

LAKES REGIONAL COMMUNITY CENTER

REGULAR MEETING OF THE BOARD OF TRUSTEES

WEDNESDAY, FEBRUARY 24, 2021, 5 PM

**PER GOV. ABBOTT'S MARCH 26, 2020 PRESS RELESE THIS MEETING WILL TAKE PLACE
VIA ZOOM AND IS AVAILABLE TO THE PUBLIC:**

Board of Trustees Meeting – Wed., February 24th, 5:00pm

You are invited to the LRCC Board of Trustees Meeting.
LRCC Board Room, Terrell
Wed. Feb. 24th., 5:00 PM

Join Zoom Meeting

<https://zoom.us/j/94799019423?pwd=eXR2cXgyMXlEM2FVV0hpL1MvVXFuZz09>

Meeting ID: 947 9901 9423

Passcode: 906779

For Phone Dial-in (audio only):
346-248-7799

Meeting ID: 947 9901 9423

Passcode: 906779

AGENDA

**AGENDA
NUMBER**

TOPIC

02.01.21

CALL TO ORDER

- Roll Call / Introduction of Guest.

02.02.21

APPROVAL OF MINUTES

- Regular Board Meeting Minutes of January 27, 2021

02.03.21

COMMENTS FROM CITIZENS

Presentations are limited to three minutes per person and must pertain to an agenda item. The Board reserves the right to limit the number of speakers and/or the length of comments on any topic. Citizens wishing to address the Board must register prior to the start of the meeting.

02.04.21

COMMITTEE MEETING REPORTS

NA

02.05.21

RECOMMENDATIONS FOR APPROVAL

NA

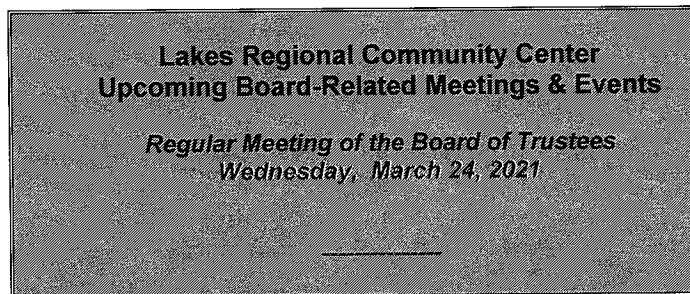
02.06.21

EXECUTIVE DIRECTOR REPORT (John Delaney)

- 1115 Transformation Waiver Updates
- February Weather Event Summary
- COVID-19 Response Summary
- Texas Council Update
- FY-21 Status of State Performance Contracts Update
- East Texas Behavioral Health Network (ETBHN)

LRCC Board of Trustees Meeting Agenda

- 02.07.21 FISCAL REPORT** (*Erwin Hancock*)
- Motion to Accept Center's Financial Statement for Period(s) Ending: January, 2021.
- 02.08.21 MENTAL HEALTH SERVICES REPORT** (*James Williams*)
- 1115 Medicaid Waiver
 - COVID
 - Sherman SUD
 - NTBHA RFP
 - Medical Services
- 02.09.21 INTELLECTUAL & DEVELOPMENTAL DISABILITIES REPORT** (*Laurie White*)
- Electronic Visit Verification (EVV)
 - Program Updates
 - Outpatient Biopsychosocial IDD (OBI) Services Update
 - Day Habilitation
 - COVID Update
- 02.10.21 QUALITY MANAGEMENT/CONTRACTS REPORT** (*Kellie Walker*)
- Contracts/Network Development
 - PNAC
 - Planning
 - Rights Allegations
 - QM MH, NTBHA & Substance Abuse
 - IDD
- 02.11.21 HUMAN RESOURCES REPORT** (*Keith Matthews*)
- Staffing Issues
 - Employee Benefits
- 02.12.21 ADJOURNMENT**



AGENDA ITEM NO. 02.02.21

Approval of Minutes

RECOMMENDATIONS FOR APPROVAL:

- Motion to approve prior Board of Trustees meeting minutes.

Rationale:

Discussion and Approval of Regular Board Meeting Minutes of January 27, 2021 as presented.

LAKES REGIONAL COMMUNITY CENTER
REGULAR MEETING OF THE BOARD OF TRUSTEES
WEDNESDAY, JANUARY 27, 2021, 5PM

Per Gov. Abbott's March 26, 2020 Press Release this Meeting was held
VIA ZOOM
BOARD MINUTES

AGENDA NUMBER	TOPIC
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01.01.21

CALL TO ORDER

The January 27, 2021 regular meeting of the Lakes Regional Community Center Board of Trustees called to order by Board Chair, Tom Brown at 5:02 PM with a quorum present by Zoom. Chair asked for Roll Call.

Members Present (Zoom):

Tom Brown, Hunt County, Chair	Frances Neal, Titus County
Margaret Webster, Kaufman County, Board Secretary	Lisa Heine, Ellis County
Steve Earley, Lamar County	Linda Sharpin, Franklin County
Carrie Hefner, Camp County	E. P. Pewitt, Morris County
Dana Sills, Hopkins County	Jan Brecht-Clark, Ph.D., Delta County

Members Absent: Shae Green, Rockwall County; Marti Shaner, Navarro County

Vacant Seat(s): NA

Guest(s): Todd Pruitt of Petillo, Brown, and Hill

Ex Officio Members Absent: Sheriff Scott Cass, Lamar County

Ex Officio Members Present (Zoom): Sheriff Jack Martin, Morris County

Management Staff Present: John Delaney, Erwin Hancock, and Larry Jonczak

Management Staff Zoom: James Williams; Keith Mathews and Laurie White.

Management Staff Absent: Kellie Walker

Board Liaison/Recording Secretary: Judy Dodd, Board Liaison/Recording Secretary

01.02.21

APPROVAL OF MINUTES

Recommended Board Action:

- Approval of Minutes of December 9, 2020 meeting.

Rational:

Tom Brown asked members if they had reviewed the minutes and if there were any corrections or additions. With no corrections or additions, Chair asked for motion to approve. Motion made by E. P. Pewitt to approve and seconded by Lisa Heine. Minutes were approved by a unanimously sign of aye.

CLOSURE

01.03.21

COMMENTS FROM CITIZENS

- NA

CLOSURE

01.04.21 COMMITTEE MEETING REPORT

- NA
- CLOSURE**

01.05.21 RECOMMENDATIONS FOR APPROVAL

- Motion to approve Audit Report for FY'2020 as presented by Todd Pruitt of Petillo, Brown and Hill.

Rationale:

- Erwin introduced the auditor, Todd Pruitt to members. Todd Pruitt then proceeded to present the Audit Report. Mr. Pruitt explained the procedures of the audit and the financial responsibility of the Center. Mr. Pruitt noted there were no Recommendations or Risk to the Board. Mr. Pruitt noted no audit adjustments. Tom Brown asked if any items non-accessible due to COVID. Mr. Pruitt stated no problem with any files and noted that the financials were very clean. Chair then asked for additional questions. With no further questions, Chair then presented the motion to the Board for approval. Motion was made by E. P. Pewitt to approve and seconded by Steve Earley. The FY'20 Annual Financial Audit Report for Lakes Regional Community Center was approved a unanimously by a sign of aye. Motion carried.

CLOSURE

01.06.21 EXECUTIVE DIRECTOR REPORT (*John Delaney*)

Recommended Board Action:

- None: Information only

Rationale:

Discussion on the following:

Handouts

- **1115 Transformation Waiver Update:**

- Demonstration Year 9, round 2 payment should be received during the last week in January.
- Due to continuation of COVID related emergency federal enhanced matching rate, the funds will be around \$200,000 more than originally budgeted.
- CBHC Update: We received state contract awarding us CCBHC status. Certification is good for 3 years.

- **COVID-19:**

- State and federal government again extended the current public health national emergency for an additional 90-day period.
- HHSC extended current state waivers that allow for delivering both mental health and IDD services through telephone and tele-video contact.
- Rise In positive cases throughout our region during last month.
- Some access of staff vaccination slots through Terrell State Hospital.
- State is prioritizing distribution through larger vaccination hubs, which are limited in our area; however, some staff have received the vaccination through their primary physician.

- **Texas Council Update:**

- The Health Opportunities Workgroup (HOW) and the Executive Directors Consortium met last week. Start of legislative session, TX. Council is currently tracking numerous bills filed.
- HHSC requested request a one-year extension for the 1115 Waiver DSRIP program. Also requested a multiyear extension for the full 1115 Transformation Waiver. While no response has been received regarding continuing DSRIP, the TX. Council did report last week on the full waiver.
 - One of the item: Texas received approval for a new uncompensated care program to help offset costs associated with providing care, including behavioral health, immunizations, chronic disease prevention, and other

prevention services, for uninsured individuals. This program will begin in the fall of 2021.

- **FY'21 Status of State Performance Contracts Updates:**
 - No changes currently. All targets and measures are still being waived due to the COVID emergency.

CLOSURE

0 1.07.21

FISCAL REPORT (Erwin Hancock)

Recommended Board Action:

- Approval of Center's Financial Statement for Period(s) Ending:
 - November 2020 and December 2020.
- Approval of Center's 1st Quarterly Investment Report

Rationale:

- **Erwin presented the financial report for the month of November 2020 and December 2020. Notes as follows:**
 - November:**
 - No extraordinary findings this month.
 - 3rd positive month of the year
 - Credit reports – improving – in good standings
 - December:**
 - Excess (deficiency) of revenues over expenditures.
 - Good standings

Chairperson asked if any questions. With no further discussion, Chairperson asked for motion to approve financials for the months of November and December 2020. Frances Neal made motion to approve with second by E.P. Pewitt. Financials were approved by a unanimously sign of aye.

- **Erwin presented the 1st Quarterly Investment Report.**
 - The market value and the book value of our fund in TexPool are the same. The aforementioned funds are available upon demand and thus do not have a maturity date.
 - Lakes Regional Community Center's investment portfolio is in compliance with the Lakes Regional Community Center Investment and Cash Management Policy 4.07 and is in compliance with the Public Funds Investment Act.

Chairperson asked if any questions. With no further discussion, Chairperson asked for motion to approve Lakes Regional's 1st Quarterly Investment Report. Motion made to approve by Lisa Heine and seconded by Dana Sills. With no further questions, motion was approve by a unanimously sign of aye.

CLOSURE

01.08.21

MENTAL HEALTH SERVICES REPORT (James Williams)

Recommended by Board Action:

None: Information only

Rationale:

- **1115 Medicaid Waiver**
 - CCBHC positive endeavor
 - Rule change time extension and funding
- **COVID**
 - Stress taking its toll on staff
 - Staff vacancies concern-need of licensed medical staff

- **Sherman SUD**
 - Bonham – some delay
 - Sherman – Pending approval
- **NTBHA RFP**
 - Greenville coffee house – Peer Program
- **Medical Services**
 - Reduction in time
 - 2 prescribers – telephone to video prescribing

CLOSURE

01.09.21

INTELLECTUAL & DEVELOPMENTAL DISABILITIES REPORT (Laurie White)

Recommended by Board Action:

None: Information only

Rationale:

- **Electronic Visit Verification (EVV) Update:**
 - Problems with very slow server time and printing errors being worked on.
 - Problem on Datalogic end and not Lakes Regional.
- **Programs Update:**
 - ICF – “Adopt an Adult” program contributed many gifts to our individuals who did not go home for Christmas .It was a very bountiful Christmas for our individuals.
 - Greenville ICF is currently having to utilize staff from other regions to help in the coverage of certain homes.
 - HCS –All Home Health agencies we have reached out to for coverage do not accept shift if anyone is COVID positive.
 - All programs are waiting for vaccines for our individuals and staff.
- **Outpatient Biopsychosocial IDD (OBI) Services Update:**
 - This service is showing to be instrumental in helping individual access community resources such as prescription pay assistance as well as access to specialized therapies.
 - OBI project will be hosting a virtual lunch discussion on January 28, 2021.
- **Day Habilitation:**
 - The soft launch in Rockwall has been successful.
 - Day Habilitation staff continue to facilitate day programming in the Group Homes. Additionally, Host Home providers continue to facilitate day programming to individuals receiving Host Home services
- **COVID Update:**
 - Greenville hit hard with COVID.
 - Continue to increase the recruitment efforts

CLOSURE

01.10.21

QUALITY MANAGEMENT/CONTRACTS REPORT (Kellie Walker)

Recommended by Board Action:

None: Information only

Rationale:

Report given by John Delaney

- **Contracts/Network Development**
 - NTBHA notified Lakes receiving an award of \$90,000 for the Hunt County Coffee House proposal
 - IDD/MH Learning Collaborative: Lakes received an amendment increasing the contracted amount by \$300,000.
- **PNAC**
 - Noted both committees in need of membership.
 - Regional PNAC – next meeting February 17, 2021.

- **Planning:**
 - No comments or recommendations noted from the committee on the Consolidated Local Service Plan (CLSP and Local Service Area Plan (LSAP).
- **Rights Allegations**
 - MH GR: 1 Unconfirmed Paris MH
 - APS Investigation: 1-Allegation: Neglect/Terrell Group Home/Unconfirmed
- **QM MH, NTBHA & Substance Abuse**
 - Lakes Regional will be held harmless for performance measures and outcomes until further notice due to COVID-19.
 - Lakes is sending HHSC documentation as needed in regards to the SUD audit for Region 3 & 4.
 - HHSC Yes Waiver Audit will be conducted on February 1, 2021.
 - HHSC Hospitality House to have desk review the week of March 8, 2021.
 - Superior conducted a chart audit on January 14, 2021 – overall chart score was 93), the overall claims score was 100%.
 - QM conducted a MH Counseling billing audit – all charts received 100%.
- **IDD**
 - IDD Service Targets: Lakes Regional will be held harmless for performance measures and outcomes until further notice due to COVID-19.

CLOSURE

01.11.21 HUMAN RESOURCES REPORT (Keith Matthews)

Recommended by Board Action:

None: Information only

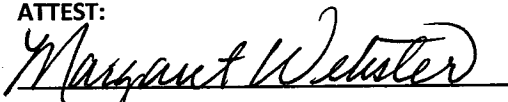
Rationale:

- **Staffing issues**
 - Finished November and December with a total of 455.75 authorized FTEs and 394 employees.
 - Filled 21 positions (16 new hires)
 - Eight separations.
- **Employee Compensation and Benefits:**
 - Ninety-four staff reported possible exposure and testing for COVID.
 - Twenty-three tested positive and one required hospitalization
 - Twenty-six direct care staff were granted 1,295 hours of paid sick leave from the emergency COVID-19 Sick Leave Pool.
 - Lower than usual health claims.
 - **CLOSURE**

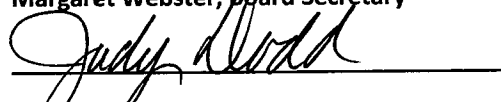
01.12.21 ADJOURNMENT

Chairperson ask for any other matter to discuss if not for motion to adjourn. E. P. Pewitt made motion and with no further discussion motion carried with a unanimously sign of aye.

ATTEST:



Margaret Webster, Board Secretary



Judy Dodd, Board Liaison/Transcriptionist Page | 3 2/18/21

02/24/21

DATE:

02/24/21

AGENDA ITEM NO. 02.03.21

Citizens' Comments

RECOMMENDATIONS FOR APPROVAL:

Public comment(s) may be addressed to the Board of Trustees by community members and/or any interested parties.

Rationale:

Presentations are limited to three (3) minutes per person. The Board reserves the right to limit the number of speakers and/or the length of comment on any topic. Citizens wishing to address the Board must register prior to the start of the meeting and any comments should pertain to an agenda item.

AGENDA ITEM NO. 02.04.21

Committee Meeting Reports

RECOMMENDATIONS FOR APPROVAL:

NA

Rationale:

Report of the following committees of the Board of Trustees, if applicable:

- Budget & Finance, Lisa Heine, Chair
 - **No Meeting Posted**
- Human Resources, Tom Brown, Chair
 - **No Meeting Posted**
- Programs, Vacant, Chair
 - **No Meeting Posted**

AGENDA ITEM NO. 02.05.21

Recommendations for Approval:

➤ NA

Rationale:

No recommendations presented.

AGENDA Item No: 02.06.21
Executive Director's Report:

Recommended Board Action:
None: For Information Only

Rational:

Executive Director Report:

1. 1115 Transformation Waiver and Other Board Updates:

- Our Demonstration Year 9, round 2 payment was received as expected at the end of January. The next reporting period will be in April

2. February Weather Event Summary:

The mid-February winter storm has left a number of our sites with water related damage due to burst pipes. In addition, we were closed in most locations for the entire week as schools and county offices also dealt with the storm and power outages. We will be giving a status update at the Board meeting.

3. COVID – 19 Response:

State and federal governments again extended the current public health national emergency for an additional 90-day period. This extension will extend through April 2021 unless renewed again. HHSC has also extended current state waivers that allow for delivering both mental health and IDD services through telephone and tele-video contact.

4. Texas Council Update:

Our monthly TX. Council Health Opportunities Workgroup (HOW) and the Executive Directors Consortium calls were cancelled due to the winter storm last week. I will give an update on the roll out of the two CMHC specific 1115 Waiver DSRIP program replacements at our next meeting.

5. FY-21 Status of State Performance Contracts Updates:

- HHSC FY-21 Contract Status: No changes currently. All targets and measures are still being waived due to the COVID emergency.

6. East Texas Behavioral Health Network (ETBHN)

The Regional Oversight Committee (ROC) met last week to review the ETBHN pharmacy and telemedicine programs. Currently both programs are operating with a moderate excess revenue over expenses. Recruitment of additional telemedicine providers is a priority in order to continue meeting our external contract obligations with external Community Centers.

Glen Oaks Hospital & Texoma Medical Center (TMC Behavioral Health) - UHS of Delaware, Inc. Incident Report for January 2021 Payments

During the end of January, American National Bank, in Terrell alerted us to a potential fraud incident with one of our contract vendors that resulted in payments to a an entity which had acquired false email credentials. The suspect was able to impersonate a staff contact from the financial department of the private hospitals we use as a contract vendor and request a change to their bank routing information. The following is a synopsis of this incident.

1. Description of the Incident

On January 26, 2021, a representative our American National Bank contacted our Accounts Payable department concerning a suspicious transaction regarding a vendor payment. It was determined that a payment made on January 22 was made to an “imposter” bank account established at the request of a person posing as our vendor representative. A/P and the bank were able to reverse and recover the payment of \$10,800 and remit it properly to the correct bank and associated account.

2. Sequence of Events

Further investigation of the incident indicated an initial contact by the imposter to one of our staff accustomed to these transactions. Initially the imposter requested a change from current arrangement of payment by check to an Automated Clearing House (ACH), and provided instructions as to the bank account and routing number. The reason given related to circumstances associated with the COVID crisis. The request was relayed to Accounts Payable who replied to the email requesting certain verification information. The imposter then provided a letter from a bank. A/P then verified the existence of the new account name UHS, and made the necessary changes.

Initially three payments were made between December 18 and December 20 to two vendors both associated with UHS of Delaware, Inc. Upon verification request from the bank, our A/P staff confirmed what we believed was valid documentation (bank letter) supporting the changes. The sum of those three checks is: \$58,710.

On January 4, we were asked to again change the bank, account and routing numbers to a different bank because the first bank was "under audit". The same process of verification ensued. Two additional payments were made in the amount of \$25,800.

The total paid and unaccounted for amounts to \$84,520.

3. Response to Date

Once we discovered the fraud on January 26, American National Bank opened a case with their fraud investigation department. The intent was/is to recover these funds if possible. Also, Lakes Regional A/P staff began attempting to notify our verified historical contact at both of the organizations that we have used for a number of years and their supervisors. We have been able to speak to only two representative to date. We have notified our Cyber insurance carrier and brought them up to date on the incident. It is their position as it is ours that this is a data breach that took place on the vendor side. That is our impression as well. A formal letter to notify and inform the executive management of both entities and their parent organization has been drafted and will be issued by certified mail.

4. Modified Procedures

Since January 26, Lakes Regional has generated a draft-modified procedure to more specifically address this sort of request whether by a vendor or an employee in the case of payroll. We believe that sufficient controls are now in place. Any change request for payroll require that the requesting staff be contacted "in person" to verify any banking changes. In the case of Accounts Payable vendor requests, such changes are made by one designated staff person. The A/P person charged with maintaining critical bank account information will verify

such requests by personal contact with the contact listed in the Authorized Vendor Listing as the official point of contact. The process of a reply to an email request will no longer be employed. Also, since such "changes" in the Vendor file are extremely rare, these changes will require approval by staff at least one level higher than the staff that will implement the change. The changes remain in draft form as we anticipate further guidance from the Fraud Investigation Team at ANB.

AGENDA ITEM NO. 02.07.21
Fiscal Reports

RECOMMENDATIONS FOR APPROVAL:

➤ NA

Rationale:

Due to Inclement Weather, ^{update} Report to be presented at Board Meeting.

AGENDA ITEM NO.
Behavioral Health Director

02.08.21

Recommended Board Action:
None. Informational purposes only.

Rationale:

1. COVID-19 and Snowvid-21
2. Sherman SUD License
3. NTBHA RFP Greenville Coffee House
4. Medical Service Vacancies Update

AGENDA ITEM NO. 02.09.21
Intellectual and Developmental Disabilities Report

RECOMMENDATIONS FOR APPROVAL:

None: Information purposes only.

Rationale:

Due to Inclement Weather, Report to be presented at Board Meeting.

AGENDA ITEM No. 02.10.21

Contracts & Quality Management Report

Recommended Board Action:

None. Information only

Rationale:

1. CONTRACTS/NETWORK DEVELOPMENT

- Number of executed contracts and/or agreements for FY21 : 278
- SUD Facility Licenses: TDCJ was sent the new Sherman license on February 8th. We will also submit items for CTI and CMBHS set up. Terrell and Rockwall are still pending requested information from the programs.
- TWC Contract: TWC extended the contract until May 31, 2021.

2. PNAC

Meetings

- The next Local PNAC meeting will be held April 19, 2021.
- The RPNAC meeting originally scheduled for February 17, 2021 has been rescheduled for March 10, 2021 due to inclement weather.

3. RIGHTS/ ABUSE, NEGLECT, & EXPLOITATION ALLEGATIONS

Rights

- GR: 1 Unconfirmed (Mt. Pleasant MH)
- IDD: 2 Unconfirmed and 1-Pending (IDD Authority)

4. QM MH, NTBHA & SUBSTANCE ABUSE

- MH Performance Measures: Lakes Regional will be held harmless for performance measures and outcomes until further notice due to COVID-19.
- HHSC SUD Audit: HHSC is conducting a comprehensive SUD audit for Region 3 & 4. An exit call is being rescheduled due to inclement weather.
- HHSC Yes Waiver Audit: HHSC conducted a Yes Waiver Audit and results are expected sometime during the month of February.
- HHSC Hospitality House Audit: HHSC will be conducting a desk review the week of March 8, 2021. This is supposed to be a review of the HH contract with HHSC which will probably also include a review of our oversight of this contract.

5. IDD

- IDD Service Target: Lakes Regional will be held harmless for performance measures and outcomes until further notice due to COVID-19
- Day Habilitation Audit: QM conducted an In-home Day Habilitation Audit regarding time worked, day habilitation hours, and progress toward the individual's goals. Three staff/contractors were audited during the time frame of April 1, 2020 through December 31, 2020. A plan of correction was submitted to QM on February 10, 2021.
- Day Habilitation Documentation Audit: QM conducted an In-home documentation audit regarding the documentation of three individuals during the time frame of April 1, 2020 through December 31, 2020. One individual's chart was below a 70%. QM is recommending documentation training for in-home day habilitation services.

AGENDA ITEM NO. 02.11.21
Human Resources Report

RECOMMENDATIONS FOR APPROVAL:

None: For Information Only

Rationale:

Due to Inclement Weather, Report to be presented at Board Meeting.

AGENDA ITEM NO. 02.11.21

Human Resources Report

Recommended Board Action:

None; information only.

Headcount

We finished January with a total of 455.75 authorized FTEs and 396 employees. We filled 10 positions, nine of which were new hires. We had four separations, three of which were voluntary. Reasons cited for separations include fear of catching COVID; quit in lieu of progressive discipline; and job abandonment. The single involuntary separation was neutral due to an extended medical absence.

Compensation & Benefits

During January, 30 employees reported possible exposure and testing for COVID. Thirteen of these individuals tested positive; fortunately, none required hospitalization. Five administrative staff were granted 219 hours of emergency paid sick leave through the FFCRA program. Eleven direct care staff were granted 672 hours of paid sick leave from the emergency COVID-19 Sick Leave Pool.

We saw an uptick in health claims for January. Our loss ratio was 79.1% for the month and is 76.4% YTD. We now have four large claims, but only one has exceeded the individual stop-loss limit.

