

**BEXAR COUNTY BOARD OF TRUSTEES FOR
MENTAL HEALTH MENTAL RETARDATION SERVICES d/b/a
THE CENTER FOR HEALTH CARE SERVICES**

Regular Board Meeting

6800 Park Ten Blvd, Suite 200-S

San Antonio, Texas 78213

Tuesday, June 14, 2022

6:00 p.m.

- TRUSTEES PRESENT:** Daniel T. Barrett, Chairman
Mary Rose Brown, Vice Chairman
Graciela Cigarroa, Treasurer
Polly Jackson Spencer, Ret. Judge
Roberta L. Krueger, M.D.
Sandee Marion, Ret. Judge
Margaret M. Vera
- TRUSTEES ABSENT:** Richard Usatine, M.D.
Donnie Windham Whited, Secretary
Sheriff Javier Salazar
- STAFF PRESENT:** Jelynn LeBlanc Jamison, President/Chief Executive Officer
Robert Guevara, Chief Financial Officer
Rene Olvera, M.D., Chief Medical Officer
James Chapman, Chief Compliance Officer
Frank Garza, General Counsel
Adrienne Alcazar, Vice President of People & Culture
Adam Velez, Director/Contracting & Procurement
Lauren Estrada, Director of Authorization Services
Terry Treviño, Chief of Staff/Board Liaison
Cynthia Hinton, Executive Assistant
- GUEST PRESENT:** Hunter Stanco, Morgan Stanley

The regular meeting of the Bexar County Board of Trustees for Mental Health Mental Retardation Services d/b/a The Center for Health Care Services was held on Tuesday, June 14, 2022, at the Administrative Offices located at 6800 Park Ten Blvd, Suite 200, San Antonio, Texas 78213.

**CALL MEETING TO ORDER
CERTIFICATION OF QUORUM**

Mr. Barrett called the meeting to order at 6:05 p.m., with the following trustees present: Mses. Brown, Cigarroa, Krueger, Marion, Spencer, and Vera, thereby establishing a quorum.

PLEDGE OF ALLEGIANCE - Led by Chairman Daniel Barrett

CITIZENS TO BE HEARD - There were none.

1. APPROVAL OF MINUTES

Mr. Barrett asked for a motion for approval of the Minutes of the Regular Board Meeting held on April 19, 2022, that were presented for review and approval. Ms. Cigarroa moved for approval as presented; Ms. Spencer seconded the motion. Motion carried.

2. BOARD CHAIRMAN'S REPORT

- Mr. Barrett reported that the Executive Director of the Texas Council of Community Centers will be retiring soon. Ms. Jamison stated that it had been announced today that Lee Johnson will be the next Executive Director starting September 1, 2022.

3. PRESIDENT/CHIEF EXECUTIVE OFFICER'S REPORT

Leadership Briefing

- Ms. Jamison reminded the Board that the Strategic Board Retreat is this Saturday June 18, 2022, at SAWS Headquarters in Tower Two which is the Customer Service Building from 9:00 a.m. – 3:00 p.m. and is looking forward to strategic direction to complete the budget for FY 2023. She appreciates the time everyone is taking to be there and announced that Jennifer Moriarty will be the Facilitator.
- Ms. Jamison informed the Board of a couple of leadership departures; that April Johnson-Calvert was with the Center for 28 years has left and is moving on to another LMHA, ad Frederic Courtois who also had tenure with the Center has resigned and moved on to other endeavors. Mr. Barrett stated that April and Frederic were great talents and will be missed. Ms. Jamison also stated there are two new leadership promotions she wanted to make the Board aware of; Burt Santos who is the Director of 1115 Waiver Programs/CCBHC Program has been promoted to Senior Director of Community Behavioral Health Systems. He will continue with the closeout efforts with the DSRIP Program to transition the Center to the Directive Payment Program (DPP) and the Charity Care Program (CCP). Mr. Santos will take on Center Care and has a lot of ideas about positioning that clinic and the independent practice that is envisioned for that area. The other promotion is Lauren Estrada who was the Clinical Administrator for Utilization Management (UM) and has been promoted to Director of Authorization. The areas that report to Ms. Estrada include Intake Enrollment Activities, UM, Continuity of Care, Centralized Scheduling, and the YES Waiver Program. Congratulations were given to both.
- Ms. Jamison stated an early report was received of the DSRIP 8 April Reporting and that we are trying to close out that program. The Center has met 100% of measures and now is positioned to send up the Intergovernmental Transfer (IGT) of \$6.8 million, and in return our payment valuation will be a total of \$18.4 million. The Center has had three successful years of 100%. She believes that positions the Center very well for the future DPP and CCP programs, and the extension of both of those have been confirmed for the next ten years. She said that Mr. Santos ran that team and has done an excellent job in making sure the Center meets all their metrics. That performance has put the Center in a solid position going forward. The recertification process has been started for CCBHC and a notice is expected from the State on what the recertification visits will be and what will

be required to submit for their review.

- Ms. Jamison stated that MyAvatar, the new electronic health record system went live June 1, 2022, and Dr. Olvera will be reporting on that. There is still work to do but overall, it has been a good process. She also told the Board there are some informational items to be presented that were previously presented to the Planning & Operations Committee. It is a mid-year look where the Center is at with our programmatic performance.

Ms. Marion asked if Bexar County had paid the Center yet, to which Ms. Jamison replied yes, the Letter of Credit from Frost Bank was received, and the Bexar County Commissioners approved the General Fund Contract last Tuesday. Payment has not been received yet, but it did get approved, and we are working through the outstanding issues. She said that we have already told them that we need to negotiate FY 2023 contract and will be asking for scheduling before the Commissioners as they are in their budget process now. The Center did not need the \$4 million from Frost but we were prepared.

Chief Medical Officer's Report – *Dr. Rene Olvera*

- Dr. Olvera reported that the EMR system was successfully launched June 1, 2022. As of today, there have been over 12,000 notes completed and the completion rate is between 96 – 97%. He wanted to give kudos to Tremaine Butler, CIO; Justin Hansen, Director of Enterprise Systems; and the whole EHR Team. There are still some issues to work out, but it was successful. He mentioned that a Nursing Administrator has been hired, and this position will sit between the Director of Nursing (DON) and the Nurse Managers. Since the first week of May, the DON and the Nursing Administrator have hired two Nurse Managers, ten LVNs, one RN and CMA. They have worked diligently with Adrienne Alcazar, VP of People & Culture and her team. They have had many mini hiring fairs for nurses which have been successful. He also said they will be expanding the residents. There will still be eight third year resident (PGY3s) positions at the outpatient unit and there will be twelve second year resident (PGY2s) positions going through crisis. Next year there will be needed twelve third year resident (PGY3s) positions and will have to see if that can be accommodated. Dr. Olvera also mentioned the Senate Bill 11 Project with UT Health and child health at Bandera will be in place for many years.

Contracts executed by the President/CEO over \$50,000 and under \$100,000 for the month of April 2022 & May 2022 – Ms. Jamison stated there were none to report.

4. **CONSENT AGENDA**

1. Approval to the Board of Trustees for the President/CEO to Negotiate/Execute an Agreement with Michele Galan for the provision of the YES Waiver Services – *Adam Velez*
2. Approval to the Board of Trustees for the President/CEO to Negotiate and Execute an Agreement with Jami Netter for the provision of YES Waiver Services – *Adam Velez*
3. Acceptance of the 2022 First Quarter Performance Report of the Center's 401(a) and 457(b) Accounts from Morgan Stanley – *Hunter Stanco*
4. Approval to the Board of Trustees for the President/CEO to Negotiate and Execute a Contract with Westcare for the Provision of Outreach Services – *Adam Velez*

Mr. Barrett asked for a motion to approve the Consent Agenda items. Ms. Brown moved for approval; Ms. Vera seconded the motion. Motion carried.

5. INDIVIDUAL ITEMS FOR REPORT, DISCUSSION & APPROPRIATE ACTION

EXECUTIVE COMMITTEE *(Daniel Barrett, Chair)*

1. Approval to the Board of Trustees for the President/CEO to Negotiate and Execute a Contract with the SWBC Life Insurance Agency, Inc. for the Provision of Insurance Brokerage Consultant Services – *Adam Velez*

Mr. Velez gave a background and overview of this contract. The initial contract is for a term of three (3) years for \$90,000 annually, which is \$30,000 less than the previous contract, and the Center will have the option to renew under the same terms and conditions for up to two (2) additional one (1)-year extensions. The Center issued a Request for Proposal(s) (RFP) in March 2022 to obtain a qualified firm with the technical expertise and established track record in providing benefit brokerage and consulting services. The RFP was issued in accordance with Center Procurement policy to ensure the continued provision of best value services to the Center and its employees. An Evaluation Committee composed of Center staff reviewed the five (5) proposals received and invited the top three (3) to be interviewed by the Evaluation Committee. After the interviews the committee evaluated and recommended SWBC Life Insurance Agency, Inc. for the contract award. Their proposal includes assisting the Center with strategic benefits planning, plan design, and management developing proposals, proposal evaluation, contract negotiation, ongoing contract evaluation plan modification, and other services as required to obtain and maintain the best coverage and cost for employee benefit programs.

Mr. Barrett asked for a motion of approval of the SWBC Life Insurance Agency, Inc. contract. Ms. Brown moved for approval; Ms. Marion seconded. Motion carried.

FINANCE COMMITTEE *(Mary Rose Brown, Chair)*

1. Acceptance of the Center's Financial Statements for the period ending February 28, 2022, and March 31, 2022– *Robert Guevara*

Mr. Guevara presented the Center's Financial Statements as follows:

a) February 2022 Financials

- Overall operating loss of (\$248,153) for the month. Including the Planned Reserve Expenditures YTD of \$4.3 million and all funds recognized the Net YTD gain is \$4.2 million. This amount includes \$1.9 million of unrecognized Waiver/DPP.
- Monthly personnel costs were (\$235,375) below January expenses. February had one less payroll day.
- 1115 Waiver Funding and DPP recognition YTD - \$7.3 million, approximately (\$2.7 million) below the expense budget YTD
- Fund Balance Composition: Cash - \$3.2 million, A/R - \$14.1 million

- YTD Revenue Budget - \$63.3 million, Actual YTD Revenue - \$52 million, Actual YTD Expense - \$54 million, Net Gain YTD - (\$1.9 million). The \$11.3 million variance includes the 1115 Waiver, HHSC Other - (Psychiatric Private Beds), Other - \$7.4 million comprised of the fund balance, HR133 and the CCBHC. These variances have no or minimal monetary impact to the bottom line due to no cost incurred.
- Strategic Plan Revenues - (\$1.2 million), the equivalent of 12.73%. Long Term Care exceeded its budget by \$776,860. The expectation was to grow by twenty host home providers; however, it increased by forty-six homes instead.
- Strategic Plan Expenses - (\$8.9 million), the equivalent of 15%. Long Term Care is (\$467,228) due to the increase in homes. The Center pays the providers and the State reimburse the Center. The Long-Term Care budget remained the same when the midyear budget was presented to the Board.
- YTD Service Revenue Budget - \$6.3 million, Actual YTD Service Revenue - \$5.4 million. Variance of (\$934,634). As of February, there were 112 vacant care manager and licensed clinician positions.

Ms. Jamison stated that due to the transition to the new EHR it is expected that the Center will be slowing down hiring people during the remaining of the fiscal year. Data must be input in the system manually including the assessments and treatment plans.

- Monthly Service Revenue target was \$1,052,839. Actual- \$882,317
- Daily Billable Service Revenue - \$43,490. Same time last year was \$49,000.
- Medicaid Rehab Budget - \$299,469. Actual - \$223,105
- Fund Balance - \$38.7 million, Investments in Tex-Pool decrease (\$3,199,720). Interest Earned - \$280. Days of Operation - 90.84. Total Profit Margin - 8.35%
- Cash Flow - Beginning Balance - \$7.6 million, In Flows - \$5.4 million, Out Flows - \$8.7 million, Ending Balance - \$4.3 million.

b) March 2022 Financials:

- Overall operating loss of (\$107,266) for the month. Overall YTD loss - (\$173,606). Including the Planned Reserve Expenditures YTD of \$5 million and with all funds recognized the Net YTD gain is \$4.9 million
- Monthly personnel costs were \$833,144 above February expenses. March had three additional payroll days.
- 1115 Waiver Funding & DPP recognition YTD - \$8.6 million, approximately (\$3.1) below the expense budget YTD
- Fund Balance Composition: Cash - \$7.7 million, A/R - \$13.2 million. April and May are the Center lowest cash months. Thirty percent of the accounts receivables is made of Care Acts Funding (\$1.9 million), General Fund Contract (\$1.2 million), and \$788 thousand related to STRAC. This represents about \$4 million. The Center is slowing down the accounts payable process and speeding up the accounts receivable. The Center is also in contact with these entities trying to obtain payment.
- YTD Revenue Budget Net Gain - (\$2.3 million). The variance of (\$12.3 million) of which approximately 90% have none or minimal financial impact due to no cost incurred.

- Strategic Plan Revenues - (\$1.5 million), the equivalent of 13.45 %
- Strategic Plan Expenses - (\$9.5 million), Controlled Spending, the equivalent of 20.9%
- YTD Service Revenue Original Budget - \$7.5 million. Actual \$6.5 million.
- Monthly Service Revenue target - \$1,210,765. Actual - \$1,046,360
- Daily Billable Service Revenue – Daily average target is \$52,642. Averaging \$43,777 through the month of March. Actual is \$45,494. Average last year average was about \$50 daily.
- Medicaid Rehab target \$299,469, Actual – \$251,279. Care Managers and licensed clinicians vacancy for March – 113.
- Fund Balance - \$38,086,979.
- Investments in Tex Pool increased \$4,801,189. Interest earned for the month - \$1,189. Profit margin of 8.27%. Days of Operation – 87.02

Mr. Guevara noted that the April target was missed by \$75,000 and as of May 13th, the target is short \$157,000. Due to the implementation of the EHR, which requires transitioning of data, staff training, consumer assessments, and treatment plan, it is expected the service revenue to be short by approximately \$325,000. Other community centers had experienced between 20 to 30 % less productivity when transitioning to a new EHR.

Mr. Barrett asked for a motion of acceptance of the Financial Statements. Ms. Brown moved for a motion; Ms. Marion seconded. Motion carried.

2. Approval of an Order Authorizing the Issuance of \$12,000,000 of Bexar County Board of Trustees for Mental Health Mental Retardation Services Revenue Anticipation Notes, Series 2022 – *Robert Guevara*

Mr. Guevara stated that in July the Center is expected to send up a little over \$6 million in relation to the Intergovernmental Transfer (IGT) and will receive over \$18.4 million which will leverage \$12.3 million in additional federal funding for the Center. The Frost Bank dollars will be sent up July 3 and then we should receive the funds back within two weeks. A reminder to the Board that this will be the last 1115 Waiver draw for the Center.

Mr. Guevara said they are starting to see some visibility on the directive behavioral component. We know what we are supposed to get and have not received all of it yet but have an estimate of what is expected. The part that is unknown is what is expected from the Charity Care Pool (CCP) in terms of dollars and will not know until November. Ms. Jamison said the rules for the CCP will not be released until October. Ms. Vera asked if the money that we are going to bring down will be for those services that have already been done. Ms. Jamison replied yes for the DSRIP program, activity has been reported for that DSRIP year 11 and this is the payment valuation as a result of meeting 100%. Ms. Vera wanted to know what is done with the services if the money is not received. Ms. Jamison replied that the services are still being provided but with a different payment methodology. The program transitioned to the Directive Payment Program (DPP) for behavioral health services and the second piece of it is the Public Health Provider CCP. The DPP is focused on the MCOs and gives them instruction on the bundle of services to pay for. The goal is to make sure that what is received from CCP fills the gap in funding that DPP does not. Ms. Vera asked what the Center would do if the funding is not

received. Ms. Jamison said then services would have to be looked at and then bring back options to the Board.

Mr. Guevara reminded the Board that when the Center shifted away from the original waiver, operational changes had been made to only include services that were related to CCBHC. All of the services being provided are in alignment with the CCBHC requirements that was shifted to several years ago. Ms. Jamison said that another unknown is that the Biden Administration recently released their plan, and their budget proposal will be the continuation of the CCBHC models, so there will be other funding released related to that, but it has not been approved by Congress, it is just in the President's Plan.

Mr. Barrett asked for a motion for approval. Ms. Brown so moved Ms. Spencer seconded.

FOR INFORMATIONAL PURPOSES ONLY

1. Contracting and Procurement Departments FY 2022 Mid-Year Update – *Adam Velez*

Mr. Velez reported as follows:

- The amount of monitored contracts increased by reviewing contracts bi-annually instead of quarterly, allowing time for increased collaboration with additional program staff increasing their contract knowledge and the improvement implementations.
- A total of sixty contracts were reviewed: thirty revenue contracts and thirty expense contracts, including five host home subcontracts.
- The reviews included the examination of contract terms and conditions such as policies and procedures, training and certifications, provision of services, clinical record documentation, performance measures, and compliance with fiscal, record confidentiality and storage requirements.
- Findings: Total of ninety-seven findings. Sixty-seven findings were resolved within 30 days of notification and thirty were scheduled for a Corrective Action Plan (CAP) follow up to determine resolution of findings. Finding areas included:
 - Service Delivery – Participation required by Providers in all meetings, Confirmation of referral follow ups not documented, Manage daily waitlist to enroll clients immediately
 - Clinical Record Documentation – Documentation not final approved within 23-hours, Documentation of services not entered in CMBHS
 - Performance Measures/Outcomes – Low bed utilization rate
 - Administrative Requirements – Policies and Procedures
 - Provider/Vendor, Staff Training Records – Incomplete employee training records
- Subsequent reviews will allow to anticipate no fiscal impact for Fiscal Year 2022 and an opportunity to monitor and ensure that newly implemented training and/or new processes are having a positive effect on Performance Measures, documentation, service provisions and training requirements.

Mr. Velez stated that the Contract Monitors maintained constant communication with all the units

throughout Quarter Two.

2. Compliance Department FY 2022 Mid-Year Report – *James Chapman*

Mr. Chapman explained the summary of scores and reported as follows:

- At mid-point, 61% of the programs reviewed are meeting their target
- 49 Programs that document services are reviewed quarterly
- A Quality Improvement Plan is provided to VPs and Managers of programs that do not meet the target with a follow up on the following quarter.
- Common Findings are:
 - Missing Signature pages from Recovery and Treatment Plans
 - Progress Notes Missing Required Elements
 - Cloned Notes/Copy & Paste
 - Documents not being completed within regulatory timeframe requirements

Questions and answers ensued. Mr. Chapman stated one thing came up in the Executive Compliance Council Meeting which meets monthly where compliance issues at the Center are discussed. Because this is the first year, they want to make sure they do a mid-year check-in. To make sure what is being looked at is what really needs to be looked at, not looking at anything that should not be there, and that it is a fair process. If the numbers bear out the rest of the year, then they can feel confident that they were on target and looking in the right places.

3. HHSC Performance Contract FY 2022 Mid-Year Report – *Lauren Estrada*

Ms. Estrada reported as follows:

- Adult Improvement in At Least One ANSA Domain/Modality – Goal \geq 20%. Center scored 45%. She mentioned that
- Adult monthly Service Provision – Goal \geq 65.6%. The target was not met at 47.15%. The measure does not account for telehealth, telemedicine, and telephone encounters. If they were included based on the internal tool used the Center score is 59.9%.
 - * Ms. Jamison noted that a reduction in service revenue is expected as consequence of the new EHR. Patients must be established in the new system and assessments must be done for each consumer. Avatar will have the demographics and diagnostic impressions. Providers will have access to last available record and afterwards providers will have access to archive records. Anasazi will be kept for a year.
- Child & Youth Improvement – Goal \geq 25%. Center scored 38.6%
- Child & Youth Service Provision – Goal \geq 65%. Center scored 68.4%. The measure does not account for telehealth, telemedicine, and telephone encounters. Based on the internal tool used the Center score is 72.84%
- School & Community Performance – Goal \geq 60%. Center scored 68.4%
- Community Tenure - Goal \geq 96.8%. Center scored 99.65%
- Effective Crisis Response – Goal \geq 75.1%. Center scored 84.04%
- Hospital 7 day Follow up – Goal \geq 75.5%. Center scored 75.05%
- Adult Services Outcomes – Goal \geq is 100%. The Center met the goal scoring 116.7%

- Counseling Target – Goal \geq 12%. Center scored 48.4%
- ACT Target – Goal \geq 54%. Center scored 89.5%
- *Employment Functioning Target – Goal \geq 39.8%. Center did not meet the target, scoring 32.2%
- *Educational/Volunteering Strength- Goal \geq 26.5%. Center did not meet the target, scoring 23.9%
- *Residential Stability – Goal \geq 84%. Center did not meet this target scoring 80.4%

Ms. Jamison stated that all the areas in red was one area that was focused on in re-training because it may be that as the Care Managers are visiting with their consumers, they may be documenting those changes or improvements in their note versus updating their ANSA or assessment. Every time there is a change or improvement in this area, it should be illustrated in the ANSA. Re-training was done so that the consumers' outcomes can be more accurately reflected in the ANSA and not in the progress note. The State only recognizes the outcome in the ANSA. Ms. Estrada stated that all the data collected from the ANSA goes into a huge data warehouse and that is where all this reporting is being pulled. So if it is in the progress note then the information is not getting into that data warehouse and is not being recognized. Ms. Jamison said these will be focused on so that they can be made up by the end of the year; some of these measures are sanctionable and others are not. Ms. Estrada said these are not part of the 10% measures and do not have a set sanction of an amount that the Center would have to give back.

- * COVID was one of the reasons the above last three targets were not met
- * Providers need to update the consumer assessment every time there is a change in life situations.

- Child and Youth Services – Goal \geq 100%. Center exceeded the target at 107.3%
- Juvenile Justice Avoidance – Goal \geq 95%. Center exceeded the target with a score of 100%
- Family Partner Support Services – Goal \geq 10%. Center exceeded the target at 17.06%
- Living and Family Situation – Goal \geq 67.5%. Center exceeded the target at 80.3%
- Hospitalization – Goal \leq 1.9%. Center scored .09%
- Frequent Admission – Goal \leq 0.3%. Center exceeded scored 0.1%
- Access to Crisis Response Services – Goal \geq 52.2%. Center scored 74.3%
- Community Linkage – Goal \geq 23%. Outcome was 27.4%
- Crisis Follow Up – Goal \geq 90%. Center exceeded the target at 97.4%
- Adult Jail Diversion – Goal \leq 10.46%. Center exceeded the target scoring 5.03%

4. Utilization Management FY 2022 Mid-Year Report – *Lauren Estrada*

Ms. Estrada reported as follows:

- ABH service target 6,790 – 117%
- CBH service target 1,598 – 107%, Children services has seen a reduction on service hours due to provider shortage, but the census has been maintained through managed enrollment.
- ABH Average Target Hours - These are all the hours the Center's clients are being seen and is broken down by each client. There are some suggested target hours, so if you look at

the breakdown, some of the clients are getting more than the suggested target and some may be getting less.

- CBH Average Target Hours – These are all the hours the Center’s clients are being seen and is broken down by each client.
- ABH Auto Discharges – If someone in the system has not had an updated CANS or ANSA assessment, then their authorization will expire, and they get discharged out of services. ABH has been doing very well bringing things down going over their protocol with a specific procedure. They ended in February at 68.26%. This number is an improvement from last year. The reason for these discharges is because they have not been engaged. A system is in place to alert providers when a consumer is getting close to auto discharge.
- CBH Auto Discharges – Ended strong in February at 32.45%. CBH has also tweaked their procedure to make sure they are meeting all their requirements for discharge or for updating, including timeliness of the updates.

Mr. Barrett said this was an exceptional report and thanked the staff.

EXECUTIVE SESSION (DISCUSSION ONLY: CLOSE TO THE PUBLIC)

At 7:24 p.m., Mr. Barrett moved the Board into Executive Session per Texas Government Code, Sections:

- 551.071 (Consultation with General Counsel) Discussion regarding CEO contract amendment
- 551.072 (Real Estate Matters) – Discuss the sale or lease of CHCS property
- 551.074 (Personnel Matters) – Discuss the process and timeline for CEO performance Evaluation

RECONVENE OPEN SESSION

The Board reconvened into Open Session at 7:52 p.m., where Mr. Barrett stated no action was taken in Executive Session.

REPORTS

TEXAS COUNCIL OF COMMUNITY MHMR CENTERS INC. BOARD – *Daniel T. Barrett*

- Mr. Barrett reported that a new Executive Director has been selected for Texas Council of Community Centers, Inc. He reminded everyone that the Texas Council annual conference is next week June 21 – 23, 2022 in Fort Worth, Texas and stated that it is an informative conference for those that are going. Unfortunately, he will not be able to make it this year.

TEXAS COUNCIL RISK MANAGEMENT FUND BOARD (TCRMF) – *Robert Guevara*

Mr. Guevara stated the Board met on May 6, 2022. They are going to start the renewal process in July. The TCRMF property re-insurance came in at a 44% increase. He said that there is \$30 million in reserves for TCRMF, and for CHCS it has not changed.

TEJAS HEALTH MANAGEMENT BOARD – Robert Guevara

Mr. Guevara reported the Board met on June 2, 2022, stated that 35 of the 39 Community Centers are using some type of TEJAS IT product, which is good news. TEJAS engaged a Technology Attorney because they are getting a lot of movement on the 835 File Processor for DPP. For Healthy at Home, the Superior model, there are 4100 covered lives. They have billed \$3 million and have been paid \$2.9 million. As of April, they are sitting on a positive \$895,000 through April and \$939,000 in equity. They did meet to look at the Operating Reserve Policy and their recommendation is to grow reserves to 18 months. There was a draft document presented to the Board to start discussion about what the structure looks like to pay back members. Mr. Guevara stated he provided feedback by stating there were some things he felt were not good for the Centers, but it was just for discussion purposes. Mr. Barrett stated he is glad to see that CHCS has benefitted on this investment from year one.

ADJOURNMENT

There being no further business to discuss, Mr. Barrett called for a motion to adjourn the meeting. Ms. Brown moved for adjournment; Ms. Whited seconded. Meeting adjourned at 7:56 p.m.

Passed and approved this 9 day of August, 2022.



Daniel T. Barrett
Board Chairman



Mary Rose Brown
Board Vice Chair