while increasing customer and employee satisfaction, maintaining a high level of system reliability, meeting agreed deadlines for all data requests, and ensuring zero harm to workers. ACCHD identified three actions associated with the objective and target, such as:

C = Control/maintain is an objective focused on standardizing processes that are subject to regulations. The objective is to maintain approval with operational controls. This is identified as an ongoing process.

I - Improve is an objective focused on decreasing hazards and waste.

S - Study or investigate is an objective that is focused on understanding the root cause of complaints, abnormalities, expensive or time-consuming processes, with the goal of changing processes to generate a positive outcome.

Quality assurance targets are focused on several elements, such as:

Customer Needs:

ACCHD aims to always meet the needs of potential, current, and future customers. Several industry tools can be utilized to understand customer needs. Customer preference is considered, when provided information, warrants a change to processes, procedures, and products.

Service and Experience:

ACCHD aims to ensure that service and experience meet client/customer expectations. The minimum level of quality standard is for customers to be heard and treated respectfully. Patient and staff satisfaction surveys provide information on the level of satisfaction. Poor satisfaction results trigger process improvements.

Compliance:

ACCHD aims to achieve compliance in all areas of operation. This includes regulatory audits from Federal, State, and Local regulatory agencies. Audit results provide information on

processes that are working well and processes that need improvement. Areas that need improvement trigger a collaborative effort to correct the deficiency.

Health and Safety:

ACCHD aims to promote high outcomes with clients' health and safety by following standards of care, policies, rules, and regulations. Chart audits provide information on outcomes. Poor health outcomes trigger a broader approach by engaging the multidisciplinary team to improve client health outcomes.

Defects:

ACCHD ensures that identified defects are eliminated within processes and products to promote safety and customer satisfaction.

Accuracy and Testing:

ACCHD ensures processes and products are checked for accuracy. This is completed through checks and balances, quality control, audits, observation, and testing in the appropriate areas of operation with efforts to promote client trust, safety, and satisfaction.

Waste Management:

ACCHD implements procedures to ensure that waste is reduced. Elements that are monitored to prevent an increase in waste include time, supplies, medications, and equipment. By reducing waste, ACCHD promotes financial growth, equipment integrity, reduction in expenditure, and improvement in client and employee satisfaction. Processes that reflect waste trigger discussion on process improvement.

Continuous Improvement:

ACCHD incorporates processes and procedures for continuous quality improvement. Such processes include open communication through departmental huddles, leadership huddles, analysis of systems and data, with efforts to ensure outcomes are optimized. Employee goals, process outcomes, and employee engagement are monitored to move projects forward.

Community Feedback:

ACCHD values clients', stakeholders', and staff's input on the quality of service and product delivery. Input is assessed, to ensure it meets ACCHD objectives of quality delivery, client satisfaction, and cost reduction.

Privacy:

ACCHD ensures privacy is respected. Staff are trained in confidentiality, HIPAA, and communication strategies to promote and respect privacy.

Environmental:

ACCHD promotes a clean and safe environment for all clients, staff, vendors, contractors, visitors, and students.

Streamlined Process:

ACCHD evaluates practices to ensure that processes are streamlined and organized with the goal of ensuring efficiency and reducing costs.

Comprehensive Documentation:

ACCHD ensures all departments have a process for documentation and record-keeping. Randomized audits are conducted for quality assurance purposes.

Training

ACCHD ensures quality objectives, targets, and programs are maintained through proper staff training. Performance aims are for continual improvement of service and product delivery.

Administrator

Chairman of the Board

Subject: Employee Engagement Survey Quality Assurance Policy

Effective Date:

Supersedes: New Policy

Policy: Angelina County & Cities Health District (ACCHD) desires all employees to be engaged in providing services to the community. Employee engagement is defined as the emotional and intellectual connection an employee has with ACCHD day to day activity. Engagement requires a willingness to apply effort in order to achieve ACCHD goals. Employees are expected to collaborate with internal and external stakeholders in order to promote quality and safety. ACCHD encourages employees to have open, respectful dialogue with team members and supervisors in order to enhance service quality, address concerns, and foster a culture of continuous improvement. ACCHD emphasizes the importance of following all rules, laws, regulations and policies in order to establish a baseline employee safety and satisfaction. Staff are trained in customer services approaches, and de-escalation techniques in order to ensure a culture of respect, service, partnership and collaboration. ACCHD values employee feedback and prioritizes service and safety, while upholding quality standards. Staff feedback is used to continuously improve services. It incorporates various dimensions, including the quality of care, interpersonal aspects of care, and overall treatment outcomes.

ACCHD gives employees an opportunity to express themselves in a constructive manner. This includes measuring the following:

1. Satisfaction with current roles, responsibilities.
2. Organizational platforms for communication.
3. Professional growth and development.
4. Work life balance.
5. Recommending ACCHD to others.

Methodology An Employee Engagement Survey:

1. Conducted yearly by the HR department. Sent latest mid July each year.
2. The responses are for data gather purposes and process improvements not for punitive purposes.
3. A special designated area/box will be made available for each employee to deposit their duly filled in form, in all anonymity. All replies will be secured within 15 days from the launch of the Employee Engagement survey.

4. Anonymity & Confidentiality All replies will remain strictly anonymous. ACCHD will turn off all traceability options to protect the anonymity of all participants. No names will be written on printed copies.
5. The employees have the right not to fill in the document.
6. Once the Employee Engagement Survey is completed it will be published by mid to end of August yearly, and displayed on the Intranet, and on display boards.
7. Based on the results obtained, Management will strive to take the relevant actions to maintain standards, make improvements, or take new/additional initiatives.

Administrator

Chairman of the Board

Subject: Patient Satisfaction Quality Assurance Policy

Effective Date:

Supersedes: New Policy

Policy: Angelina County & Cities Health District (ACCHD) implements processes to ensure client/patient satisfaction. ACCHD enhances service quality, addresses patient concerns, and fosters a culture of continuous improvement. ACCHD emphasizes the importance of following all rules, laws, regulations and policies in order to establish a baseline for client/patient satisfaction. Staff are trained in customer services approaches, and de-escalation techniques in order to ensure clients and patients perceive a culture of respect, service, partnership and collaboration. ACCHD values client/patient feedback and prioritizes health and safety, care and treatment quality standards. Client/patient feedback is used to continuously improve services based on patient experiences. It reflects how well healthcare services meet patient expectations and needs. It incorporates various dimensions, including the quality of care, interpersonal aspects of care, and overall treatment outcomes. ACCHD understands the importance of client/patient satisfaction and uses valuable feedback to enhance service quality and patient experiences.

Key Elements of Patient Satisfaction

1. **Feedback Mechanisms and Measurement of Patient Satisfaction:** surveys, questionnaires online forums and, complaint reports are used to gather patient experiences and satisfaction levels.
2. **Grievance Management:** Procedures for addressing patient grievances through timely communication, thorough documentation, and fair resolution processes.
3. **Client Advisory Boards:** Establish an ethics committee to provide valuable insights into service quality and areas for improvement. Meetings are scheduled as needed.
4. **Continuous Improvement:** Patient feedback is analyzed to identify trends and areas needing improvement. ACCHD implements strategies based on this analysis and regularly updates patients on actions taken in response to their feedback.
5. **Training and Development:** ACCHD provides ongoing team training to ensure effective communication, empathy, and client/patient-centered care
6. **Measuring Patient Satisfaction:** Data that reflect negative outcomes are used to identify areas for improvement