



The Harris Center for Mental Health and IDD  
9401 Southwest Freeway Houston, TX 77074  
Board Room #109

Governance Committee Meeting  
May 20, 2025  
8:30 am

**I. DECLARATION OF QUORUM**

**II. PUBLIC COMMENTS**

**III. APPROVAL OF MINUTES**

- A. Approve Minutes of the Board of Trustees Meeting Held on Tuesday, March 18, 2025  
(EXHIBIT G-1)

**IV. REVIEW AND COMMENT**

- A. Employee Labor Organization Presentation  
(EXHIBIT G-2)

**V. REVIEW AND TAKE ACTION**

- A. No Changes
  - 1. Agency Abbreviations  
(EXHIBIT G-3)
  - 2. Breach Notification  
(EXHIBIT G-4)
  - 3. Clinical Peer Review  
(EXHIBIT G-5)
  - 4. Consents and Authorizations  
(EXHIBIT G-6)
  - 5. Content of Patient/Individual Records  
(EXHIBIT G-7)
  - 6. Credentialing Policy  
(EXHIBIT G-8)
  - 7. Delegation and Supervision of Certain Nursing Acts  
(EXHIBIT G-9)
  - 8. Delegations in the Absence of the Chief Executive Officer (CEO)  
(EXHIBIT G-10)
  - 9. Dental Services for Intermediate Care Facilities for IDD (ICF-IID)  
(EXHIBIT G-11)
  - 10. Emergency Medical Care for Consumers, Employees and Volunteers  
(EXHIBIT G-12)
  - 11. Infection Control and Prevention Policy  
(EXHIBIT G-13)

12. Intellectual and Developmental Disabilities Division  
Intermediate Care Facilities (ICF-IID)  
(EXHIBIT G-14)
13. Licensure, Certification, and Registration  
(EXHIBIT G-15)
14. Linguistic Competence Services  
(EXHIBIT G-16)
15. Medical Services  
(EXHIBIT G-17)
16. Nursing Peer Review: Incident Based or Safe Harbor  
(EXHIBIT G-18)
17. Nurse Staffing Advisory Committee  
(EXHIBIT G-19)
18. Obligation to Identify Individuals or Entities Excluded from  
Participation in Federal Health Care Programs  
(EXHIBIT G-20)
19. Overtime Compensation  
(EXHIBIT G-21)
20. Referral, Transition, and Discharge  
(EXHIBIT G-22)
21. Solicitation of/and Acceptance of Donations (Money, Goods or  
Services)  
(EXHIBIT G-23)
22. Standardized Patient Record Form  
(EXHIBIT G-24)
23. State Service Contract Monitoring and Performance Reporting  
(EXHIBIT G-25)
24. Telehealth & Telemedicine Services  
(EXHIBIT G-26)
25. Utilization of Security Officer Services  
(EXHIBIT G-27)
26. Weapons  
(EXHIBIT G-28)
27. Work Force Reduction  
(EXHIBIT G-29)

**B. New Policy**

1. Meal Period and Break Policy  
(EXHIBIT G-30)
2. Nursing Services Policy  
(EXHIBIT G-31)
3. Overtime Management Policy  
(EXHIBIT G-32)

4. Pharmacy After Hours Service Policy  
(EXHIBIT G-33)
5. Pharmacy Dispensary of Hope (DOH) Program Policy  
(EXHIBIT G-34)
6. Pharmacy Personal Safety Policy  
(EXHIBIT G-35)
7. Pharmacy Prescription Dispensing and Counseling Policy  
(EXHIBIT G-36)
8. Pharmacy Third Party Insurance Billing Policy  
(EXHIBIT G-37)
9. Search Warrant Policy  
(EXHIBIT G-38)
10. Voting - Time Off  
(EXHIBIT G-39)

C. Policy Changes

1. Burglaries or Thefts  
(EXHIBIT G-40)
2. Compliance Plan FY25  
(EXHIBIT G-41)
3. Criminal History Clearances  
(EXHIBIT G-42)
4. Incident Reporting  
(EXHIBIT G-43)
5. Medication Storage, Preparation, and Administration Areas  
Policy  
(EXHIBIT G-44)
6. Patient/ Individual Access to Medical Records  
(EXHIBIT G-45)
7. Petty Cash  
(EXHIBIT G-46)
8. Pharmacy and Therapeutics Committee Policy  
(EXHIBIT G-47)
9. Pharmacy Medication Destruction Policy  
(EXHIBIT G-48)
10. Pharmacy Peer Review Policy  
(EXHIBIT G-49)
11. Pharmacy Staff Training Policy  
(EXHIBIT G-50)
12. Physician Assistant, Advanced Practice Registered Nurse,  
Pharmacist Delegation  
(EXHIBIT G-51)

13. Physician Authority to Delegate Certain Medical Acts  
(EXHIBIT G-52)
14. Privacy Officer  
(EXHIBIT G-53)
15. Out of State Employment  
(EXHIBIT G-54)
16. Qualified Intellectual Disabilities Professional (QIDP) Policy  
(EXHIBIT G-55)
17. Security of Patient/ Individual Identifying Information  
(EXHIBIT G-56)
18. Social Media Use  
(EXHIBIT G-57)
19. Third Party Participation in Patient Services  
(EXHIBIT G-58)
20. Time and Attendance  
(EXHIBIT G-59)
21. Trauma-Informed Practice  
(EXHIBIT G-60)

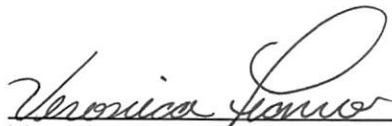
**VI. EXECUTIVE SESSION**

• As authorized by §551.071 of the Texas Government Code, the Board of Trustees reserves the right to adjourn into Executive Session at anytime during the course of this meeting to seek legal advice from its attorney about any matters listed on the agenda.

**VII. RECONVENE INTO OPEN SESSION**

**VIII. CONSIDER AND TAKE ACTION AS A RESULT OF THE EXECUTIVE SESSION**

**IX. ADJOURN**



Veronica Franco, Board Liaison  
Jim Lykes, Chairman  
Governance Committee  
The Harris Center for Mental Health and IDD



# **EXHIBIT G-1**

**BOARD OF TRUSTEES  
THE HARRIS CENTER *for*  
MENTAL HEALTH AND IDD  
GOVERNANCE COMMITTEE MEETING  
TUESDAY, MARCH 18, 2025  
MINUTES**

**CALL TO ORDER**

Mr. Jim Lykes, Chairman called the meeting to order at 8:32 a.m. in Conference Room 109, 9401 Southwest Freeway, noting a quorum of the Committee was present.

**RECORD OF ATTENDANCE**

Committee Members in Attendance: Mr. J. Lykes, Mr. G. Womack

Committee Member Absent: Mrs. N. Hurtado

Other Board Member Present: Dr. R. Gearing, Dr. K. Bacon, Dr. M. Miller, Jr.,  
Dr. L. Fernandez-Wische, Dr. J. Lankford

**1. DESIGNATION OF BOARD MEMBERS AS VOTING COMMITTEE MEMBERS**

Mr. J. Lykes designated Dr. K. Bacon, Dr. M. Miller, Jr., Dr. J. Lankford and Dr. L. Fernandez-Wische as voting members of the committee.

**2. DECLARATION OF QUORUM**

The meeting was called to order at 8:32 a.m.

**3. PUBLIC COMMENTS**

No public comments.

**4. APPROVAL OF MINUTES**

Minutes of the Board of Trustees Governance Committee meeting held on Tuesday, February 18, 2025

**MOTION: GEARING      SECOND: FERNANDEZ**

**The Motion passed with unanimous affirmative votes**

**BE IT RESOLVED**, Minutes of the Board of Trustees Governance Committee meeting held on Tuesday, February 18, 2025, EXHIBIT G-1 has been approved and recommended to the Full Board.

**5. REVIEW AND TAKE ACTION**

A. No Changes

1. Business Associate Policy
2. Compliance Program Policy
3. Lobbying Policy
4. Management of Legal Documents and Litigation Policy
5. Religious Accommodations Policy
6. System, Quality, Safety and Experience Committee Policy
7. The Development and Maintenance of Center Policies

**MOTION:** GEARING moved to approve agenda Exhibits G2-G8

**SECOND:** BACON moved to approve agenda Exhibits G2-G8

**BE IT RESOLVED, with unanimous affirmative vote, agenda Exhibits G2-G8 are approved and recommended to Full Board for final approval.**

**B. New Policies**

1. Community Needs Assessment Policy

**MOTION: MILLER**

**SECOND: LANKFORD**

**The Motion passed with unanimous affirmative votes**

**BE IT RESOLVED,** Community Needs Assessment Policy, EXHIBIT G-9 with the noted correction has been approved and recommended to the Full Board.

2. Pharmacy After Hours Policy

**The item is tabled because the procedure instead of the policy was included in the Board materials.**

3. Pharmacy Copay Assistance Policy

**MOTION: LANKFORD**

**SECOND: MILLER, JR.**

**The Motion passed with unanimous affirmative votes**

**BE IT RESOLVED,** Pharmacy Copay Assistance Policy, EXHIBIT G-11 has been approved and recommended to the Full Board.

4. Pharmacy Data and Record Retention Policy

**MOTION: MILLER, JR. SECOND: BACON**

**The Motion passed with unanimous affirmative votes**

**BE IT RESOLVED,** Pharmacy Data and Record Retention Policy, EXHIBIT G-12 has been approved and recommended to the Full Board.

5. Pharmacy Staffing Policy

**MOTION: GEARING**

**SECOND: FERNANDEZ**

**The Motion passed with unanimous affirmative votes**

**BE IT RESOLVED**, Pharmacy Staffing Policy, EXHIBIT G-13 has been approved and recommended to the Full Board.

**C. Changes**

**1. Narcan (Naloxone) Policy**

**MOTION: GEARING      SECOND: LANKFORD**  
**The Motion passed with unanimous affirmative votes**

**BE IT RESOLVED**, Narcan (Naloxone) Policy, EXHIBIT G-14 has been approved and recommended to the Full Board.

**2. Reporting Automobile Accidents Policy**

**MOTION: MILLER      SECOND: BACON**  
**The Motion passed with unanimous affirmative votes**

**BE IT RESOLVED**, Reporting Automobile Accidents Policy, EXHIBIT G-15 has been approved and recommended to the Full Board.

**6. EXECUTIVE SESSION –Entered in Executive Session at 8:42am**

- As authorized by §551.071 of the Texas Government Code, the Board of Trustees reserves the right to adjourn into Executive Session at anytime during the course of this meeting to seek legal advice from its attorney about any matters listed on the agenda.
- In accordance with §551.074 of the Texas Government Code, Discussion of Personnel Matters related to the Nomination of a Board Member(s) to the Audit Committee. Mr. James Lykes, Chair of Governance Committee; Dr. R. Gearing, Chair of the Harris Center Board of Trustees

**7. RECONVENED INTO OPEN SESSION – 8:52am**

**8. CONSIDER AND TAKE ACTION AS A RESULT OF THE EXECUTIVE SESSION**

**MOTION: MILLER, JR.**

Dr. Miller moved the Governance Committee nominate the following Board members to the Audit Committee:

1. LYKES-CHAIR
2. WOMACK
3. FERNANDEZ
4. BACON
5. LANKFORD



**SECOND: WOMACK**

**9. ADJOURN**

**MOTION: WOMACK**

**SECOND: LANKFORD**

The meeting was adjourned at 8:53 A.M.

**Respectfully submitted,**

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**Veronica Franco, Board Liaison  
Jim Lykes, Chairman  
Governance Committee  
THE HARRIS CENTER for Mental Health and IDD  
Board of Trustees**

# **EXHIBIT G-2**

# United Workers of Harris Center

## Communications Workers of America Local 6154

harriscenterunion@gmail.com

In 2025 Harris Center employees need and deserve:

- \$20/hour minimum wage
- minimum \$5,000/year cost of living raise
- an end to “at-will employment”
- fairness and transparency in the disciplinary process

### Why a \$20/hour minimum?

The Harris County Commissioners Court recently adopted a measure to set minimum pay for Harris County employees at \$20/hour and county contractors at \$21.65/hour. The measure also tied future minimum salaries to the MIT Living Wage Calculator. What’s more, the Austin/Travis County LMHA Integral Care set their minimum wage at \$20/hour in 2022. It’s time for the Harris Center to do the same!

### Why a \$5,000/year cost of living raise?

The current minimum wage at the Harris Center is \$17.50/hour. Raising the minimum to \$20/hour means the lowest paid workers will get more than \$5,000/year raise. Everyone needs this same amount as a minimum raise in 2025 to keep current salary schedules intact.

### Why not a percentage raise?

Flat amount raises benefit the lowest paid workers much more than a percentage raise. For example, a 5% across-the-board raise means a worker making \$100,000/year will get a \$5,000/year raise while a worker making \$30,000/year will only get a \$1,500/year raise.

### Why not just do a market adjustment or performance-based increase?

There’s nothing wrong with performance-based pay raises and market adjustments for undervalued positions, but if they aren’t done along with a cost-of-living raise then it means many employees will be left out of the raise. When employees don’t get a raise, or their pay raise is below the increase in the cost-of-living, it means they’re really seeing a pay cut.

### Increasing pay across-the-board with a flat amount raise will:

- Decrease turnover
- Increase staff stability and experience
- Improve the quality of care that our clients receive
- Decrease the costs of training new employees

**Who isn't making a living wage at the Harris Center now?**

	Hourly	Yearly	Full time employees at or below this wage	% of total FT employees
Current Minimum Wage	\$17.50	\$36,400	27	1%
Union Proposed Minimum Wage	\$20.00	\$41,600	197	8%
Living wage for a single adult no children*	\$21.65	\$45,032	337	14%
Living wage for 2 working adults with 2 children*	\$24.84	\$51,667	889	36%
Living wage for single adult with 2 children	\$44.93	\$93,454	2,137	88%
Total Harris Center full time employees w/averages	\$27.28	\$56,742	2,437	100%

# HR.A.5 Employee Counseling, Supervision, Progressive Discipline, and Termination

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## I. PURPOSE:

This policy provides a mechanism to inform employees of the expected standards of conduct or performance and the consequences when these expectations are not met. This policy enables Center transparency so that employees understand what is expected of them and how they may not have met those expectations when they are given corrective action, provides supervisors with guidelines to follow when taking corrective action, provides appropriate documentation of the corrective action in the employee's Human Resource record and establishes a fair, consistent, and collaborative approach to policy administration.

## 2. POLICY:

It is the policy of The Harris Center to provide engaging employment for every employee, however The Harris Center recognizes that conditions may develop which preclude continued employment. The Harris Center is equally committed to enforcing Center policies and procedures through a collaborative approach to discipline that treats people as valued partners, promotes mutual respect and problem solving, and reinforces accountability while maintaining efficient and effective operations. Any employee who engages in conduct detrimental to the expressed purpose of The Harris Center or violates its established and approved policies and procedures is subject to disciplinary action up to and including termination.

While The Harris Center wishes to help employees experiencing performance problems. The Harris Center reserves the right to terminate employees at its discretion when there is just cause. In general, The Harris Center follows a progressive disciplinary procedure beginning with a verbal warning followed by written warning, disciplinary probation, and ending with involuntary termination; however, discipline may begin at any step in the process up to and including immediate termination depending upon the seriousness of the infraction. All disciplinary actions must be imposed within thirty (30) calendar days of when a supervisor was made aware of a performance problem or policy violation.

Federal and state law prohibit The Harris Center from taking adverse employment action (like disciplinary actions, demotion, change in compensation, and termination) against employees who participate in legally protected activity. Also, federal and state law prohibit The Harris Center from taking adverse employment actions against employees on the basis of race, creed, color, national origin, religion, sex, pregnancy, childbirth or a related medical condition, age, veteran status, disability, or any characteristic as protected by law. The Harris Center shall enforce discipline uniformly so that employees have reasonable expectations about the consequences of their actions, and so that The Harris Center reduce their risk of discrimination claims. The Harris Center's exercise of discretion shall always be based on legitimate business and legal considerations as well as principles of just cause and shall never be discriminatory or retaliatory.

### **3. APPLICABILITY/SCOPE:**

This policy applies to all staff employed by The Harris Center including, both direct and contracted employees.

### **4. RELATED POLICIES/FORMS:**

- Notice of Disciplinary Action

### **5. PROCEDURE:**

### **6. REFERENCE: RULES/REGULATIONS/ STANDARDS:**

- The Harris Center's Employee Handbook

# HR.B.37 Employee Disciplinary Review Procedure

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## I. PURPOSE:

The purpose of this procedure is to describe the process for which employees placed on probation, a Performance Improvement Plan (PIP) or terminated must follow to file an appeal through the Employee Disciplinary Review process.

## 2. APPLICABILITY/SCOPE:

This procedure pertains to all Harris Center employees with at least six (6) months of continuous employment with the Harris Center.

## 3. REGULATORY/REFERENCE DOCUMENTS:

The Harris Center Employee Handbook

Employee Counseling, Supervision, Progressive Discipline, and Termination

## 4. DEFINITIONS:

**Appeal** means a written request to review and change a decision by the Harris Center to place an employee on a Performance Improvement Plan, probation or terminate employment.

**Performance Improvement Plan (PIP)** is a structured plan used when an employee's overall performance does not meet the Harris Center's minimum job requirements, expectations, or Standards of Behavior. When implementing a PIP on an employee, the employee's supervisor will first provide the employee copies of documentation and evidence which shows the employee has not met requirements, expectations, or Standards of Behavior.

The PIP outlines clear performance goals, a defined time frame for improvement, a supervision and training plan to facilitate and monitor improvement, and the consequences if expectations are not met. Only the use of the Performance Improvement Plan document constitutes a formal PIP.

**Disciplinary Probation** means a corrective action imposed on a Harris Center employee for a designated period of time, not to exceed six (6) months, for significant performance deficiencies which are determined to be within the employee's ability and intent to correct, for violating rules, policies, or Standards of Behavior established by the Harris Center. Also, a supervisor may put an employee on probation until the employee resolves a problem with credentials that are required for that position. If an employee is placed on Disciplinary Probation, their supervisor must also provide them with a PIP.

**Involuntary Termination** means the involuntary separation and termination of the employer-employee relationship when the employee fails to demonstrate sustained improvement, ~~sufficient ability~~ or intent to meet job expectations after being placed on a PIP, or has engaged in serious misconduct that constitutes a major violation es of Harris Center policies and procedures that warrants forgoing the initial steps of Progressive Discipline. Any employee who is involuntarily terminated will be provided a written

notice of termination that includes the reason for the termination and the specific Harris Center policies the employee may have violated.

**Hearing Officer** means a designated Harris Center employee who is required to act as an impartial arbiter of employee appeals and complaints. The Hearing Officer shall be selected by the CEO with the approval of the Harris Center Board of Trustees. The Hearing Officer shall have authority as the final decisionmaker in all employee complaints and appeals and will base all their decisions on the principles of just cause.

## 5. PROCEDURES:

### 5.1. Appeals

Harris Center employees may file a written request to appeal a decision to impose a PIP or probation or to involuntarily terminate employment with the Harris Center. An employee may not appeal verbal and written warnings, verbal and written coaching and supervisions. Employees will have the opportunity, however, to submit into their personnel records written rebuttals to any such warnings, coachings, and supervisions. –During the appeals process, the PIP, probation or termination remains active. An employee must submit a written request for review to the [employeedisciplinaryreview@theharriscenter.org](mailto:employeedisciplinaryreview@theharriscenter.org) within ~~five (5)~~ ten (10) business days from the date of the employee's termination or the date on which the written record of probation or Performance Improvement Plan was signed by the supervisor.

The written request for appeal must include the following information:

1. The employee's postal address and any email address and telephone number to be used for correspondence.
2. The grounds for the appeal. The grounds of the appeal must clearly outline the specific points the employee disagrees with and include supporting evidence.
3. If an employee is represented by an attorney, union representative or another 3rd party who plans to attend the review hearing, the employee must include the name, relationship or role and contact information with the written request for an appeal. Any related correspondence will also be sent to the employee's identified representative. The review hearing will be rescheduled if the employee fails to notify the Harris Center of their representatives' attendance at the hearing.
4. The employee must submit all supporting documentation and evidence along with the written request for an appeal. If the employee believes there is any supporting documentation that they do not have and would be relevant to their appeal, the employee or their designated representative may request that documentation at any time prior to submitting their appeal. Requests for supporting documentation must be submitted to the [employeedisciplinaryreview@theharriscenter.org](mailto:employeedisciplinaryreview@theharriscenter.org). Human Resources will respond to any such requests within two (2) business days.

The Harris Center will not consider the incomplete requests for an appeal. All information must be received within five (5) business day deadline. Requests for an appeal received after the five (5) business day deadline will not be considered.



## 5.2. Employee Coverage

All Harris Center employees who has been continuously employed by the Harris Center for at least six (6) months and who has been placed on a PIP, probation or involuntarily terminated from the Harris Center.

## 5.3. Employee Disciplinary Review Hearing

The review hearing shall be scheduled no later than seven (7) business days after the Harris Center's receipt of the written request for an appeal and all the information outlined in Section 5.1 of this document. The review hearing shall be scheduled for no more than 1.5 hours. The employee has the burden of proof and must present credible evidence to support their appeal.

The participants in the review hearing may include the Hearing Officer, the employee, the Harris Center supervisor or Administrator responsible for imposing the PIP, probation or termination, the employee's representative (if applicable) and a Harris Center representative. The employee will be given thirty (30) minutes to present relevant evidence and information (oral and written) to support their position. The Harris Center will be given thirty (30) minutes to respond with rebuttal information. Each party will be given five (5) minutes for rebuttal. The Hearing Officer may ask clarifying questions during the review hearing.

The Hearing Officer shall provide a written decision to all parties no later than ten (10) business days after the review hearing. The hearing officer's decision is final.

## 6. RELATED POLICIES/FORMS:

[Employee Disciplinary Review Policy](#)

# **EXHIBIT G-3**

Status **Pending** PolicyStat ID **16691852**



Origination 01/1998  
 Last Approved N/A  
 Effective Upon Approval  
 Last Revised 10/2023  
 Next Review 1 year after approval

Owner Rita Alford: Dir  
 Area Information Management  
 Document Type Agency Policy

## HIM.EHR.A.1 Agency Abbreviations

### 1. PURPOSE:

To maintain the standardized approved list of abbreviations.

### 2. POLICY:

It is the policy of the Harris Center that in order to reduce error and foster clarity of written communication, only approved abbreviations and symbols shall be used when making entries in the Patient/Individual's record. An abbreviation list has been developed to establish the continuity of medical terminology and abbreviations for use in the medical records maintained by The Harris Center for Mental Health and IDD.

### 3. APPLICABILITY/SCOPE:

Applies to all staff, contractors, volunteers, and interns at The HARRIS CENTER for Mental Health and IDD.

### 4. PROCEDURES:

[HIM.B.1 Agency Abbreviations](#)

5. RELATED POLICIES/FORMS (for reference only):

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

- The Charles Press Handbook of Current Medical Abbreviations, 5<sup>th</sup> Edition
- Institute for Safe Medication Practices (ISMP) List of Error-Prone Abbreviations, Symbols and Dose Designations

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	05/2025
Legal Review	Kendra Thomas: Counsel	04/2025
Department Review	Mustafa Cochinwala: Dir	04/2025
Initial Assignment	Rita Alford: Dir	01/2025

# **EXHIBIT G-4**

Status **Pending** PolicyStat ID **16691849**



Origination 02/2017  
 Last Approved N/A  
 Effective Upon Approval  
 Last Revised 10/2023  
 Next Review 1 year after approval

Owner Rita Alford: Dir  
 Area Information Management  
 Document Type Agency Policy

## HIM.EHR.A.2 Breach Notification

### 1. PURPOSE

The Harris Center for Mental Health and IDD (The Harris Center) will enforce a compliance program for data breach reporting and notification. The Harris Center will investigate, communicate, document, notify and report all discovered breaches of protected health information (PHI) in accordance with federal and state law and regulation.

### 2. POLICY

It is the policy of The Harris Center to investigate, communicate, document, notify and report all discovered breaches of protected health information (PHI) in accordance with federal and state law and regulation.

### 3. APPLICABILITY/SCOPE

This policy applies to all departments, divisions, facilities and/or programs within the Harris Center.

### 4. PROCEDURES

[HIM.EHR.B.2 Breach Notification](#)

### 5. RELATED POLICIES/FORMS:

Business Associate

Forms

Online Incident Report

Attachments

- Breach Information Log
- Risk Assessment Tool

6. REFERENCES: RULES/REGULATIONS/STANDARDS

Notification in the Case of Breach, American Recovery & Reinvestment Act Title XIII Section 13402  
Medical Records Privacy Act, Tex. Health & Safety Code Ch. 181  
  
Identity Theft Enforcement and Protection Act, Tex. Business and Commerce Code Ch. 521  
Mental Health Records, Tex. Health & Safety Code Ch. 611  
Federal Trade Commission Breach Notification Rules -16 CFR Part 318  
Confidentiality of Substance Use Disorder Patient Record, 42 CFR Part 2  
HIPAA Privacy and Security Rules, 45 CFR Parts 160 and 164

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	05/2025
Legal Review	Kendra Thomas: Counsel	05/2025
Department Review	Mustafa Cochinwala: Dir	04/2025
Initial Assignment	Rita Alford: Dir	01/2025

# **EXHIBIT G-5**



Status **Pending** PolicyStat ID **17978148**

Origination 07/2023  
 Last Approved N/A  
 Effective Upon Approval  
 Last Revised 07/2023  
 Next Review 1 year after approval

Owner Lance Britt: Dir  
 Area Assessment, Care & Continuity  
 Document Type Agency Policy

## ACC.A.16 Clinician Peer Review

### 1. PURPOSE:

The purpose of this policy is to ensure a process whereby the quality of care provided by Licensed Professional Counselors (LPC), Licensed Clinical Social Workers (LCSW), Licensed Marriage and Family Therapists (LMFT), and Licensed Chemical Dependency Specialists (LCDC) (and Interns/Associates for each) at the Harris Center for Mental Health & IDD (The Harris Center) is clinician peer-driven and meets professionally recognized standards of care via ongoing objective, nonjudgmental, consistent, and fair evaluation by the licensed staff.

### 2. POLICY:

It is the policy of The Harris Center to ensure that behavioral health services are provided by qualified and competent practitioners who adhere to established professional standards. All proceedings of the Clinician Peer Review Committee are held in accordance with all rules and statutes applicable to the various state boards. The Clinician Peer Review Committee is a subcommittee of the Professional Review Committee (PRC).

### 3. APPLICABILITY /SCOPE:

This policy applies to any employed and contracted licensed LPC, LCSW, LMFT, LCDC, and all interns and associates of those titles.

## 4. RELATED POLICIES/FORMS (for reference only):

[Professional Review Committee Policy](#)

## 5. PROCEDURES:

[Clinician Peer Review](#)

## 6. REFERENCES: RULES/REGULATIONS/STANDARDS:

**Texas State Board of Examiners of Professional Counselors.** <https://www.bhec.texas.gov/texas-state-board-of-examiners-of-professional-counselors/index.html>

**Texas State Board of Psychologists.** <https://www.bhec.texas.gov/texas-state-board-of-examiners-of-psychologists/index.html>

**Texas State Board of Social Worker Examiners.** <https://www.bhec.texas.gov/texas-state-board-of-social-worker-examiners/index.html>

**Licensed Chemical Dependency Counselor Program.** <https://www.hhs.texas.gov/business/licensing-credentialing-regulation/professional-licensing-certification-compliance/licensed-chemical-dependency-counselor-program/lcdc-new-license-registration>

Licensed Chemical Dependency Counselors. 25 Tex. Admin. Code. Subchapter I.

## Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	05/2025
Legal Review	Kendra Thomas: Counsel	04/2025
Initial Assignment	Lance Britt: Dir	04/2025

# **EXHIBIT G-6**

Status **Pending** PolicyStat ID **16691851**



Origination 05/1993  
 Last Approved N/A  
 Effective Upon Approval  
 Last Revised 10/2023  
 Next Review 1 year after approval

Owner Rita Alford: Dir  
 Area Information Management  
 Document Type Agency Policy

## HIM.EHR.A.4 Consents and Authorizations

### 1. PURPOSE:

To obtain and document consent from the patient or legally authorized representative for treatment. To obtain and document authorizations to allow the exchange of patient information. This ensures information is provide to the patient allowing an informed consent to be made.

### 2. POLICY:

It is the policy of The Harris Center to utilize and maintain written consents from patients or the legally authorized representative for patient treatment/program services, as well as, other specific purposes, such as medication, transportation, media purposes, etc. Consents shall be reviewed and explained in a manner and language a patient can understand. All consents shall be signed and dated by the patient or legally authorized representative. Consents shall be maintained in a timely fashion and copies shall be scanned in the patient record.

The Harris Center shall obtain written authorizations from patients and legally authorized representatives prior to the use and/or disclosure of protected health information. Under no circumstance will The Harris Center staff use or disclose patient protected health information without permission or authorization as specified by state and federal law.

### 3. APPLICABILITY/SCOPE:

This policy is applicable to all Harris Center staff, contractors, interns, volunteers and Business Associates.

## 4. PROCEDURES:

[HIM.EHR.B.4 Consents and Authorizations](#)

## 5. RELATED POLICIES/FORMS (for reference only):

<ul style="list-style-type: none"> <li>• <a href="#">Research Procedures and the Committee for the Protection of Human Subjects</a></li> </ul>	MED.IRB.A.1
<ul style="list-style-type: none"> <li>• <a href="#">Confidentiality and Disclosure of Patient/Individual Health Information</a></li> </ul>	HIM.EHR.A.3
<ul style="list-style-type: none"> <li>• Consent to Treatment with Medication</li> </ul>	
<ul style="list-style-type: none"> <li>• Transportation Consent for Minors/Patient/Individuals with Guardians Form</li> </ul>	
<ul style="list-style-type: none"> <li>• Media Consent Form</li> </ul>	

## 6. REFERENCES: RULES/REGULATIONS/STANDARDS:

- Confidentiality of Substance Use Disorder Patient Records, 42 CFR Part 2
- Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR Parts 160 and 164
- Consent to Treatment of Child by Nonparent of Child, Texas Family Code Chapter 32
- Rights & Duties in Parent-Child Relationship, Texas Family Code Chapter 151
- Medical Records Privacy, Tex. Health & Safety Code Chapter 181
- Rights of Patients, Texas Health & Safety Code Chapter 576
- Mental Health Records, Texas Health & Safety Code Chapter 611
- Telemedicine, Title 22 Tex. Admin. Code Chapter 174
- Protection of Clients & Staff-Mental Health Services, Title 25 Texas Administrative Code Chapter 404, Subchapter E
- Rights & Protection of Persons Receiving Mental Health Services, Title 25 Texas Administrative Code Chapter 414, Subchapter I
- patient Rights' Handbook (MH/MR, 9/2006), Title 40 Texas Administrative Code Chapter 2, Subchapter H

## Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	05/2025
Legal Review	Kendra Thomas: Counsel	05/2025
Department Review	Mustafa Cochinwala: Dir	04/2025
Initial Assignment	Rita Alford: Dir	01/2025

# **EXHIBIT G-7**

Status **Pending** PolicyStat ID **16691848**

Origination 01/1998  
 Last Approved N/A  
 Effective Upon Approval  
 Last Revised 10/2023  
 Next Review 1 year after approval

Owner Rita Alford: Dir  
 Area Information Management  
 Document Type Agency Policy

## HIM.EHR.A.5 Content of Patient/Individual Records

### 1. PURPOSE:

To ensure a complete and accurate record (electronic or paper-based) shall be maintain for each registered and admitted patient/individual receiving services through The Harris Center.

### 2. POLICY:

It is the policy of The Harris Center that the content and required documentation in the patient/individual record shall be developed to comply with applicable regulatory, legal and/or accrediting standards.

### 3. APPLICABILITY/SCOPE:

This policy applies to all employees, volunteers, interns, and contractors of The Harris Center

### 4. RELATED POLICIES/FORMS:

Policies	References
<a href="#">Agency Abbreviations</a>	HIM.EHR.A.1
<a href="#">Patient Records Administration</a>	HIM.EHR.A.9
Request for New, Revised, and Deleted Individual Record Paper Forms	
<a href="#">Consents and Authorizations</a>	HIM.EHR.A.4
<a href="#">Assurance of Patient Rights</a>	RR.A.2
<a href="#">Medication Administration</a>	MED.NUR.A.2



## 5. PROCEDURES:

HIM.EHR.B.5 Content of Patient/Individual Records

## 6. REFERENCES: RULES/REGULATIONS/STANDARDS:

- Medical Records, 22 Tex. Admin. Code Ch. 165
- Prescribing of Psychoactive Medication - Mental Health Services, 25 Tex. Admin. Code Ch. 415, Subchapter A
- Medical Records System, 26 Tex. Admin. Code §301.329
- Psychological Records, Test Data, & Test Materials, 22 Tex. Admin. Code §465.22
- Mental Health Community Service Standards, 26 Tex. Admin. Code Ch. 301, Subchapter G
- Mental Health Case Management, 26 Tex. Admin. Code §306.275
- Service Coordination for Individual with Intellectual Disability, 40 Texas Admin. Code Chapter 2, Subchapter L

### Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	05/2025
Legal Review	Kendra Thomas: Counsel	05/2025
Department Review	Mustafa Cochinwala: Dir	04/2025
Initial Assignment	Rita Alford: Dir	01/2025

# **EXHIBIT G-8**

Status **Pending** PolicyStat ID **17504187**



Origination 07/2020  
 Last Approved N/A  
 Effective Upon Approval  
 Last Revised 04/2024  
 Next Review 1 year after approval

Owner Danyalle Evans  
 Area Medical Services  
 Document Type Agency Policy

## HR.A.35 Credentialing Policy

### 1. PURPOSE:

The purpose of this policy is to define the terms and standards required for credentialing and re-credentialing for all licensed Providers, peer providers, family partners, and every QMHP-CS and CSSP.

### 2. POLICY:

It is the policy of The Harris Center to ensure that licensed and unlicensed providers meet the minimum credential and performance standards, as applicable. All physicians (Medical Doctors (MD), Doctor of Osteopathy (DO)), Advanced Practice Registered Nurses (APRN), Physician Assistants (PA), Clinical Pharmacy Specialist (CPS), Licensed Mental Health Professionals (LPHAs), Qualified Mental Health Professionals (QMHP), Qualified Intellectual Disability Professionals, Peer Professionals, Family Partners, Community Services Specialists (CSSP), and Nursing staff, are credentialed before appointment to an assigned position.

All applications for credentialing and re-credentialing will be evaluated based on current licensure, education, training or experience, current competence, and ability to perform the clinical duties requested.

### 3. APPLICABILITY/SCOPE:

The policy applies to all licensed or non-licensed providers required by law to be credentialed.

### 4. RELATED POLICIES/FORMS:

[Employment](#)

## Employment Eligibility Verification for Worker in the United States

# 5. PROCEDURES:

## Credentialing Guideline & Procedure

# 6. REFERENCES: RULES/REGULATIONS/STANDARDS:

Mental Health Community Services Standards- General Provisions, Definitions, 26 Tex. Admin. Code 301.303

Mental Health Community Services Standards- Organizational Standards, Competency and Credentialing, 26 Tex. Admin. Code 301.331

Behavioral Health Delivery System-Mental Health Rehabilitative Services, Staff Member Competency and Training, 26 Tex. Admin. Code 306.325

Medicaid Managed Care- Mental Health Targeted Case Management and Mental Health Rehabilitation, Definitions 1 Tex. Admin. Code 353.1403

Medicaid Managed Care-Mental Health Targeted Case Management and Mental Health Rehabilitation, Staff Member Competency, 1 Tex. Admin. Code 353.1413

Medicaid Managed Care-Mental Health Targeted Case Management and Mental Health Rehabilitation, Staff Member Credentialing, 1 Tex. Admin. Code 353.1415

## Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	04/2025
Final Legal Review	Kendra Thomas: Counsel	03/2025
Department Review	Luming Li: Chief Medical Ofcr (1101 1817)	02/2025
Initial Assignment	Danyalle Evans	02/2025

# **EXHIBIT G-9**

Status **Pending** PolicyStat ID **17713107**



Origination 09/2015  
 Last Approved N/A  
 Effective Upon Approval  
 Last Revised 05/2024  
 Next Review 1 year after approval

Owner **Kia Walker: Chief Nursing Officer**  
 Area **Medical Services**  
 Document Type **Agency Policy**

## MED.NUR.A.4 Delegation and Supervision of Certain Nursing Acts

### 1. PURPOSE:

The purpose of the policy is to describe the method by which The Harris Center for Mental Health and IDD complies with rules established by the Texas Board of Nursing when delegating certain nursing acts. It is not the intent to describe every situation in which an act may be delegated, but to provide the framework necessary to delegate certain acts in a safe and appropriately supervised manner.

### 2. POLICY:

The Harris Center Registered Nurses (RNs) may delegate certain nursing acts to LVNs and unlicensed staff. Acts delegated by RNs must comply with rules developed by the Texas Board of Nursing.

### 3. APPLICABILITY/SCOPE:

This policy applies to all Harris Center areas where nursing delegates services or tasks.

### 4. RELATED POLICIES/FORMS (for reference only):

- [Delegation and Supervision of Certain Nursing Acts](#)

## 5. PROCEDURES:

Delegation of Nursing Tasks by RNs to Unlicensed Personnel

## 6. REFERENCES: RULES/REGULATIONS/STANDARDS:

- Texas Administrative Code Title 22, Part 11, Chapter 225 - RN Delegation to Unlicensed Personnel & Tasks not Requiring Delegation in Independent Living Environments for Clients with Stable & Predictable Conditions
- Texas Administrative Code Title 22, Part 11, Chapter 224 - Delegation of Nursing Tasks by Registered Professional Nurses to Unlicensed Personnel for Clients with Acute Conditions or in Acute Care Environments
- Texas Board of Nursing, **Delegation Resource Packet**
- Texas Occupations Code, Subtitle E. **Chapter 301. Nurses. General Provisions**

### Approval Signatures

Step Description	Approver	Date
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CEO Approval	Wayne Young: Exec	04/2025
Final Legal Review	Kendra Thomas: Counsel	04/2025
Department Review	Luming Li: Chief Medical Ofcr (1101 1817)	03/2025
Initial Assignment	Kia Walker: Chief Nursing Officer	03/2025

# **EXHIBIT G-10**



Status **Pending** PolicyStat ID **17873275**



Origination	10/2020
Last Approved	N/A
Effective	Upon Approval
Last Revised	04/2023
Next Review	1 year after approval

Owner	Wayne Young: Exec
Area	Leadership
Document Type	Agency Policy

## LD.A.4 - Delegations in the Absence of the Chief Executive Officer (CEO)

### 1. PURPOSE

The purpose of this policy is to promote the efficient operation of the Harris Center and to ensure that appropriate Harris Center Executive Leadership are available for input and decision-making in the absence of the Chief Executive Officer (CEO).

### 2. POLICY

It is the policy of The Harris Center to continue efficient operations and business decision-making when the Chief Executive Officer (CEO) of The Harris Center is not available and input or decisions are required of CEO. For planned absences of the CEO, the CEO will delegate signing, input and decision-making authority as the CEO feels is appropriate. If the CEO has unplanned absences and is not able to formally delegate these authorities, the Chief Operating Officer (COO) is authorized to sign documents, provide input and make decisions during the CEO's absence.

Only the CEO or the Chair of the Board of Trustees may delegate, and/or revoke delegation of, signing, input and decision-making authority. When needed, the COO, under their delegated CEO authority, may sub-delegate to the Chief Financial Officer (CFO).

### 3. APPLICABILITY/SCOPE

This policy applies to all staff and facilities governed by The Harris Center including, direct and contracted employees.

## 4. PROCEDURES

N/A

## 5. RELATED POLICIES/FORMS:

- [Signature for Authorization](#)
- [Check Signing](#)

## 6. REFERENCES: RULES/REGULATIONS/STANDARDS:

N/A

### Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	04/2025
Legal Review	Kendra Thomas: Counsel	04/2025
Initial Assignment	Wayne Young: Exec	04/2025

# **EXHIBIT G-11**

Status **Pending** PolicyStat ID **17873272**



Origination 05/2024  
 Last Approved N/A  
 Effective Upon Approval  
 Last Revised 05/2024  
 Next Review 1 year after approval

Owner Charles Kerlegon  
 Area Leadership  
 Document Type Agency Policy

## Dental Services for Intermediate Care Facilities for IDD (ICF-IID)

### 1. PURPOSE:

The purpose of this policy is to establish clear guidelines for Dental Services to assume responsibility for dental services for consumers residing at a Harris Center Intermediate Care Facilities for IDD (ICF-IDD).

### 2. POLICY:

It is the policy of the Harris Center to establish requirements to ensure the arrangement and provision of medically necessary dental services for consumers residing at a Harris Center Intermediate Care Facilities for IDD (ICF-IDD).

### 3. APPLICABILITY/SCOPE:

This applies to all Harris Center ICF/IID residents.

### 4. DEFINITIONS:

**Comprehensive dental diagnostic services:** Comprehensive dental diagnostic services refer to a thorough and systematic evaluation of a patient's oral health status, typically conducted by a licensed dentist or dental professional. These services involve a comprehensive assessment of the patient's dental and oral structures to identify existing issues, determine treatment needs, and develop an individualized treatment plan.

**Dental Services:** Dental services encompass a wide range of preventive, diagnostic, therapeutic, and

rehabilitative oral health care provided by licensed dental professionals to patients.

**Documentation of dental services:** Documentation of dental services refers to the process of recording detailed information about the care provided to a patient during a dental visit. Proper documentation is essential for maintaining accurate and complete patient records, ensuring continuity of care, facilitating communication among healthcare providers, and supporting billing and reimbursement processes.

**ICF/IID Facility (Intermediate Care Facility for Individuals with Intellectual Disabilities):** An ICF/IID facility is a residential care setting that provides 24-hour support and services to individuals with intellectual and developmental disabilities. These facilities offer a range of medical, therapeutic, and habilitative services to promote the well-being and quality of life of residents.

**The State Board of Dental Examiners:** The State Board of Dental Examiners sets standards, roles, and requirements for dental personnel and practice settings in their state.

## 5. RELATED POLICIES/FORMS:

## 6. PROCEDURE:

### a) **Standard: Dental services.**

- (1) The Harris Center shall provide or make arrangements for comprehensive diagnostic and treatment services for each consumer from qualified personnel, including licensed dentists and dental hygienists either through organized dental services in-house or through arrangement.
- (2) If appropriate, dental professionals must participate, in the development, review and update of an individual program plan as part of the interdisciplinary process either in person or through written report to the interdisciplinary team.
- (3) The Harris Center shall provide education and training in the maintenance of oral health.

### b) **Standard: Comprehensive dental diagnostic services.** Comprehensive dental diagnostic services include—

- (1) A complete extraoral and intraoral examination, using all diagnostic aids necessary to properly evaluate the consumer's oral condition, not later than one month after admission to the Harris Center (unless the examination was completed within twelve months before admission);
- (2) Periodic examination and diagnosis performed at least annually, including radiographs when indicated and detection of manifestations of systemic disease; and
- (3) A review of the results of examination and entry of the results in the consumer's dental record.

### c) **Standard: Comprehensive dental treatment.** The Harris Center shall ensure comprehensive dental treatment services that include—

- (1) The availability for emergency dental treatment on a 24-hour-a-day basis by a licensed dentist; and

(2) Dental care needed for relief of pain and infections, restoration of teeth, and maintenance of dental health.

d) Standard: Documentation of dental services.

(1) The Harris Center shall obtain a dental summary of the results of dental visits and maintain the summary in the consumer's living unit.

## 7. REFERENCES: RULES/REGULATIONS/STANDARDS:

Conditions of Participation for Intermediate Care Facilities for Individuals with Intellectual Disabilities-Health Care Services, 42 C.F.R. 483.460(e)-(g)

State Board of Dental Examiners, 22 TAC, Part 5

### Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	05/2025
Legal Review	Kendra Thomas: Counsel	04/2025
Departmental Review	Keena Pace: Exec	04/2025
Initial Assignment	Charles Kerlegon	04/2025

# **EXHIBIT G-12**

Status **Pending** PolicyStat ID **17504190**



Origination 02/2015  
 Last Approved N/A  
 Effective Upon Approval  
 Last Revised 04/2024  
 Next Review 1 year after approval

Owner Danyalle Evans  
 Area Medical Services  
 Document Type Agency Policy

## MED.A.7 Emergency Medical Care for Consumers, Employees and Volunteers

### 1. PURPOSE:

The purpose of the policy is to describe emergency medical preparedness strategies implemented at The Harris Center to manage both crisis and non-emergent injuries and illnesses.

### 2. POLICY:

Acute injuries or illnesses of individuals occurring during visits at The Harris Center for Mental Health and IDD shall receive medical emergency care to stabilize individuals to the extent possible until emergency medical personnel arrive by dialing 911.

In the event that a consumer, employee, or volunteer suffers a non-emergent injury, a staff person trained in first aid techniques should administer appropriate first aid. Agency approved first aid kits are to be available at all sites. Agency vehicles used for consumer transportation are required to have a properly stocked first aid kit at all times.

### 3. APPLICABILITY/SCOPE:

This policy applies to all units, programs, and services of The Harris Center where consumers, employees, and volunteers may be present.

### 4. RELATED POLICIES/FORMS:

[Emergency Codes, Alerts and Response](#)



5. PROCEDURES:

6. REFERENCES: RULES/REGULATIONS/  
STANDARDS:

- Organizational Standards-Environment of Care and Safety, Title 26, Tex. Admin. Code, 301.323

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	04/2025
Final Legal Review	Kendra Thomas: Counsel	03/2025
Department Review	Luming Li: Chief Medical Ofcr (1101 1817)	02/2025
Initial Assignment	Danyalle Evans	02/2025

# **EXHIBIT G-13**

Status **Pending** PolicyStat ID **17519217**



Origination 01/2000  
Last N/A  
Approved  
Effective 01/2025  
Last Revised 04/2024  
Next Review 01/2025

Owner Vanessa Miller:  
Mgr  
Area Medical Services  
Document Agency Policy  
Type

# MED.INF.A.1 Infection Control and Prevention Policy

## 1. PURPOSE:

The purpose of this policy is to establish clear expectations of Infection Control and Prevention at The Harris Center for Mental Health and IDD ("Harris Center") to prevent or mitigate the spread of infectious organisms and diseases.

## 2. POLICY:

The Harris Center shall provide an effective infection control and prevention plan for staff, individuals served, volunteers, and visitors. The Infection Control Nurse Manager monitors and ensures the Infection Control and Prevention plan is implemented throughout the Harris Center in order to support an environment free of endemic, epidemic, and pandemic infections. It is the responsibility of all Harris Center staff to follow the infection control procedures, practices, and precautions to prevent or mitigate the spread of infectious organisms and diseases.

## 3. APPLICABILITY/SCOPE:

All Harris Center Staff, contractors, volunteers, and interns.

## 4. PROCEDURES:

[Infection Control Precautions](#)

## 5. RELATED POLICIES/FORMS:

[Infection Control Plan/Airborne Precautions](#)

[Risk Management Plan](#)

## 6. REFERENCES: RULES/REGULATIONS/STANDARDS:

- a. Association for Professionals in Infection Control and Epidemiology [www.apic.org](http://www.apic.org)
- b. Center for Disease Control, [www.cdc.gov](http://www.cdc.gov)
- c. Texas Department of State Health Service - [www.dshs.state.tx.us](http://www.dshs.state.tx.us)
- d. Occupational Health & Safety Standards-Toxic and Hazardous Substances, 29 CFR §1910.1030. Bloodborne Pathogens
- e. Communicable Disease Prevention and Control Act, Texas Health and Safety Code, Subchapter H. Bloodborne Pathogen Exposure Control Plan. §81.301
- f. Online Incident Report Form

### Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	04/2025
Final Legal Review	Kendra Thomas: Counsel	03/2025
Department 2	Luming Li: Chief Medical Ofcr (1101 1817)	02/2025
Department Review I	Kia Walker: Chief Nursing Officer	02/2025
Initial Assignment	Vanessa Miller: Mgr	02/2025

# **EXHIBIT G-14**

Status **Pending** PolicyStat ID **17873271**



Origination 05/2024

Last Approved N/A

Effective Upon Approval

Last Revised 05/2024

Next Review 1 year after approval

Owner Charles Kerlegon

Area Leadership

Document Type Agency Policy

## Intellectual and Developmental Disabilities Division Intermediate Care Facilities (ICF-IID)

### 1. PURPOSE:

The purpose of this document is to establish clear guidelines for the inclusion, treatment, and care Individuals with Intellectual and Developmental Disabilities (IDD) Division residing at a Harris Center Intermediate Care Facilities for IDD (ICF-IID).

### 2. POLICY

It is the policy of the Harris Center to foster an inclusive and safe treatment environment that supports, empowers and upholds the dignity, rights, and well-being of all individuals with IDD, ensuring their full participation in all aspects of our programs and services. The Harris Center adheres to state and federal guidelines and regulations to promote the highest standards of care and support for individuals with IDD.

(a) "ICF/IID services" means those items and services furnished in an intermediate care facility for Individuals with Intellectual Disabilities if the following conditions are met:

(1) The facility fully meets the requirements for a State license to provide services that are above the level of room and board;

(2) The primary purpose of the ICF/IID is to furnish health or rehabilitative services to persons with Intellectual Disability or persons with related conditions;

### 3. APPLICABILITY/SCOPE:

This policy applies to all Harris Center ICF/IID programs, staff and residents.

### 4. REGULATORY/REFERENCE DOCUMENTS:

Conditions of Participation for [Intermediate Care Facilities for Individuals with Intellectual Disabilities, 42 CFR Ch. IV, Subch. G, Part 483, Subpart I](#)

Commission on Accreditation of Rehabilitation Facilities (CARF)

Intermediate Care Facilities for Individuals with Intellectual Disability or Related Conditions (ICF/IID) Program Contracting, Title 26 Part I Texas Administrative Code Chapter 261

Intermediate Care Facilities for Individuals with an Intellectual Disability or Related Conditions, Title 26 Part I Tex Administrative Code Chapter 551

### 5. RELATED POLICIES/FORMS:

[Qualified Intellectual Disabilities Professional \(QIDP\) Policy](#)

[Dietetic Services for Intermediate Care Facilities for IDD \(ICF-IID\)](#)

[Dental Services for Intermediate Care Facilities for IDD \(ICF-IID\)](#)

### Approval Signatures

Step Description	Approver	Date
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Legal Review	Kendra Thomas: Counsel	04/2025
Departmental Review	Keena Pace: Exec	04/2025
Initial Assignment	Charles Kerlegon	04/2025

# **EXHIBIT G-15**



Status **Pending** PolicyStat ID **17150383**



Origination 02/2001  
 Last Approved N/A  
 Effective Upon Approval  
 Last Revised 01/2024  
 Next Review 1 year after approval

Owner Toby Hicks  
 Area Human Resources  
 Document Type Agency Policy

## HR.A.14 - Licensure, Certification, and Registration

### 1. PURPOSE:

The purpose of this policy is to ensure The Harris Center for Mental Health and IDD (The Harris Center) verifies the professional licensure, registration and certification of employees, volunteers and contractors who are in identified positions or job classifications that require an occupational license, certification or registration.

### 2. POLICY:

The Harris Center requires employees in identified positions and/or job classifications to hold and maintain in good standing applicable professional licenses, registrations, certifications, and educational credentials. Employees must provide The Harris Center proof of the existence and current status of such professional licenses, registration, certifications and educational records by submitting official copies that bear authenticity. Upon receipt of proof, it is the policy of The Harris Center to validate such licenses, registrations and certifications electronically, as appropriate, when available.

### 3. APPLICABILITY/SCOPE:

All The Harris Center employees, volunteers and contractors whose position requires a license, certification, and/or registration.

### 4. PROCEDURES:

- [Licensure, Certification, and Registration](#)

5. RELATED POLICIES/FORMS (for reference only):

- [HR.A.35 - Credentialing Policy](#)
- [HR.A.9 - Employment Eligibility Verification](#)

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

Competency and Credentialing, 26 Tex. Admin. Code §301.331

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	04/2025
2nd Legal Review	Kendra Thomas: Counsel	03/2025
1st Legal Review	Bijul Enaohwo	02/2025
Department Review	Joseph Gorczyca	02/2025
Initial Assignment	Toby Hicks	01/2025

# **EXHIBIT G-16**

Status **Pending** PolicyStat ID **17504205**



Origination 07/2018  
 Last Approved N/A  
 Effective Upon Approval  
 Last Revised 04/2024  
 Next Review 1 year after approval

Owner Shiela Oquin:  
 ExecAsst  
 Area Assessment,  
 Care & Continuity  
 Document Type Agency Policy

## ACC.A.6 Linguistic Competence Services

### 1. PURPOSE:

To provide meaningful access to consumer services for consumers with limited English proficiency, deaf, hard of hearing, or blind

### 2. POLICY:

It is the Policy of the Harris Center for Mental Health and IDD to ensure effective communication with the individual and Legally Authorized Representative (LAR), (if applicable), in an understandable format as appropriate to meet the needs of individuals. This may require using: Interpretative services; Translated materials; or a staff member who can effectively respond to the cultural (e.g., customs, beliefs, actions, and values) and language needs of the individual and LAR (if applicable).

### 3. APPLICABILITY/SCOPE:

All Harris Center Staff, Contractors, Interns, and Volunteers.

### 4. RELATED POLICIES/FORMS (for reference only):

[Assurance of Individual Rights](#)

### 5. PROCEDURES:

- Interpreter Resource Coordination

- Internal Interpreters/Certified Language Staff
  - Outside Language Interpreter Services
- Interpreter Services For The Deaf And Hard Of Hearing
- Interpreter Services For Those Whose Primary Language Is Other Than English Scheduled Services
  - Crisis Services

**Linguistic Competence Services**

**6. REFERENCES: RULES/REGULATIONS/STANDARDS:**

- Texas Human Resources Code Chapter 81, Services for the Deaf
- Access to Mental Health Community Services, Title 26 Texas Administrative Code §301.327

**Approval Signatures**

Step Description	Approver	Date
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CEO Approval	Wayne Young: Exec	04/2025
Legal Review	Kendra Thomas: Counsel	04/2025
Departmental Review	Keena Pace: Exec	03/2025
Initial Assignment	Shiela Oquin: ExecAsst	02/2025

# **EXHIBIT G-17**

Status **Pending** PolicyStat ID **17934588**



Origination	10/1992
Last Approved	N/A
Effective	Upon Approval
Last Revised	06/2023
Next Review	1 year after approval

Owner	Danyalle Evans
Area	Medical Services
Document Type	Agency Policy

## MED.A.1 Medical Services

### 1. PURPOSE:

To document The Harris Center's expectations for Psychiatrists and related Clinical staff in the assessment and clinical treatment of the Harris Center's patients.

### 2. POLICY:

It is the policy of The Harris Center that psychiatric services provided to a patient by The Harris Center are the treatment responsibility of the prescribing physician and any resident physicians, physician extenders, APRNs, PAs, or clinical pharmacy specialists working under the supervision of the treating physician.

All psychiatric and medical services developed and implemented within the Harris Center are the responsibility of the Chief Medical Officer (CMO) and the Vice Presidents of Medical Services, all of whom are psychiatrists. The CMO shall ensure that all services are in compliance with acceptable medical standards, agency procedures and policies, as well as state rules, and regulations. The medical procedures of The Harris Center are reviewed with the CEO. Compliance with this is monitored by the Compliance Department of The Harris Center in conjunction with the Harris Center's Pharmacy and Therapeutics Committee, Professional Practice Evaluation Committee, Medical Peer Review Committee, Nursing Peer Review Committee, Incident Reports, System Quality, Safety and Experience Committee, Professional Review Committee, and the Vice Presidents of Medical Services via concurrent patient record review process.

### 3. APPLICABILITY/SCOPE:

All Harris Center programs and clinical services.

### 4. PROCEDURES:

Medical Services

### 5. RELATED POLICIES/FORMS (for reference only):

• Behavior Supports	
• Abnormal Involuntary Movement Scale	
• Request to Continue/Discontinue Neuroleptic Medication for Patients with Abnormal Involuntary Movements (English) & (Spanish)	

### 6. REFERENCES: RULES/REGULATIONS/STANDARDS:

- Role and Responsibilities of a Local Authority, 40 Tex. Admin. Code, Part I, Ch. 2, Subchapter G
- Mental Health Community Services Standards- Standards of Care, 26 Tex. Admin. Code, Part 1, Ch. 301, Subchapter G, Division 3
- Provider Clinical Responsibilities - Mental Health Services, 25 Tex. Admin. Code, Part 1, Chapter 415
- Consent to Treatment with Psychoactive Medication- Mental Health Services, 25 Tex. Admin. Code, Part 1, Ch. 414, Subchapter I
- Use and Maintenance of the HHSC Psychiatric Drug Formulary, 26 Tex. Admin. Code, Part 1, Chapter 306, Subchapter G

### Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending



CEO Approval	Wayne Young: Exec	04/2025
Final Legal Review	Kendra Thomas: Counsel	04/2025
Department Review	Luming Li: Chief Medical Ofcr (1101 1817)	04/2025
Initial Assignment	Danyalle Evans	04/2025

# **EXHIBIT G-18**

Status **Pending** PolicyStat ID **17504193**

Origination	06/2019
Last Approved	N/A
Effective	Upon Approval
Last Revised	04/2024
Next Review	1 year after approval

Owner	Kia Walker: Chief Nursing Officer
Area	Medical Services
Document Type	Agency Policy

## MED.NUR.A.3 Nursing Peer Review: Incident Based or Safe Harbor

### 1. PURPOSE:

The Harris Center for Mental Health and IDD (The Harris Center) is committed to ensuring high quality health care through the utilization of the nursing peer review process. The process is one of fact-finding, analysis, and study of events by nurses in a climate of collegial problem-solving focused on obtaining all relevant information about an event.

### 2. POLICY:

The Nursing Peer Review Committee ("NPRC") shall evaluate nursing services, the qualifications of a nurse, the quality of patient care rendered by nurses, the merits of a complaint concerning a nurse or nursing care, and a determination or recommendation regarding a complaint. The NPRC may review the nursing practice of a LVN, RN, or APRN (RN with advanced practice authorization).

The Nursing Peer Review Committee shall also convene If a nurse requests a safe harbor nursing peer review determination of whether the requested conduct or assignment violated the nurse's duty to a patient. The Harris Center's Nursing Peer Review Committee shall comply with state law and applicable Board rules related to nursing peer review and safe harbor nursing peer review. The NPRC is a subcommittee of the Professional Review Committee ("PRC").

### 3. APPLICABILITY/SCOPE:

The Harris Center for Mental Health and IDD nurse employees and contractors.

## 4. RELATED POLICIES/FORMS:

- Notice of Receipt of Report to Peer Review Committee
- Confidentiality Guidelines for Participants in Nursing Peer Review Process
- Detailed Summary of Peer Review Committee Findings
- Peer Review Committee's Final Report to Administration
- BON Safe Harbor Quick Request Form
- BON Comprehensive Written Request for Safe Harbor Nursing Peer Review
- Safe Harbor Request to Question the Medical Reasonableness of a Physician's Order

## 5. PROCEDURES:

- [Nursing Peer Review: Incident Based or Safe Harbor](#)

## 6. REFERENCES: RULES/REGULATIONS/STANDARDS:

- Nursing Practice Act, Texas Occupations Code Chapter 301
- Nursing Peer Review, Texas Occupations Code Chapter 303
- Licensure, Peer Assistance and Practice, Title 22 Texas Administrative Code, §§217.19,

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### Attachments

[BONComprehensiveWrittenRequestforSafeHarborNursingPeerReview.pdf](#)

[BONSafeHarborQuickRequestForm.pdf](#)

[BONSafeHarborResourcesforFacilities.pdf](#)

[SHNPR-Resource.pdf](#)

### Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	05/2025

Final Legal Review	Kendra Thomas: Counsel	04/2025
Department Review	Luming Li: Chief Medical Ofcr (1101 1817)	02/2025
Initial Assignment	Kia Walker: Chief Nursing Officer	01/2025

# **EXHIBIT G-19**

Status **Pending** PolicyStat ID **17713106**

Origination 11/2022  
 Last Approved N/A  
 Effective Upon Approval  
 Last Revised 05/2024  
 Next Review 1 year after approval

Owner **Kia Walker: Chief Nursing Officer**  
 Area **Infection Control**  
 Document Type **Agency Policy**

## MED.NUR.A.8 Nurse Staffing Advisory Committee

### Nurse Staffing Advisory Committee

## 1. PURPOSE:

To support The Harris Center's commitment to quality nursing services as a standard of clinical care in addressing the behavioral health and IDD needs of persons served.

## 2. POLICY:

It is the policy of The Harris Center to provide a mechanism to promote nursing excellence and improve patient safety initiatives that create a healthy environment for nurses and appropriate care for patients. The Harris Center Nurse Staffing Advisory Committee (NSAC) was created to ensure that an adequate number and skill mix of nurses are available to meet the level of patient care needed. The NSAC will identify nurse-sensitive outcome measures the committee will use to evaluate the effectiveness of the official nurse service staffing plan.

## 3. APPLICABILITY/SCOPE:

This policy applies to all nursing staff employed by the Harris Center including, direct and contracted employees, and working at a Harris Center hospital licensed under Texas state law.

## 4. RELATED POLICIES/FORMS:

[Nursing Peer Review: Incident Based or Safe Harbor](#)

[Delegation and Supervision of Certain Nursing Acts](#)

## 5. PROCEDURES:

Nurse Staffing Advisory Committee Procedure

## 6. REFERENCES: RULES/REGULATIONS/STANDARDS:

- Nurse Staffing, Texas Health and Safety Code Chapter 257
- Mandatory Overtime for Nurses Prohibited, Texas Health and Safety Code Chapter 258
- Standards of Nursing Practice, 25 Tex. Admin. Code, Part 11, Rule 217.11
- The American Nurses Association Code of Ethics and Standards

### Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	05/2025
Final Legal Review	Kendra Thomas: Counsel	04/2025
Department 2	Luming Li: Chief Medical Ofcr (1101 1817)	03/2025
Department Review I	Kia Walker: Chief Nursing Officer	03/2025
Initial Assignment	Kia Walker: Chief Nursing Officer	03/2025



# **EXHIBIT G-20**

Status **Pending** PolicyStat ID **16089123**



Origination 01/2012  
 Last Approved N/A  
 Effective Upon Approval  
 Last Revised 09/2023  
 Next Review 1 year after approval

Owner Toby Hicks  
 Area Human Resources  
 Document Type Agency Policy

## HR.A.15 Obligation to Identify Individuals or Entities Excluded from Participation in Federal Health Care Programs

### 1. PURPOSE

The purpose of this policy is to establish guidelines, which inhibit The Harris Center for Mental Health and Intellectual and Developmental Disability (The Harris Center) from employing an individual or entity that has been excluded from Federally-funded health care programs. The guidelines set in place by this policy ensures the integrity and accountability as it relates to The Health & Human Services Department - Office of Inspector General (HHSC-OIG)

### 2. POLICY

It is the policy of The Harris Center for Mental Health and Intellectual and Developmental Disability ("The Harris Center" or "Agency") to comply with federal rules - Social Security Act, 42 U.S.C. 1320a-7, Section 1128

The Agency shall conduct both State and Federal List of Excluded Individuals/Entities (LEIE) searches prior to hire and monthly on all existing employees, interns, contractors, volunteers and entities.

### 3. APPLICABILITY/SCOPE

All staff employed by The Harris Center including, direct hire, contractors, volunteers, interns and entities. Candidates for hire and contracted entities whom are excluded are considered ineligible for employment or providing services with The Harris Center and will **NOT** be offered a position.

4. RELATED POLICIES/FORMS:

5. PROCEDURE:

HR16B Obligation to Identify Individuals or Entities from Participation in Federal Health Care Programs

6. REFERENCES: RULES/REGULATIONS/  
STANDARDS:

Social Security Act 42 U.S.C.A. 1320a-7

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	05/2025
2nd Legal Review	Kendra Thomas: Counsel	04/2025
1st Legal Review	Bijul Enaohwo	02/2025
Department Review	Joseph Gorczyca	02/2025
Initial Assignment	Toby Hicks	10/2024

# **EXHIBIT G-21**

Status **Pending** PolicyStat ID **16691843**



Origination	11/2020
Last Approved	N/A
Effective	Upon Approval
Last Revised	10/2023
Next Review	1 year after approval

Owner	Toby Hicks
Area	Human Resources
Document Type	Agency Policy

## HR.A.17 Overtime Compensation

### 1. PURPOSE:

The purpose of this policy is to comply with applicable local, state and federal laws, and to provide equitable consideration for hours worked over 40 in the standard work week.

### 2. POLICY:

The Harris Center for Mental Health and Intellectual and Developmental Disability (The Harris Center) in compliance with the Fair Labor Standards Act (FLSA) and the Equal Pay Act has established a maximum work week of forty (40) hours, except as noted herein. Unless exempt, the Harris Center will compensate employees for overtime worked in excess of the established workweek in accordance with FLSA and the provisions of this policy. Overtime for certain employees classified as "Exempt" by the FLSA is not required. Overtime for employees classified as "Nonexempt" will be compensated at a rate not less than one and one-half hours for each hour of overtime.

### 3. APPLICABILITY/SCOPE:

This policy applies to all staff employed by The Harris Center including, both direct and contracted employees.

### 4. PROCEDURES:

- Employees Exempt from Overtime
- Overtime Approval
- Neuro-Psychiatric Center Overtime Computation

- Overtime Compensation
- Employee Volunteers

5. RELATED POLICIES/FORMS:

- [Signature for Authorization](#)
  - Recording Employee Time Worked and Maintaining Leave Earned and Taken Records
  - [Shift Differential](#)
  - [Employment](#)

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

- Fair Labor Standards Act 29 U.S.C. § 203
- Equal Pay Law, Texas Government Code §659.001
- The Harris Center's Employee Handbook

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	04/2025
2nd Legal Review	Kendra Thomas: Counsel	04/2025
1st Legal Review	Bijul Enaohwo	02/2025
Department Review	Joseph Gorczyca	02/2025
Initial Assignment	Toby Hicks	10/2024

# **EXHIBIT G-22**

Status **Pending** PolicyStat ID **17504191**



Origination 11/1994  
 Last Approved N/A  
 Effective Upon Approval  
 Last Revised 02/2023  
 Next Review 1 year after approval

Owner Lance Britt: Dir  
 Area Assessment, Care & Continuity  
 Document Type Agency Policy

## ACC.A.8 Referral, Transition, and Discharge

### 1. PURPOSE:

The purpose of this policy is to provide linkage and coordination of care between persons served and service delivery systems for continued treatment.

### 2. POLICY:

It is the policy of The Harris Center for Mental Health and IDD (The Harris Center) to coordinate services in the least restrictive environment between persons served and other service delivery systems. The Harris Center will coordinate services in the least restrictive treatment environment upon request and based on the needs of the persons served. The Agency shall seek to facilitate the integration of the persons served into the community, whenever appropriate. A referral, transition, or discharge of persons served shall meet applicable HHSC Program Standards and Guidelines.

### 3. APPLICABILITY/SCOPE:

Persons residing in Harris County, as well as, individuals in Harris County but reside outside of the county who are in crisis.

### 4. RELATED POLICIES/FORMS (for reference only):

### 5. PROCEDURES:

[Referral, Transfer, and Discharge](#)



# 6. REFERENCES: RULES/REGULATIONS/STANDARDS:

- Behavioral Health Delivery System, 26 Tex. Admin. Code Chapter 306, Subchapters A, D
- CARF: Section 2. Subsection D., Transition/Discharge

## Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	04/2025
Legal Review	Kendra Thomas: Counsel	03/2025
Departmental Review	Keena Pace: Exec	03/2025
Initial Assignment	Lance Britt: Dir	01/2025

# **EXHIBIT G-23**

Status **Pending** PolicyStat ID **17873299**

Origination	02/2013
Last Approved	N/A
Effective	Upon Approval
Last Revised	05/2024
Next Review	1 year after approval

Owner	Kendra Thomas: Counsel
Area	Leadership
Document Type	Agency Policy

## LD.A.6 - Solicitation of/and Acceptance of Donations (Money, Goods or Services)

### 1. PURPOSE:

The purpose of this policy is to establish guidelines governing the acceptance and solicitation of gifts and donations by the Harris Center for the benefit of its operations, programs or services and provide guidance to prospective donors and their advisors when making donations to the Harris Center.

### 2. POLICY:

It is the policy of The Harris Center that requests for goods or money on behalf of the Harris Center shall be reviewed by the Legal Services Department prior to solicitation.

The Harris Center's Chief Executive Officer, authorized trustees of the Board and designated staff shall have the authority to solicit and accept gifts on behalf of the Harris Center. Donations of money, valuable goods or services may be accepted by the Harris Center if:

1. the donation can be used or expended consistent with the Harris Center's purpose and mission;
2. the donation is in good working order or needs only minor, inexpensive repair as approved by the Chief Financial Officer, or a designee;
3. the donation is not unduly or inappropriately restricted for use; and
4. the donation is not designated for use by an individual staff or Board Trustee.

Specific items may be given to persons served.

3. APPLICABILITY/SCOPE:

This policy applies to all Harris Center employees, contractors, volunteers and Board of Trustees

4. RELATED POLICIES/FORMS:

5. PROCEDURES:

[Solicitation and Acceptance of Donations \(Money, Goods, or Services\)](#)

6. REFERENCES: RULES/REGULATIONS/  
STANDARDS:

Gifts and Grants, Texas Health and Safety Code §534.018

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	05/2025
Legal Review	Kendra Thomas: Counsel	04/2025
Initial Assignment	Kendra Thomas: Counsel	03/2025

# **EXHIBIT G-24**

Status **Pending** PolicyStat ID **16691850**



Origination 03/1995  
 Last Approved N/A  
 Effective Upon Approval  
 Last Revised 10/2023  
 Next Review 1 year after approval

Owner Rita Alford: Dir  
 Area Information Management  
 Document Type Agency Policy

## HIM.EHR.A.13 Standardized Patient Record Form

### 1. PURPOSE:

To ensure compliance with standards and Center Policies and Procedures and to avoid duplication of information.

### 2. POLICY:

It is the policy of The Harris Center that all patient/individual record forms shall be standardized throughout the Center to every extent possible. All patient/individual record forms must be approved by the Center's EHR Request Committee. Only agency approved forms are to be used for documenting in a patient/individual's record.

### 3. APPLICABILITY/SCOPE:

This policy applies to all employees, contractors and interns of The Harris Center.

### 4. PROCEDURES:

[HIM.EHR.B.13 Standardized Patient Record Forms](#)

### 5. RELATED POLICIES/FORMS (for reference only):

Content of Patient/individual Records Policy and Procedures - HIM: 8


The Development and Maintenance of Center Policies and Procedures - LD:18

Attachments

- Sample Instruction Sheet - #1
- Questions to Ask Before Creating a New Form - #2

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

Attachments

-  [Instruction Template #1.doc](#)
-  [Questions to ask before Creating a New Form #2.doc](#)

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	05/2025
Legal Review	Kendra Thomas: Counsel	05/2025
Department Review	Mustafa Cochinwala: Dir	04/2025
Initial Assignment	Rita Alford: Dir	01/2025

# **EXHIBIT G-25**



Status **Pending** PolicyStat ID **17504200**



Origination 07/1984

Last Approved N/A

Effective Upon Approval

Last Revised 03/2023

Next Review 1 year after approval

Owner Shiela Oquin:  
ExecAsst

Area Assessment,  
Care & Continuity

Document Agency Policy  
Type

## ACC.A.13 State Service Contract Monitoring and Performance Reporting

### 1. PURPOSE:

To ensure all duties are being performed in accordance with state service contracts and for The Harris Center for Mental Health and IDD (The Harris Center) staff to be aware of and address any developing problems or issues.

### 2. POLICY:

It is the policy of The Harris Center to audit the performance of all state service contracts on an annual basis to ensure compliance with policies and procedures, statements of work, proper reporting, and correct billing.

### 3. APPLICABILITY/SCOPE:

This policy applies to all state service contracts and awards received by The Harris Center, including pass-through awards that are performed by a collaborating agency.

### 4. RELATED POLICIES/FORMS (for reference only):

[Compliance Plan FY24](#)

[Performance Reporting and Monitoring of Service Contracts](#)

## 5. PROCEDURES:

Performance Reporting and Monitoring of Service Contracts

## 6. REFERENCES/RULES/REGULATIONS/ STANDARDS:

Texas Health and Human Services Handbook

### Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	05/2025
Legal Review	Kendra Thomas: Counsel	04/2025
Departmental Review	Keena Pace: Exec	03/2025
Initial Assignment	Shiela Oquin: ExecAsst	02/2025

# **EXHIBIT G-26**

Status **Pending** PolicyStat ID **17504181**

Origination	07/2021
Last Approved	N/A
Effective	Upon Approval
Last Revised	05/2025
Next Review	1 year after approval

Owner	Maheshkumar Patel
Area	Medical Services
Document Type	Agency Policy

## MED.A.6 Telehealth & Telemedicine Services

### 1. PURPOSE:

The purpose of this policy is to articulate The Harris Center's intent to provide care without limitations to Harris County residents seeking treatment for mental health, IDD, substance use, physical health, and related services; and, to ensure the implementation of standard policies and procedures for treating consumers via electronic telecommunications.

### 2. POLICY:

The Harris Center considers telehealth and telemedicine a cost-effective adjunct to in-person care. Telehealth and telemedicine are service delivery modalities that permit the Harris Center to deliver care to patients according to the same standards of care that would apply to the provision of services in an in-person setting. The Harris Center must obtain the patient's informed consent prior to providing telehealth and telemedicine services.

The goal of telehealth and telemedicine is to supplement face-to-face care and allow The Harris Center to expand its treatment programs. All clinicians involved in the delivery of care to patients through telehealth and/or telemedicine will adhere to all laws and related procedures. Telemedicine is provided under the clinical oversight of the Chief Medical Officer.

### 3. APPLICABILITY/SCOPE:

This policy applies to all staff and contractors of The Harris Center.

### 4. RELATED POLICIES/FORMS (for reference

only):

[MED.A.1 Medical Services](#)

[LD.P.1 Compliance Plan](#)

5. PROCEDURES:

[MED.B.6 Telehealth and Telemedicine Procedure](#)

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

- Telehealth, Tex. Occupations Code, Subchapter J, §51.501 et. seq.
- Mental Health Telemedicine and Telehealth Services, Tex. Occupations Code Ch. 113
- Advanced Telecommunication Services, Title 1 Tex. Admin. Code, Part 15, Chapter 354, Subchapter A
- Telemedicine, Title 22 Tex. Admin. Code Chapter 174
- Mental Health Community Services Standards- Telemedicine Services, Title 26 Tex. Admin. Code 301.359

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	04/2025
Final Legal Review	Kendra Thomas: Counsel	03/2025
Department Review	Luming Li: Chief Medical Ofcr (1101 1817)	02/2025
Initial Assignment	Maheshkumar Patel	02/2025

# **EXHIBIT G-27**

Status **Pending** PolicyStat ID **17504197**

Origination 10/2020  
 Last Approved N/A  
 Effective Upon Approval  
 Last Revised 02/2023  
 Next Review 1 year after approval

Owner Kendra Thomas:  
 Counsel  
 Area Environmental  
 Management  
 Document Agency Policy  
 Type

## EM.A.6 Utilization of Security Officer Services

### 1. PURPOSE:

The purpose of this policy is to establish clear expectations on the utilization of the security services provided by The Harris Center for Mental Health and IDD.

### 2. POLICY:

The Harris Center is committed to providing a safe environment that protects its employees, its property and the public. In furtherance of The Harris Center's commitment to maintaining a safe environment, The Harris Center shall utilize security services personnel to assist in the implementation of safety rules and procedures, respond to potentially harmful situations and emergencies, protect The Harris Center property, proactively identify, and promptly mitigate security risks in the environment.

### 3. APPLICABILITY/SCOPE:

This policy applies to all Harris Center employees, contractors, volunteers, and interns.

### 4. RELATED POLICIES/FORMS (for reference only):

- [Emergency Codes, Alerts, and Response](#)
- Utilization and General Management of Key Card System
- Utilization and General Management of Surveillance System
- Security Program

- Limitation to Security Officer's Role - Least Restrictive Environment

5. PROCEDURES:

- [Security Alert - Armed Intruder](#)
- [Security Alert - Bomb Threat/ Suspicious Package](#)
- [Security Alert - Hostage Situation](#)
- [Security Alert - Missing Child/Abduction of Child](#)

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

IDD-BH Contractor Administrative Functions; Mental Health Community Services Standards-Organizational Standards, 26 Tex. Admin. Code §301.323

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	04/2025
2nd Legal Review	Kendra Thomas: Counsel	03/2025
1st Legal Review	Bijul Enaohwo	03/2025
Initial Assignment	Kendra Thomas: Counsel	03/2025



# **EXHIBIT G-28**

Status **Pending** PolicyStat ID **17873298**



Origination 02/1992  
 Last Approved N/A  
 Effective Upon Approval  
 Last Revised 03/2023  
 Next Review 1 year after approval

Owner Kendra Thomas: Counsel  
 Area Environmental Management  
 Document Type Agency Policy

## EM.A.7 Weapons

### 1. PURPOSE:

The purpose of this policy is to establish clear boundaries and expectations relating to weapons.

### 2. POLICY:

It is the policy of The Harris Center for Mental Health and IDD ("The Harris Center") to prohibit all weapons on the premises of all Harris Center facilities and authorized program locations to the maximum extent allowable by law.

For the purpose of this policy, "weapon(s)" include handguns, firearms, clubs, location-restricted knives, "prohibited weapons" defined in §46.05 of the Texas Penal Code, and all items or objects that have no specific purpose or relationship to the treatment of a patient and (i) may be presented as a weapon; or (ii) may be reasonably foreseen or expected to be used as a weapon.

### 3. APPLICABILITY/SCOPE:

This policy applies to all The Harris Center facilities and locations under the control of The Harris Center.

### 4. RELATED POLICIES/FORMS:

[Incident Reporting](#)

[Personal Property](#)

## 5. PROCEDURES:

Security Alert - Armed Intruder

Personal Property

## 6. REFERENCES: RULES/REGULATIONS/STANDARDS:

- The Harris Center's Policy and Procedure Handbook
- Texas Penal Code §46.01,46.02,46.03,46.05, 46.15; Added §30.06, and 30.07
- Texas Government Code Chapter 411, Subchapter H
- Texas Occupations Code Chapters 1701-1702
- Texas Labor Code - Sections 52.061-52.063
- CARF: Section 2. Subsection A., General Program Standards

### Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	04/2025
2nd Legal Review	Kendra Thomas: Counsel	04/2025
1st Legal Review	Bijul Enaohwo	03/2025
Initial Assignment	Kendra Thomas: Counsel	03/2025

# **EXHIBIT G-29**

Status **Pending** PolicyStat ID **17873295**

Origination 08/2018  
 Last Approved N/A  
 Effective Upon Approval  
 Last Revised 05/2024  
 Next Review 1 year after approval

Owner Toby Hicks  
 Area Human Resources  
 Document Type Agency Policy

## HR.A.27 - Work Force Reduction

### 1. PURPOSE

The purpose of this policy is to provide for an orderly and equitable transition in staffing when a work force reduction is necessary.

### 2. POLICY

As a result of budget constraints, business necessity, program redirections, or related justifications, administrative actions may be taken to reduce the number of budgeted positions and/or Agency employees. A key management concern will be to achieve targeted staffing levels in the least disruptive manner to the delivery of consumer services and affected employees. The Chief Executive Officer, working with the Board of Trustees, shall determine and approve programs, functions, or units to be discontinued or consolidated. It is the policy of The Harris Center for Mental Health & Intellectual and Developmental Disability (hereinafter "The Harris Center") decisions regarding workforce reduction will be coordinated by the Chief Executive Officer, appropriate Division Chief, General Counsel and the Vice President of Human Resources.

### 3. APPLICABILITY/SCOPE

This policy applies to all staff employed by The Harris Center including, both direct and contracted employees.

### 4. PROCEDURES

#### A. Reduction Alternatives

- B. Workforce Reduction
- C. Veterans/Reservists
- D. Reduced Employee References

## 5. RELATED POLICIES

Employment

## 6. REFERENCES/ RULES/REGULATIONS/ STANDARDS

NA

### Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	05/2025
2nd Legal Review	Kendra Thomas: Counsel	04/2025
1st Legal Review	Bijul Enaohwo	04/2025
Department Review	Kendra Thomas: Counsel	04/2025
Initial Assignment	Toby Hicks	04/2025

# **EXHIBIT G-30**

Status **Pending** PolicyStat ID **17575890**



Origination	N/A
Last Approved	N/A
Effective	Upon Approval
Last Revised	N/A
Next Review	1 year after approval

Owner	Toby Hicks
Area	Human Resources
Document Type	Agency Policy

## HR.A.48 Meal Period and Break Policy

### 1. PURPOSE:

The purpose of this policy is to:

- Ensure compliance with relevant labor laws.
- Provide clear guidelines for scheduling and taking meal periods and paid breaks.
- Promote the health and well-being of employees.
- Maintain consistent and fair practices across the organization.
- Ensure minimal disruption to operations and continuity of care provided to clients.

### 2. POLICY:

This policy outlines the guidelines for meal periods and paid breaks for all employees of The Harris Center for Mental Health and IDD. The organization is committed to ensuring that all employees have adequate time to rest and recharge during their shifts, promoting overall well-being and maintaining operational efficiency.

### 3. APPLICABILITY/SCOPE:

All employees, contractors and relief staff of The Harris Center for Mental Health and IDD



4. RELATED POLICIES/FORMS (for reference only):

5. PROCEDURE:

HR.B.48 - Meal Period and Paid Break Procedure

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

Fair Labor Standards Act (FSLA)

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	04/2025
2nd Legal Review	Kendra Thomas: Counsel	03/2025
1st Legal Review	Bijul Enaohwo	03/2025
Department Review	Kendra Thomas: Counsel	03/2025
Initial Assignment	Toby Hicks	02/2025

# **EXHIBIT G-31**

Status **Pending** PolicyStat ID **16702711**

Origination	N/A
Last Approved	N/A
Effective	Upon Approval
Last Revised	N/A
Next Review	1 year after approval

Owner	Kia Walker: Chief Nursing Officer
Area	Medical Services
Document Type	Agency Policy

## Nursing Services Policy

### 1. PURPOSE:

The purpose of a nursing policy is to provide a structured framework that guides nursing practice, ensuring consistency, safety, and quality of care in the health-care setting. This policy supports The Harris Center's commitment to quality nursing services as a standard of clinical care in addressing the behavioral health and IDD needs of persons served. Nursing policies are essential for promoting safe, effective, and ethical nursing practice, ultimately contributing to improve patient care and health care outcomes.

### 2. POLICY:

All nursing services developed and implemented within the Harris Center are the responsibility of the Chief Nursing Officer (CNO) and the Senior Directors of Nursing Services, all of whom are nurses. The CNO shall ensure that all services are in compliance with acceptable nursing standards, agency procedures and policies, as well as state rules, and regulations. The nursing procedures of The Harris Center are reviewed with the CEO. Compliance with this is monitored by the Compliance Department of The Harris Center in conjunction with the Harris Center's Pharmacy and Therapeutics Committee, Professional Practice Evaluation Committee, Nursing Peer Review Committee, Incident Reports, System Quality, Safety and Experience Committee.

### 3. APPLICABILITY/SCOPE:

This policy applies to all nursing staff employed by the Harris Center including, direct and contracted employees, and working at a Harris Center hospital licensed under Texas state law.

## 4. RELATED POLICIES/FORMS (for reference only):

[Delegation and Supervision of Certain Nursing Acts](#)

## 5. PROCEDURE:

Nursing Services Policy

## 6. REFERENCES: RULES/REGULATIONS/STANDARDS:

- Nurse Staffing, Tex. Health and Safety Code Ch. 257
- Mandatory Overtime for Nurses Prohibited, Tex. Health and Safety Code Ch. 258
- Standards of Nursing Practice, 22 Tex. Administrative Code § 217.11
- The American Nurses Association Code of Ethics and Standards

### Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	04/2025
2nd Legal Review	Kendra Thomas: Counsel	04/2025
CMO Review	Luming Li: Chief Medical Ofcr (1101 1817)	04/2025
Legal 1st Review	Bijul Enaohwo	04/2025
Department Review I	Kia Walker: Chief Nursing Officer	03/2025
Initial	Kia Walker: Chief Nursing Officer	03/2025

# **EXHIBIT G-32**

Status **Pending** PolicyStat ID **17340275**

Origination	N/A
Last Approved	N/A
Effective	Upon Approval
Last Revised	N/A
Next Review	1 year after approval

Owner	Toby Hicks
Area	Human Resources
Document Type	Agency Policy

## HR.A.58. Overtime Management Policy

### 1. PURPOSE:

The purpose of this policy is to ensure fair and consistent management of overtime work, to comply with applicable labor laws, and to promote the well-being and productivity of employees.

### 2. POLICY:

The Harris Center for Mental Health and IDD (THC) is committed to maintaining a healthy and safe work environment while ensuring that operational needs are met. This policy outlines the procedures for managing overtime work, setting limits on the maximum number of hours an employee may work in a single day or work week, and emphasizing the importance of employee health and safety.

### 3. APPLICABILITY/SCOPE:

This policy applies to all employees of The Harris Center for Mental Health and IDD (THC), including full-time, part-time, and temporary staff. It outlines the procedures for managing overtime work and sets limits on the maximum number of hours an employee may work in a single day or work week.

### 4. POLICY ELEMENTS:

#### A. Maximum Working Hours:

- Employees are not permitted to work more than 12 hours in a single day.
- Employees are not permitted to work more than 60 hours in a single work week.
- Employees are not permitted to work more than 6 consecutive days without a

scheduled day off.

**B. Authorization for Overtime:**

- Overtime work must be authorized in advance by the employee's supervisor or manager, except in emergency situations.
- Employees should request authorization for overtime when they anticipate the need for additional work hours or when requested by their supervisor.

**C. Recording and Documentation:**

- Employees are responsible for accurately recording their working hours, including any overtime hours worked, using the designated timekeeping system.
- It is essential to report all overtime hours promptly and accurately to ensure proper compensation.

**D. Compensation for Overtime:**

- Non-exempt employees will be compensated at a rate of time-and-a-half for each hour worked beyond the standard workweek.
- Overtime hours will be paid on the regular payday following the pay period in which the overtime was worked.

**E. Health and Safety Considerations:**

- Frequent and excessive overtime is discouraged to prevent fatigue and ensure the health and safety of employees.
- Supervisors should monitor overtime hours and take measures to reduce overtime when it negatively impacts work quality or employee well-being.
- Employees are encouraged to take regular breaks and rest periods to maintain their health and safety.
- The company will provide training on recognizing signs of fatigue and stress, and employees are encouraged to report any health or safety concerns to their supervisor immediately.

## 5. RELATED POLICIES/FORMS (for reference only):

Timekeeping

Paid Time Off

The Harris Center Employee Handbook

## 6. PROCEDURE:

HR.B.58 Overtime Management Procedure

# 7. REFERENCES: RULES/REGULATIONS/STANDARDS:

- A. **Fair Labor Standards Act (FLSA):** Federal law that sets standards for wages and hours worked, including overtime pay.
- B. **State Labor Laws:** Local regulations that may impose additional requirements or restrictions on overtime work.
- C. **The Harris Employee Handbook:** Internal document outlining all employee rights and responsibilities, including overtime policies.

## Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	04/2025
2nd Legal Review	Kendra Thomas: Counsel	03/2025
1st Legal Review	Bijul Enaohwo	02/2025
Department Review	Joseph Gorczyca	02/2025
Initial Assignment	Toby Hicks	01/2025



# **EXHIBIT G-33**

Status **Pending** PolicyStat ID **17053896**



Origination	N/A
Last Approved	N/A
Effective	Upon Approval
Last Revised	N/A
Next Review	1 year after approval

Owner	Lauren Kainer: RPh
Area	Medical Services
Document Type	Agency Policy

## Pharmacy After Hours Service Policy

### 1. PURPOSE:

The purpose of this policy is to establish Standard Pharmacy Operations for The Harris Center's Class A Community Pharmacies and Class C Institutional Pharmacy for after hours services in accordance with all rules outlined by the Texas State Board of Pharmacy within the Texas Administrative Code, specifically Chapter 291 regarding pharmacy operations, The Centers For Medicaid & Medicare Services, and current Agency Third Party Payor Contracts.

### 2. POLICY:

It is the policy of The Harris Center to continually enhance the quality and safety of patient care by providing after hours pharmacy services including inpatient order verification, consultation to staff and patients, and guidance for after hours pharmacy deliveries.

### 3. APPLICABILITY/SCOPE:

The Harris Center Crisis Psychiatric Emergency Program (CPEP) Inpatient Units and Outpatient Clinic Pharmacies

### 4. RELATED POLICIES/FORMS (for reference only):

N/A

## 5. PROCEDURE:

[Pharmacy After Hours Remote Services Procedure - Cardinal Health](#)

[Pharmacy After Hours Delivery Procedure](#)

## 6. REFERENCES: RULES/REGULATIONS/STANDARDS:

Community Pharmacy (Class A), 22 Tex. Admin. Code § 291.31-291.36

Institutional Pharmacy (Class C), 22 Tex. Admin. Code § 291.71-291.77

### Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO/Board Approval	Wayne Young: Exec	02/2025
Legal 2nd Review	Kendra Thomas: Counsel	01/2025
Pharmacy &Therapeutic Committee	Holly Cumbie: RPh	01/2025
Legal 1st Review	Obiajulu Enaohwo	01/2025
CMO Review	Luming Li: Chief Medical Ofcr (1101 1817)	12/2024
Pharmacy Department Review	Lauren Kainer: RPh	12/2024
Initial	Tanya White: Mgr	12/2024

# **EXHIBIT G-34**

Status **Pending** PolicyStat ID **17018285**



Origination	N/A
Last Approved	N/A
Effective	Upon Approval
Last Revised	N/A
Next Review	1 year after approval

Owner	Lauren Kainer: RPh
Area	Medical Services
Document Type	Agency Policy

## Pharmacy Dispensary of Hope (DOH) Program Policy

### 1. PURPOSE:

The purpose of this policy is to establish best practices regarding The Dispensary of Hope (DOH) Program medications.

### 2. POLICY:

It is the policy of The Harris Center Pharmacies to ensure and support best practices for the management and governance of The Dispensary of Hope (DOH) Program medications and that the following policies are to be adhered to:

- Adhere to applicable governing laws, regulations, rules, and manufacturer guidelines for DOH brand or generic medications, including but not limited to application for, ordering, receiving, transferring to the pharmacy, dispensing to financially disadvantaged or indigent patients, and disposition of expired or unused pharmaceuticals.
- DOH products are received at each clinic pharmacy location. Dispensing consistent with internal pharmacy procedures and in accordance with the program recommendations will be done in all cases.
- All pharmaceuticals are to be disposed of in accordance with internal medication destruction and/or recall procedures where applicable.
- Information gathered or exchanged through DOH is considered protected health information and subject to the Health Insurance Portability and Accountability Act (HIPAA).

### 3. APPLICABILITY/SCOPE:

All Harris Center staff, employees, interns, volunteers, contractors, and programs.

### 4. RELATED POLICIES/FORMS (for reference only):

DOH Qualification Questionnaire - English

DOH Qualification Questionnaire - Spanish

Patient Attestation Consent Form – The HARRIS CENTER

### 5. PROCEDURE:

[Pharmacy Dispensary of Hope Procedure](#)

[Pharmacy Drug Destruction Procedure](#)

[Pharmacy Medication Recalls Procedure](#)

[Pharmacy Record Retention Procedure](#)

### 6. REFERENCES: RULES/REGULATIONS/STANDARDS:

Operational Standards, 22 Tex. Admin. Code § 291.33

Charitable Immunity and Liability Act, Tex. Civ. Prac. and Rem. Code Ch. 84

Texas Food, Drug and Cosmetic Act, Tex. Health and Safety Code Ch. 431

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### Attachments

[!\[\]\(21226b58c700e5231ab98d27101bac58\_img.jpg\) 2025 DoH Qualification Questionnaire Form\\_English.pdf](#)

[!\[\]\(097cdd6c9c875b64d9b8c9a2409491c4\_img.jpg\) 2025 DoH Qualification Questionnaire Form\\_Spanish.pdf](#)

[!\[\]\(f9f168a9979beed8b01f8750d577d508\_img.jpg\) PAP ATTESTATION CONSENT Form - The Harris Center.doc](#)

### Approval Signatures

Step Description

Approver

Date

Management of Board Approval	Christopher Webb: Audit	Pending
CEO/Board Approval	Wayne Young: Exec	05/2025
Legal 2nd Review	Kendra Thomas: Counsel	04/2025
Pharmacy & Therapeutic Committee	Holly Cumbie: RPh	04/2025
Legal 1st Review	Bijul Enaohwo	02/2025
CMO Review	Luming Li: Chief Medical Ofcr (1101 1817)	01/2025
Pharmacy Department Review	Lauren Kainer: RPh	01/2025
Initial	Lauren Kainer: RPh	01/2025

# **EXHIBIT G-35**



Status **Pending** PolicyStat ID **17728933**



Origination	N/A
Last Approved	N/A
Effective	Upon Approval
Last Revised	N/A
Next Review	1 year after approval

Owner	Lauren Kainer: RPh
Area	Medical Services
Document Type	Agency Policy

## Pharmacy Personal Safety Policy

### 1. PURPOSE:

The purpose of this policy is to establish clear guidelines for The Harris Center Pharmacy staff to follow in the event of a robbery in order to facilitate a swift resolution and ensure the safety of agency staff, patients, and all individuals involved.

### 2. POLICY:

It is the policy of The Harris Center to provide a safe environment for agency staff and patients. In the event of a robbery, pharmacy staff members are to follow agency safety guidelines and fully cooperate in order to minimize the risk of harm to all individuals involved. All incidents of robbery must immediately follow the written agency procedures for response and reporting.

### 3. APPLICABILITY/SCOPE:

All Harris Center Pharmacies and Staff

### 4. RELATED POLICIES/FORMS (for reference only):

[Emergency Codes, Alerts, and Response Policy](#)

### 5. PROCEDURE:

[MED.PHA.B.5.14 Pharmacy Personal Safety](#)

# 6. REFERENCES: RULES/REGULATIONS/STANDARDS:

22 Tex. Admin. Code § 291.3 (f)  
CARF: Health and Safety 1.H.2

## Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO/Board Approval	Wayne Young: Exec	05/2025
Legal 2nd Review	Kendra Thomas: Counsel	05/2025
Pharmacy &Therapeutic Committee	Holly Cumbie: RPh	04/2025
Legal 1st Review	Bijul Enaohwo	03/2025
CMO Review	Luming Li: Chief Medical Ofcr (1101 1817)	03/2025
Pharmacy Department Review	Lauren Kainer: RPh	03/2025
Initial	Lauren Kainer: RPh	03/2025

# **EXHIBIT G-36**

Status **Pending** PolicyStat ID **17061294**



Origination	N/A
Last Approved	N/A
Effective	Upon Approval
Last Revised	N/A
Next Review	1 year after approval

Owner	Lauren Kainer: RPh
Area	Medical Services
Document Type	Agency Policy

## Pharmacy Prescription Dispensing and Counseling Policy

### 1. PURPOSE:

The purpose of this policy is to establish standard pharmacy operations for The Harris Center's Pharmacies to ensure proper processing and dispensing of medications and complying with medication counseling requirements outlined by the Texas State Board of Pharmacy.

### 2. POLICY:

It is the policy of The Harris Center Pharmacies to provide quality and safe dispensing and counseling of medications for patients.

### 3. APPLICABILITY/SCOPE:

All Harris Center Pharmacies and Staff

### 4. RELATED POLICIES/FORMS (for reference only):

Pharmacy Drive Up Log (DUL)

Patient Prescription Manual Signature Form

### 5. PROCEDURE:

[Pharmacy Prescription Counseling Procedure](#)

[Pharmacy Remote Services Procedure](#)

[Pharmacy Prescription Processing Procedure](#)

[Pharmacy Prescription Drive Up Procedure](#)

## 6. REFERENCES: RULES/REGULATIONS/STANDARDS:

Community Pharmacy (Class A), 22 Tex. Admin. Code, Part 15, §§291.31-291.36

Institutional Pharmacy (Class C), 22 Tex. Admin. Code, Part 15, §§291.71-291.77

Regulations DEA Pharmacist Manual

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### Attachments

 [Patient Prescription Manual Signature Form.docx](#)

 [Pharmacy Drive Up Log \(DUL\).xlsx](#)

### Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO/Board Approval	Wayne Young: Exec	05/2025
Legal 2nd Review	Kendra Thomas: Counsel	05/2025
Pharmacy &Therapeutic Committee	Holly Cumbie: RPh	04/2025
Legal 1st Review	Obiajulu Enaohwo	01/2025
CMO Review	Luming Li: Chief Medical Ofcr (1101 1817)	12/2024
Pharmacy Department Review	Lauren Kainer: RPh	12/2024
Initial	Tanya White: Mgr	12/2024

# **EXHIBIT G-37**

Status **Pending** PolicyStat ID **17016120**



Origination	N/A
Last Approved	N/A
Effective	Upon Approval
Last Revised	N/A
Next Review	1 year after approval

Owner	Lauren Kainer: RPh
Area	Medical Services
Document Type	Agency Policy

## MED.PHA.A.45 Pharmacy Third Party Insurance Billing Policy

### 1. PURPOSE:

The purpose of this policy is to establish standard operations for the Harris Center's Pharmacies to ensure the appropriate billing of third party insurance prescription plans in accordance with all rules outlined by the Texas State Board of Pharmacy, The Centers for Medicare & Medicaid Services, and current agency third party payor contracts.

### 2. POLICY:

It is the policy of The Harris Center Pharmacies to ensure appropriate billing of prescriptions with third party prescription insurance plans throughout the filling and dispensing process. This includes, but is not limited to, establishing procedures for billing of partially filled prescriptions and the reversal of prescriptions that are not picked up by the patient.

### 3. APPLICABILITY/SCOPE:

All Harris Center Pharmacies and Staff

### 4. RELATED POLICIES/FORMS (for reference only):

N/A

## 5. PROCEDURE:

[Pharmacy Partial Fill Procedure](#)

[Pharmacy Third Party Failed Credit Procedure](#)

## 6. REFERENCES: RULES/REGULATIONS/STANDARDS:

Community Pharmacy (Class A), 22 Tex. Admin. Code Part 1 § 291.33 – 291.35

Centers for Medicare & Medicaid Services

HHSC Vendor Drug Program Pharmacy Provider Procedure Manual § 8

Texas Pharmacy Act, Tex. Occ. Code Ch. 551

Pharmacy Board Powers and Duties, Tex. Occ. Code Ch. 554

Practice by License Holder, Tex. Occ. Code Ch. 562

### Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO/Board Approval	Wayne Young: Exec	05/2025
Legal 2nd Review	Kendra Thomas: Counsel	05/2025
Pharmacy & Therapeutic Committee	Holly Cumbie: RPh	04/2025
Legal 1st Review	Bijul Enaohwo	03/2025
CMO Review	Luming Li: Chief Medical Ofcr (1101 1817)	03/2025
Pharmacy Department Review	Lauren Kainer: RPh	02/2025
Initial	Lauren Kainer: RPh	02/2025



# **EXHIBIT G-38**

Status **Pending** PolicyStat ID **18065828**



Origination	N/A
Last Approved	N/A
Effective	Upon Approval
Last Revised	N/A
Next Review	1 year after approval

Owner	Kendra Thomas: Counsel
Area	General Administration
Document Type	Agency Policy

## Search Warrant Policy

### 1. PURPOSE:

This Search Warrant Policy provides employees with guidelines for responding to a search warrant from law enforcement agencies who may present themselves at the Harris Center.

### 2. POLICY:

The Harris Center shall provide a collaborative and timely response to any search warrants, external investigations, or requests. The Harris Center shall exercise its legal rights within established time frames and ensure all searches are conducted in accordance with the law.

### 3. APPLICABILITY/SCOPE:

All Harris Center staff, contractors, volunteers, interns and programs.

### 4. RELATED POLICIES/FORMS (for reference only):

### 5. PROCEDURE:

Search Warrant Procedure

### 6. REFERENCES: RULES/REGULATIONS/

# STANDARDS:

Search and Seizure, Federal Rules of Criminal Procedure Rule 41

Search Warrants, Tex. Code of Criminal Procedure Art. 18

## Approval Signatures

Step Description	Approver	Date
	Christopher Webb: Audit	Pending

# **EXHIBIT G-39**

Status **Pending** PolicyStat ID **17340234**



Origination	N/A
Last Approved	N/A
Effective	Upon Approval
Last Revised	N/A
Next Review	1 year after approval

Owner	Toby Hicks
Area	Human Resources
Document Type	Agency Policy

## HR.A.59 Voting - Time Off

### 1. PURPOSE:

The purpose of this policy is to encourage and support employees in exercising their right to vote in local, state, and national elections. We recognize the importance of civic engagement and aim to provide employees with the necessary time and resources to participate in the electoral process.

### 2. POLICY:

The Harris Center for Mental Health and IDD is committed to fostering a culture of civic responsibility and participation. We believe that voting is a fundamental right and duty of every citizen. To support this, we will provide employees with the time and flexibility needed to vote in elections without compromising their work responsibilities.

### 3. APPLICABILITY/SCOPE:

This policy applies to all full-time and part-time employees of The Harris Center for Mental Health and IDD. It covers all local, state, and national elections, including primaries and general elections.

### 4. RELATED POLICIES/FORMS:

### 5. PROCEDURE:

[HR.B.59 Voting Time Off - Procedure](#)

### 6. REFERENCES: RULES/REGULATIONS/

# STANDARDS:

Tex. Elec. Code § 276.004

## Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	04/2025
2nd Legal Review	Kendra Thomas: Counsel	04/2025
1st Legal Review	Bijul Enaohwo	04/2025
Department Review	Kendra Thomas: Counsel	04/2025
Initial Assignment	Toby Hicks	02/2025

# **EXHIBIT G-40**

Status **Pending** PolicyStat ID **17504196**



Origination 06/2013  
 Last Approved N/A  
 Effective Upon Approval  
 Last Revised 03/2025  
 Next Review 1 year after approval

Owner Kendra Thomas: Counsel  
 Area Environmental Management  
 Document Type Agency Policy

## EM.A.3 Burglaries or Thefts

### 1. PURPOSE:

To ensure documentation, tracking, and reporting of lost or stolen property.

### 2. POLICY:

It is the policy of The Harris Center for Mental Health and IDD "The Harris Center" that all burglaries, thefts, or losses of The Harris Center property shall be reported immediately upon discovery to the local police and/or to the appropriate personnel at The Harris Center. An Incident Report shall be completed as well. Property losses shall be reviewed to determine negligence, including the degree of financial responsibility for the loss.

### 3. APPLICABILITY/SCOPE:

This policy applies to all employees, staff, contractors, volunteers, and interns of The Harris Center.

### 4. RELATED POLICIES/FORMS (for reference only):

### 5. PROCEDURES:

[Incident Reporting](#)

[Off-Premises Equipment Usage](#)



# 6. REFERENCES: RULES/REGULATIONS/STANDARDS:

- Equipment Disposal Report
- The Harris Center Property Authorization for Employee Use Form
- The Harris Center Policy and Procedure Handbook

## Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	04/2025
2nd Legal Review	Kendra Thomas: Counsel	04/2025
1st Legal Review	Bijul Enaohwo	03/2025
Initial Assignment	Kendra Thomas: Counsel	03/2025

# **EXHIBIT G-41**

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Origination 11/2022  
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 Next Review 1 year after approval

Owner Christopher Webb: Audit  
 Area Plans  
 Document Type Agency Plan

## LD.P.1 Compliance Plan FY25

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## 2. I. INTRODUCTION

### 1. Overview.

The Harris Center for Mental Health and IDD (The Harris Center) is proud of the standards that drive our success. These standards help create an environment and culture that places great value on business ethics and personal integrity, which are demonstrated through the services we provide. The Harris Center is committed to conducting its business in an ethical and law-abiding fashion. We are intolerant of violations of any applicable federal, state, or local laws, and regulations. The Harris Center will maintain a business culture that builds and promotes compliance consciousness and encourages employees to conduct all business with honesty and integrity. ~~The~~The Harris Center's commitment to compliance includes communicating to all employees and contractors, clear business ethical guidelines to follow; providing general and specific education regarding applicable laws, regulations, and policies; and providing monitoring and oversight to help ensure that The Harris Center meets our compliance

commitment. The Harris Center promotes open and free communication regarding our ethical and compliance standards and provide a work environment free of retaliation.

As we strive to become the most innovative behavioral health system in the country, it is imperative we understand and adhere to the standards and principles set forth in this document and protect the integrity of The Harris Center. The goal of the Compliance Department (Compliance) is to continually improve the agency's awareness and accountability, while increasing the agency's responsiveness to those we serve using a corporate compliance model. The compliance model is developed in accordance with guidance provided by the Office of Inspector General (OIG) of the Department of Health and Human Services concerning the elements of an effective compliance plan.

## **2. Application of Compliance Plan Guidance**

The purpose of The Harris Center's Compliance Plan is to provide uniform guidance for the provision of services by The Harris Center, including billing and accounting activities. The Harris Center's Clinical Transformation & Quality (formerly Program Improvement Department) maintains The Harris Center's quality management and performance improvement plans, protocols, and processes that support the overarching agency Compliance Plan; please refer to the Performance Improvement Plan for further details. The Harris Center's Compliance Plan is a comprehensive strategy to ensure:

- a. Services are provided and documented according to applicable regulations.
- b. Claims submitted to all payers, including private entities, government agencies, and consumers, are consistently accurate.
- c. Accounting of collections is consistently accurate.
- d. The Harris Center's employees comply with the applicable laws, policies/procedures and regulations, and payer requirements relating to their participation in these programs.

## **3. THE HARRIS CENTER'S Purpose, Mission, Vision, and Core Values**

### **Our Purpose**

The Harris Center is committed to providing professional, comprehensive, and quality care to individuals with mental health and intellectual and developmental disabilities (IDD). The obligation to implement this plan is shared by all employed by The Harris Center, including direct care staff, administrative staff, support staff, contracted providers, and other agency affiliates.

Health-care is one of the most highly regulated industries in the country, and there are many laws and regulations which may not be directly addressed herein. Although an exhaustive list of all applicable regulations is not presented here, all regulations are essential to The Harris Center and may be addressed elsewhere within the agency's governing documentation.

The Compliance Plan serves to outline the agency's ethical commitment, standards of conduct, and legal and regulatory requirements. This plan also communicates the organization's pledge to operate by established guidelines, statutes, rules, regulations, and policies set by the government, executive leadership of THE HARRIS CENTER, and negotiated agreements.

## Our Mission

Transform the lives of people with behavioral health and IDD needs.

## Our Vision

Empower people with behavioral health and IDD needs to improve their lives through an accessible, integrated and comprehensive recovery-oriented system of care.

## Our Core Values

- Collaboration
- Compassion
- Excellence
- Integrity
- Leadership
- Quality
- Responsiveness
- Safety

## II. COMPLIANCE DEPARTMENT REPORTING STRUCTURE:

### Framework:

The Harris Center's Compliance Plan has the following primary components:

### The Audit/~~Compliance~~ Committee:

~~Refer to Element 2 of this document~~

The Audit Committee shall consist of Harris Center Board members elected annually by the Harris Center Board of Trustees.

### Chief Executive Officer:

Serves as the Executive Director for all operations at The Harris Center. Reports to the Board of Trustees.

### General Counsel

Oversees the Department of Compliance and ~~Right's~~Rights Office. Works closely with the Executive Team and actively engages in critical operations and top emerging issues to provide guidance in developing effective compliance strategies. Researches, recommends, and implements best practice tools and methodologies for The Harris Center.

### Compliance Director:

~~Refer to Element 2 of this document~~

Oversees the development, administration and oversight of the Harris Center Compliance Plan.

#### **Compliance Auditor:**

The compliance auditor is tasked with helping to ensure that The Harris Center is adhering to federal, state, and local laws and regulations relevant to its business practices and services rendered. The compliance auditor will have specialized training and appropriate credentials and is responsible for coordinating and/or assisting with the management of both internal agency audits and external audits or reviews as necessary. Compliance auditors, during or at the close of a review, will make recommendations based on audit findings to assist the agency in adopting changes to procedures or practices that are out of compliance with stated regulations. Compliance auditors will also analyze potential risks and gaps within operational areas of The Harris Center in order to avoid non-compliance.

The Harris Center's compliance auditors will conduct audits in accordance with an approved audit schedule, which allows for review of agency programs at least annually, but more frequently for programs or areas requiring more intensive review. All audits and reviews will be executed in accordance with appropriate standards, policies, procedures and within the scope of the authority that is granted. The Harris Center shall ensure that audits are adequately developed, initiated by persons with appropriate knowledge and experience, and utilize audit tools and protocols that are periodically updated to reflect changes in applicable laws and regulations.

Compliance auditors will also monitor any violations reported against The Harris Center and actively assist in the development of responses and plans, including education and training, to address the violations.

#### **Operational Vice Presidents:**

The Vice Presidents are responsible for divisional oversight and assuring that the compliance plan is implemented and adhered to throughout the divisions they supervise. They are responsible for being aware of divisional monitoring activities and will be required to sign audit and review reports, acknowledging awareness of findings for programs within their divisions.

#### **Program Directors/Practice Managers:**

Program Directors/Practice Managers have day-to-day oversight of program activities and are responsible for assuring that program operations align with agency standards and the compliance plan.

#### **Personnel:**

All agency personnel have the responsibility to ensure that all services provided, and the documentation thereof is in accordance with the standards set forth in the compliance plan.

### **III. Statutes, Laws, Regulations/Regulatory Bodies:**

1. **Code of Conduct** – A *code of conduct* is a collection of rules and regulations that include what is and is not acceptable or expected behavior.
2. **Health and Human Service Commission (HHSC)** - The federal agency that oversees CMS,

which administers programs for protecting the health of all Americans, including Medicare, the Marketplace, Medicaid, and the Children's Health Insurance Program (CHIP).

3. **Office of Inspector General (OIG)** - The Office of Inspector General for the United States Department of Health and Human Services (HHS) is charged with identifying and combating waste, fraud, and abuse in the HHS's more than 300 programs, including Medicare and programs conducted by agencies within HHS.
4. **Texas Administrative Code (TAC)** - The Texas Administrative Code is a compilation of all state agency rules in Texas.
5. **Health Insurance Portability and Accountability Act (HIPAA)** – The Health Insurance Portability and Accountability is a federal law enacted in 1996 that protects continuity of health coverage when a person changes or loses a job, that limits health-plan exclusions for preexisting medical conditions, that requires that patient medical information be kept private and secure, that standardizes electronic transactions involving health information, and that permits tax deduction of health insurance premiums by the self-employed. HIPAA established a Social Security Act Section that created the Health Care Fraud and Abuse Control Program to coordinate federal, state and local law enforcement efforts relating to health care fraud and abuse with respect to health plans; conduct investigations, audits, and inspections and evaluations relating to the delivery of and payment for health care in the United States; facilitate enforcement of all applicable remedies for fraud; and provide education and guidance regarding complying with current health care law.
6. **Health Information Technology for Economic and Clinical Health Act (HITECH)** - The Health Information Technology for Economic and Clinical Health Act (HITECH Act) is part of the American Recovery and Reinvestment Act of 2009 (ARRA). The HITECH Act was created to motivate the implementation of electronic health records (EHR) and supporting technology in the United States.
7. **Stark Law**- Stark Law is a healthcare fraud and abuse law that prohibits physicians from referring patients for certain designated health services paid for by Medicare or Medicaid programs to any entity in which they have a "financial relationship." The federal government interprets the term "financial relationship" broadly to include any direct or indirect ownership or investment interest by the referring physician, any financial interests held by any of the physician's immediate family members or a compensation arrangement between the physician (or immediate family member) and the entity. Unlike the federal Anti-Kickback Statute, the Stark Law is not a criminal statute. The Stark Law may be violated even if the parties do not intend to violate the law. The Office of the Inspector General (OIG) for the Department of Health and Human Services ("HHS") can pursue a civil action against Stark Law violators under the civil monetary penalties law. Stark Law violations can result in penalties of up to \$15,000 for each billed service that is based on a prohibited referral, plus three times the amount of the government overpayment. Violations of the Stark Law may result in the exclusion of any party from Medicaid and Medicare programs.
8. **Civil False Claims Act (FCA)** - The False Claim Act is a federal law that makes it a crime for any person or organization to knowingly make a false record or file a false claim regarding any federal health care program, which includes any plan or program that provides health benefits, whether directly, through insurance or otherwise, which is funded.
9. **Sarbanes-Oxley Act (SOX)** - The Sarbanes-Oxley Act of 2002 is a federal law that established sweeping auditing and financial regulations for public companies. Lawmakers created the



legislation to help protect shareholders, employees and the public from accounting errors and fraudulent financial practices.

10. **Anti-Kickback Statute-** The federal Anti-Kickback Statute is a healthcare fraud and abuse statute that prohibits the exchange of remuneration—which the statute defines broadly as anything of value—for referrals for services or purchasing, leasing, ordering, or arranging for or recommending the purchase, lease or ordering of any good, facility, service or item that are payable by a federal health care program. The Anti-Kickback Law requires the person to act willfully and knowingly. Violation of the Anti-Kickback law may result in criminal and civil penalties and exclusion from federal health care programs.
11. **Federal Trade Commission Act of 1914** – The Federal Trade Commission Act outlaws unfair methods of competition and outlaws unfair acts or practices that affect commerce.
12. **Tax Exempt Standards** – The Tax Exempt Standards state all 501(c)(3) non-profit organizations may not pay more than "reasonable" compensation to a private individual or entity from which it purchases service or items.
13. **Other - Applicable Law**" means any law, rule, regulation, condition, requirement, guideline, ruling, ordinance or order of or any legal entitlement issued by any Governmental Body and applicable from time to time to the performance of the obligations of the parties to an Agreement.

## IV. Seven Elements of The Harris Center's Compliance Plan

### Element 1: Written Policies and Procedures

Policies establish formal guidance needed to coordinate and execute activity throughout the agency. When effectively deployed, policy statements help to focus attention and resources on high priority issues, thereby aligning and merging efforts to achieve the institutional vision. Procedures serve as the operational processes required to implement organizational policy. If policy is "what" the agency does operationally, then its procedures are "how" it intends to carry out those operating policy expressions.

All policies and procedures shall adhere to state, federal, and any other applicable regulatory guidelines. The Harris Center will continue to develop and maintain policies and procedures, which defines internal management and operations. Maintenance of the agency's policies and procedures will be coordinated by The Compliance Department (Compliance) via an electronic management system and will include, but not be limited to periodic review, creation, and archiving of policies and procedures. Policies require approval by the Board of Trustees, while procedures are routed and reviewed internally, with approval by the Chief Executive Officer or his/her designee.

### A. Standards of Behavior for The Harris Center Personnel

Based on each of the eight core values of The Harris Center, these guidelines establish clear expectations for how we interact with the people we serve and our fellow team members. As team leaders, we commit to follow these guidelines to help improve the way we carry out The Harris Center's mission of transforming the lives of people with behavioral health and IDD needs.

## 1. Collaboration:

We trust that teamwork and working together toward shared goals are essential to our success.

I will:

- i. Offer my assistance to those who may need help, or find someone who can, to create the best outcome
- ii. Use respect and courtesy as I share messages and information
- iii. Recognize and celebrate the achievements and successes of others
- iv. Make new staff and people served feel welcomed and supported using positive verbal and non-verbal communication
- v. Acknowledge and value workplace diversity to strengthen our organizational culture
- vi. Share my expertise and work with community partners and outside entities to improve the lives of people served

## 2. Compassion:

We strive to make every encounter an opportunity to show care and kindness.

I will:

- i. Show others that I want to listen and understand by giving my full attention (e.g., face the person when speaking and listening)
- ii. Contribute towards building a positive work environment by having positive and solution-oriented interactions with colleagues and people served
- iii. Smile, make eye contact, and greet everyone with enthusiasm
- iv. Treat everyone with respect and dignity
- v. Have an open mind and make time to listen and guide those in need

## 3. Excellence:

We exhibit professionalism and exceed expectations by continuously improving our performance.

I will:

- i. Strive to exceed expectations, not just meet them
- ii. Provide exceptional customer service to people served and contribute to build a supportive work environment with my colleagues
- iii. Be innovative, seeking new solutions to achieve organizational goals and to improve the lives of those whom I serve
- iv. Perform my duties to the best of my ability every day
- v. Present myself professionally by dressing in a neat and respectable manner with appropriate fit

#### **4. Integrity:**

We demonstrate honesty, trust, and sound moral and ethical principles.

I will:

- i. Be fair, truthful, and honest at all times
- ii. Maintain a high level of composure in communication with co-workers, employees, and management
- iii. Maintain appropriate social boundaries because I am representing myself and The Harris Center
- iv. Take responsibility for my mistakes and offer solutions
- v. Behave professionally on a daily basis and assume full responsibility for my behavior
- vi. Welcome feedback and not respond defensively if I do not agree with what is being said

#### **5. Leadership:**

We inspire, take responsibility, and lead by example.

I will:

- i. Strive to do my best every day to carry out the mission of The Harris Center and provide ideas to improve our organization's capability to positively impact the community
- ii. Be open-minded, supportive, respectful, and encouraging
- iii. Ask others for their opinions and acknowledge their contributions
- iv. Demonstrate the characteristics of a positive role model
- v. Deliberately seek learning opportunities to develop as a leader and to understand one's personal strengths and weaknesses
- vi. Strive to learn something every day by looking at myself and people around me

#### **6. Quality:**

We create an environment for high quality care and continuous enhancement of our performance standards.

I will:

- i. Strive to provide the highest quality services to people served and staff every day
- ii. Continue to expand my knowledge in my area of responsibility so I am able to provide high quality services
- iii. Be proactive rather than reactive
- iv. Strive for accuracy in my work and actions

#### **7. Responsiveness:**

We communicate clearly, effectively, professionally, and in a timely manner.

I will:

- i. Welcome feedback and address concerns in a timely manner
- ii. Respond to incoming communication in a timely manner (within 24-48 hours)
- iii. Respond clearly and directly to all forms of communication that I receive from people served and co-workers, providing an opportunity for others to seek clarification if needed
- iv. Thank my colleagues and people served for waiting and apologize for any delays or barriers
- v. Handle complaints and advice with care and without taking personal offense

## **8. Safety:**

We think safe, act safe, and stay safe.

- i. Be alert and aware of my surroundings
- ii. Actively participate in keeping all work areas, meeting rooms, and public places clean, safe, and organized
- iii. Seek ways to reduce risks and report all errors and near-misses
- iv. Dispose of litter, clean up spills, and/or report them immediately to the appropriate department
- v. Hold myself, my colleagues, and leaders accountable for the safety of people served
- vi. Make the safety, health, privacy and welfare of people served my top priority

## **B. Common Risk Areas.**

The Harris Center is committed to identifying, addressing and/or mitigating risks. Listed below are common risk areas that have been identified across behavioral health-care agencies as a whole:

- 1. Medical Billing/Coding;
- 2. Clinical Documentation Integrity (CDI);
- 3. Contract compliance;
- 4. Comprehensive Psychiatric Emergency Programs services;
- 5. Credentialing;
- 6. Agency security protocols;
- 7. Rights Protection and Advocacy;
- 8. Incident reporting;
- 9. Jail Diversion Programs and Services;
- 10. Investigations;
- 11. HIPAA and HITECH Compliance; and
- 12. Fraud, Waste, and Abuse.

## C. Claim Development and Submission Process

The Harris Center will:

1. Provide a mechanism for the billing or reimbursement of services provided;
2. Provide for proper and timely documentation of all physician and other professional services prior to billing to ensure that only accurate and properly documented services are billed;
3. Emphasize that claims will be submitted only when appropriate documentation supports the claims and only when such documentation is maintained, appropriately organized in legible form, and available for audit and review. The documentation, which may include patient records, should record the date and time the activity was conducted, the appropriate coding for the service, the identity of the individual providing the service including signature and credentials, the client to whom the service was provided, and the location of the service;
4. Ensure service records and documentation used as a basis for a claim submission are appropriately organized in a fashion that allows for accessibility for review and auditing purposes;
5. Ensure that the diagnosis and procedures reported on the reimbursement claim are based on the medical record and other authorized documentation;
6. Establish a process for pre- and post-submission review of claims to ensure claims submitted for reimbursement accurately represent services provided, are supported by sufficient documentation and are in conformity with any applicable coverage criteria for reimbursement;
7. Ensure all billing reflects true and accurate information and conform to all pertinent Federal and state laws and regulations.

## D. Integrity of Data Systems Procedures

To ensure and maintain the accuracy and integrity of electronic data systems used for charting client data, claims submission, collections, credit balances and other relevant reports, The Harris Center will:

1. Ensure data is backed up on a regular basis;
2. Ensure regularly scheduled integrity checks are performed;
3. Ensure electronic data is protected against unauthorized access or disclosure by limiting access to data systems to only authorized personnel (password protected)

## E. Retention of Records

The Harris Center will:

1. Hold employees accountable for the integrity and accuracy of The Harris Center 's documents and records, not only to comply with regulatory and legal requirements, but also to ensure that records are available to defend business practices and actions.
2. Prohibit the tampering with, altering of, or falsification of information on any record or document.
3. Ensure medical documents, business documents and records are retained in accordance with

the law and service specific records retention policy.

- i. Medical and business documents include but are not limited to paper documents, computer-based or electronic information, and any other medium that contains information about The Harris Center or its business activities.

## F. Compliance as an Element of a Performance Plan

The promotion of and adherence to the elements of this compliance program will be a factor in evaluating the performance of all employees. All agency managers and supervisors will:

1. Discuss with all supervised employees and relevant contractors the compliance policies and legal requirements applicable to their function;
2. Ensure employees are periodically trained in new compliance policies and procedures;
3. Inform all supervised personnel that strict compliance with these guidelines, and policies of ~~THE HARRIS CENTER~~The Harris Center is a condition of employment;
4. Disclose to all supervised personnel that The Harris Center will take disciplinary action up to and including termination for violation of these guidelines, policies or requirements;
5. Be reprimanded for failure to instruct their subordinates adequately or for failure to detect noncompliance with applicable policies and legal requirements, where reasonable diligence on the part of the manager or supervisor would have led to the discovery of any problems or violations.

### Element 2: Designation of a Compliance Director and ~~a Compliance~~an Audit Committee

Compliance strives to protect The Harris Center as an organization by detecting and preventing improper conduct while promoting adherence to the organization's legal and ethical obligations. As regulatory guidance and applicable laws change, the compliance plan will be reviewed and forwarded to the Chief Executive Officer (CEO) and the board of trustees. Review and updating of the compliance plan will occur as needed, but in any event shall be reviewed annually.

Regulations, standards and/or regulatory bodies with which the agency must remain in compliance with include, but are not limited to the following:

1. Anti-Kickback Statute
2. Centers for Medicare and Medicaid Services (CMS)
3. False Claims Act
4. Federal Trade Commission Act of 1914
5. Health and Human Service Commission (HHSC)
6. Health Information Technology for Economic and Clinical Health Act (HITECH)
7. Health Insurance Portability and Accountability Act (HIPAA)
8. Occupational Safety and Health Administration (OSHA)
9. Office of Inspector General (OIG)

10. Sarbanes-Oxley Act (SOX)
11. Stark Law
12. Texas Administrative Code (TAC)
13. ~~THE HARRIS CENTER~~The Harris Center's Code of Conduct

To ensure the effective operation of a compliance program, The Harris Center will designate a Compliance Director who is not assigned directly to any of The Harris Center's programs, who is responsible for the compliance department and compliance activities of THE HARRIS CENTER. The Compliance Director will report to General Counsel, who also has a duty to report to the Board of Trustees.

## A. Compliance Director

The Harris Center's Compliance Director will:

1. Oversee and monitor implementation of the Compliance Program.
2. Review the program to ensure relevance and compliance with current local, state, and Federal laws and regulations.
3. Ensure the components of the Compliance Program are implemented to reduce fraud, waste, abuse, and mismanagement agency wide.
4. Ensure that contractors, vendors, and agents who furnish services to the facility are aware of the facility's compliance program and its respective coding and billing policies and procedures.
5. Have the authority to access and review all documentation and other information relevant to agency compliance activities.
6. Assist the business office, agency divisions/programs, and internal audit concerning compliance review activities related to service provision and/or revenue cycle within the agency.
7. Investigate issues related to compliance.
8. Assist in identifying processes for improvement and document compliance issues as necessary.
9. Encourage the reporting of suspected fraud, waste, abuse, or mismanagement across agency staff without fear of retaliation through training and other means of communication.
10. Notify employees of applicable regulations, procedures, and guidelines.
11. Report to The Harris Center's General Counsel and The Harris Center's Board of Trustees on a regular basis regarding the results of any audits/reviews, Compliance activities, trainings, reports of fraud, waste, abuse, reportable investigations, and any resulting employee discipline.

## B. ~~Compliance~~Audit Committee

The Audit/~~Committee is established to assist the~~ Compliance ~~Committee is established to assist the~~ ~~Compliance~~ Director in the development, implementation and monitoring of compliance activities.

The Harris Center ~~Compliance~~Audit Committee will:

1. Advise the Compliance Director and assist in the implementation of the compliance program.
2. Assess compliance violation investigations to determine whether a violation of the compliance plan actually exists.
3. Continually assess current policies and procedures to ensure compliance, relevance, and practicability.
4. Work with appropriate personnel to develop standards of conduct and policies ~~and procedures,~~ to promote adherence to The Harris Center compliance program.
5. Monitor internal controls to implement the program and recommend changes as needed.
6. Ensure periodic audits of claims development and claims processing procedures are performed and that internal fiscal and administrative controls are implemented and maintained.

### Element 3: Conducting Effective Training and Education

Education and training are critical elements of the compliance plan. Every employee is expected to be familiar with and knowledgeable concerning the regulations governing The Harris Center's activities and have a solid working knowledge of his or her responsibilities under the plan. Compliance related policies and procedures will be communicated to all employees through required training programs and electronic communications.

1. Compliance shall collaborate with all agency departments, including the Education and Development (E&D) department, and agency committees to ensure staff training and development align with state and federal regulations.
2. Compliance trainings will be appropriate to specific position responsibilities. All employees of ~~THE HARRIS CENTER~~The Harris Center will receive annual compliance training to ensure commitment to the agency's high ethical standards of professional and business conduct.
3. Compliance will collaborate with The Harris Center's training department to relay the objectives of Compliance in New Employee Orientation (NEO) classes. Compliance will also collaborate with The Harris Center's training department to ensure that annual compliance training is provided to the agency. The trainings will include but not be limited to:
  - i. An overview of the Compliance Plan.
  - ii. The role of Compliance within the agency.
  - iii. Code of conduct.
  - iv. Reporting of suspected fraud, waste and abuse, and violations of laws and regulations
4. All employees will have access to in ~~class or person and~~ on-line compliance training through the agency's training system and receive notifications of ~~expired and~~ upcoming trainings. Management is responsible for ensuring their employees are familiar with regulations, are aware of issues affecting their units, and are updated with information provided by Compliance. Compliance will provide periodic trainings on compliance with regulations, the compliance plan and the compliance department's activities. Such training shall occur as often



as appropriate, but at least once annually.

#### **Element 4: Developing Effective Lines of Communication.**

Staff members will have the ability to communicate compliance issues without the fear of retaliation. Staff members shall be able to ask for clarification when they're unsure about a policy, procedure or potential compliance violation.

1. If an employee has a compliance related question or has any reason to believe that anyone (including the employee himself or herself) is engaging in false billing practices, that employee shall immediately report the practice to his or her immediate supervisor and the Compliance Director at 713.970.3432. Reports to the Compliance Director remain confidential.

#### **Element 5: Enforcing Standards through Well-Publicized Disciplinary Guidelines.**

Disciplinary action will be applicable to all individuals within The Harris Center who fail to comply with their obligations in accordance with The Harris Center's policies and procedures. When there is information of potential violations or misconduct, the Compliance Director has the responsibility of conducting an internal investigation. An internal investigation would include interviews and a review of individual records, billings, and other relevant documents.

1. New employees to The Harris Center or employees new to a position will be trained to ensure that their work is consistent with standards to prevent fraud, waste, abuse, or mismanagement. The Harris Center is responsible for providing the same training to employees providing services for The Harris Center as contractors or affiliates of The Harris Center.
2. Employees shall be informed of disciplinary action and the nature of the offense that was violated, noting the specific incident(s), the date(s) of the incident(s), actions necessary to correct the problem, period in which improvements must be made, and the consequences for not correcting or repeating the offense.

An agency-approved form should be used to document the type of disciplinary action being issued the employee dated and signed by both the supervisor and employee, then forwarded to the Department of Human Resources ~~Record Unit~~.

#### **Corrective Discipline:**

The Harris Center's best interest lies in ensuring fair treatment of all employees and in making certain that disciplinary actions are prompt, uniform, and impartial. The major purpose of any disciplinary action is to correct the problem, prevent recurrence, and prepare the employee for satisfactory service in the future.

Although employment with the The Harris Center is based on mutual consent and both the employee and the The Harris Center have the right to terminate employment at will, with or without cause or advance notice, ~~the~~ The Harris Center may use corrective discipline ~~at its discretion~~ in accordance with Harris Center policies and procedures.

Corrective action should take into account the seriousness of the problem, past performance, previous warnings and the result of prior corrective steps. Depending on circumstances of individual cases,

corrective actions ranging from verbal warning to involuntary termination may be appropriate as an initial or repeated step; the order of disciplinary steps listed below need not be followed in all cases. Corrective action may also involve demotion, or reassignment. ~~All salary adjustments~~ Salary increases are ~~suspended while on~~ not granted during any corrective discipline probationary period. ~~Only upon successful completion of the corrective discipline, will the salary adjustment become effective, depending on supervisory discretion.~~

~~Salary increases are not granted during any corrective discipline probationary period.~~

~~In general, if an employee has received a first warning regarding job problems or offenses and has failed to correct these problems, the employee may be issued a final warning. However, final warnings may be initiated without a first warning for serious policy violations and offenses. Final warnings may be initiated by an employee's direct supervisor but require signature authorization of the next level of management. Final warnings are authorized for an effective period of twelve (12) months, and upon expiration of the effective time period, the employee's compliance or non-compliance with the warning will be documented as follow-up action. An employee may request the removal of a final warning from the Agency personnel file after twenty-four (24) months from the date of the expiration of the final warning and following the employee's annual performance evaluation.~~

#### **Verbal Warning:**

~~A Verbal Warning is provided to assist an employee to understand and resolve a significant job performance or work-related conduct problem which should not continue, worsen or recur. A Verbal Warning also provides an explicit "warning" that more serious corrective action will follow. Continued unacceptable conduct will lead to further disciplinary conduct up to and including termination.~~

#### **Written Warning:**

A Written Warning serves to notify the employee of a serious job performance or work-related conduct problem which cannot be permitted to continue, worsen or recur. Continued unacceptable conduct will lead to further disciplinary conduct up to and including termination.

#### **Suspension:**

#### **Administrative Leave:**

~~Suspension~~ Administrative leave with or without pay may be appropriate during an investigation, as an initial or follow-up action when the continued presence of the employee may threaten safety, property, operations, ~~or Agency investigations or Harris Center~~ reputation, allegations of abuse, neglect and exploitation have been reported or when a serious job performance or conduct problem occurs.

#### **Disciplinary Probation:**

An employee may be placed on disciplinary probation for a designated period of time for significant performance deficiencies which are determined to be within the employee's ability and intent to correct. A supervisor may also put an employee on probation until they resolve a problem with credentials that are required for their position.

#### **Involuntary Termination:**

Involuntary Termination may be appropriate when the employee fails to demonstrate sustained improvement, sufficient ability or intent to meet job expectations or has engaged in conduct which violates Agency policies and procedures.

Prosecution may be pursued as determined by the Agency management.

## Element 6: Auditing and Monitoring

~~Conducting a risk assessment is a key component of the Compliance Department's functions; Compliance will conduct an agency wide risk assessment annually. Risk assessment involves the application of a methodical process for identifying key risks that the organization faces. Corporate compliance audits address corporate level risk, governance and control. Internal controls are broadly defined as a process, effected by The Harris Center's management and other personnel, designed to provide reasonable assurance regarding the achievement of objectives in the following categories:~~

- ~~1. Effectiveness and efficiency of operations~~
- ~~2. Reliability of financial reporting~~
- ~~3. Compliance with applicable laws and regulations~~

Ongoing auditing and monitoring efforts should include:

1. Monitoring the agency's compliance with specific rules and policies that have been the focus of particular attention by The Health and Human Services (HHS), Centers for Medicare and Medicaid Services (CMS), Managed Care Organizations (MCO), The Office of the Inspector General (OIG), OIG audits and evaluations, Special Fraud Alerts, internal or external reporting, law enforcement initiatives, etc.
2. On-site visits, interviews with management responsible for the operations (e.g., coding, claims development and submission, patient care, and other related activities).
3. Reviews of medical and financial records and/or other source documents that support claims for reimbursement in order to ensure the accuracy of claims.
4. Questionnaires or surveys developed to solicit impressions of a broad cross-section of the employees and staff about compliance issues.
5. Results of ongoing auditing and monitoring must specifically identify areas where corrective action plans (CAP) are needed to prevent problems from recurring. When monitoring discloses program deficiencies, appropriate immediate corrective action measures must be implemented.
6. When a CAP is required, Compliance will review and validate the corrective measures and will reassess the program at a designated time to ensure that the corrective actions have been implemented and are effective. If it is determined that a program is out of compliance after a CAP has been implemented, Compliance will close the review and recommend the program to collaborate with Quality Assurance to establish a plan of improvement (POI). Within one hundred eighty (180) days of the implementation of the POI, Compliance will reassess the program.
7. Compliance will maintain records of reviews conducted.
8. Review of relationships with third-party contractors, specifically those with substantive

exposure to government enforcement actions.

9. Any correspondence from any regulatory agency charged with administering a federally-~~or~~, state locally-funded program received by any department of the agency shall be immediately copied and forwarded to the Compliance Director for review ~~and discussion by the Compliance Committee (CC).~~
10. Immediate notification of the Compliance Director of any visits, audits, investigations or surveys by any federal, state or county agency or authority.

Individual Program Divisions may have specific monitoring requirements outlined in performance contracts with Health and Human Services, other regulatory bodies, or as established internally through other agency programs ~~In regard to IDD services, the IDD Division will develop measurements, monitoring plans and improvement actions as needed for.~~

In regard to IDD services, the IDD Division will develop measurements, monitoring plans and improvement actions as needed for:

- LIDDA authority functions (Intake and Eligibility, Service Coordination)
- Access to, capacity of and the improvement of LIDDA services;
- Timeliness and accuracy of LIDDA data submission;
- Actions related to responses to circumstances surrounding critical incident reports;
- Actions related to the reduction of instances of abuse, neglect or exploitation of individuals served;
- Assessing and improving rights restriction review process.

~~The IDD Division will share the~~ The Compliance Plan ~~and associated measures with the IDD PAC and IDD Needs Council and will evidence such in their meeting minutes. The Compliance Plan~~ is also reviewed by The Harris Center Board of Trustees and posted on THE HARRIS CENTER ~~Board of Trustees and posted on THE HARRIS CENTER~~ website: [www.TheHarrisCenter.org](http://www.TheHarrisCenter.org).

## **Element 7: Responding to Detected Offenses and Developing Corrective Action Initiatives**

### **A. Violations:**

1. Common compliance violations that can result in disciplinary action.
2. Involvement in non-compliant conduct and/or activity;
3. Failure to report known non-compliant conduct and/or activity.
4. Supervisors who were aware or should have been aware of non-compliant conduct or activity and failed to correct deficiencies.

### **B. Investigations and Reporting Procedures:**

All Compliance related violations will be assessed by ~~THE HARRIS CENTER~~The Harris Center's Compliance Department to determine whether a violation of the compliance plan actually exists. When a violation has been confirmed, Compliance will then have to determine if the conduct was due to

negligence and was inadvertent or if it was willful and done knowingly. All personnel disciplinary actions taken related to compliance violations are at the discretion of the Personnel's direct Supervisor, and/or designee, with assistance from the Human Resources Director.

1. ~~Negligence and/or Inadvertent Conduct: If it is determined after investigation that non-compliant conduct occurred because of negligence or inadvertence, the matter shall be handled by the appropriate supervisor, who shall inform THE HARRIS CENTER Compliance Director of the offense and corrective action taken to address the problem. Any individual dissatisfied with the corrective action imposed by his/her supervisor may appeal the decision to THE HARRIS CENTER Compliance Director within ten (10) business days from the date of imposition of the corrective action. Such appeal shall be by written letter or email to THE HARRIS CENTER Compliance Director stating the reasons why the corrective action is not appropriate. THE HARRIS CENTER Compliance Director shall schedule a meeting within a reasonable time to review the request and either affirm or modify the corrective action. The Compliance Director may collaborate with the appropriate entities (e.g., HR Dept., General Counsel, etc.) for fact gathering and objectivity in the final decision.~~
2. ~~Willful, Knowing Conduct and/or Gross Negligence: If it is determined, after investigation, that non-compliant conduct occurred as a result of willful action, knowingly or as a result of gross negligence, then the matter shall be referred to THE HARRIS CENTER's Compliance Director for corrective action. The Compliance Director shall determine the response and appropriate corrective action, in light of all available information. An individual dissatisfied with the corrective action imposed by The Compliance Director may utilize standard appeal procedures.~~
1. Negligence and/or Inadvertent Conduct or Gross Negligence : If it is determined after investigation that non-compliant conduct occurred because of negligence, inadvertence or Gross Negligence, the matter shall be handled by the appropriate supervisor, who shall inform The Harris Center's Compliance Director of the Corrective action taken to address the problem. All final Corrective Actions shall be documented in the employee electronic personnel file.
2. Any individual dissatisfied with the corrective action related to the imposition of a Performance Improvement Plan, Probation or termination may appeal the decision within five (5) business days from the date of imposition of the corrective action.

## C. Corrective Actions:

Appropriate corrective action measures shall be determined on a case-by-case basis. Disciplinary action, if required, and in the support of ~~THE HARRIS CENTER~~The Harris Center's Compliance Program, will be managed in accordance with the Harris Center disciplinary policies ~~outlined in Element 5 of this plan~~and procedures.

## V. ~~THE HARRIS CENTER~~The Harris Center's Compliance Program Effectiveness.

### 1. Code of Conduct

This Code of Conduct has been adopted by the Board of Directors of ~~THE HARRIS CENTER~~The Harris

Center to provide guidance to ~~THE HARRIS CENTER~~The Harris Center's employees as it relates to documentation, billing and other claims related issues. This code adheres to and takes the stance that adherence with ~~THE HARRIS CENTER~~The Harris Center's mission, vision and core values is required of all staff at all times.

The principles set forth in this Code of Conduct shall be distributed to all employees upon hire and periodically thereafter. All employees are responsible to ensure that their behavior and activities are consistent with this code and understand that failure to maintain this code may result in termination of employment.

As used in this Code of Conduct, the terms "officer," "director," "employee," and "volunteer" include any persons who fill such roles or provide services on behalf of ~~THE HARRIS CENTER~~The Harris Center or any of its divisions, subsidiaries, or operating or business units.

### **Principle 1 – Legal Compliance**

~~THE HARRIS CENTER~~The Harris Center will strive to ensure all activity by or on behalf of the agency complies with all applicable laws.

### **Principle 2 – Business Ethics**

In furtherance of ~~THE HARRIS CENTER~~The Harris Center's commitment to the highest standards of business ethics and integrity, employees will accurately and honestly represent ~~THE HARRIS CENTER~~The Harris Center and will not engage in any activity or scheme intended to defraud anyone of money, property or honest services.

### **Principle 3 – Confidentiality**

THE HARRIS CENTER employees shall strive to maintain the confidentiality of patients and other confidential information in accordance with applicable legal and ethical standards.

### **Principle 4 – Conflicts of interest**

Directors, officers, committee members and key~~all~~ employees owe a duty of loyalty to the organization. Persons holding such positions may not use their positions to profit personally or to assist others in profiting in any way at the expense of the organization.

### **Principle 5 – Business Relationships**

Business transactions with vendors, contractors and other third parties shall be transacted free from offers or solicitation of gifts and favors or other improper inducements in exchange for influence or assistance in a transaction.

### **Principle 6 – Protection of Assets**

All employees will strive to preserve and protect THE HARRIS CENTER's assets by making prudent and effective use of THE HARRIS CENTER's resources and properly and accurately reporting its financial condition.

# Employee Code of Conduct

## Quality of Care & Service

We are committed to providing high quality, caring, ethical and professionally competent services to our clients and their families, our community partners/stakeholders and our community service areas.

We:

- Apply sound behavioral health principles in our daily work and activities with an emphasis on evidence-based treatment.
- Participate in activities that promote quality improvement and bring deficiencies to the attention of those who can assess and resolve the problems.
- Treat clients and constituents in a manner appropriate to their background, culture, religion and heritage and are mindful of individual differences.
- Do not deny care based on race, gender, gender identity, religion, creed, color, economic status, sexual orientation, disability, marital status, age, national origin, or any other discriminatory characteristic.
- Will promote the rights of the consumers to be free from humiliation and the right to informed consent or refusal or expression of choice regarding composition of the service delivery team.
- Ensure that the source or amount of payment for client services shall not affect the quality of care or service.
- Provide clients with the information needed to make fully informed decisions. Clients have the right to receive information about ~~THE HARRIS CENTER~~[The Harris Center](#) services, policies, procedures, fees, network provider list, and confidentiality requirements. Clients are informed of their treatment options, goals, and expected length of care.
- Strive to enhance clients' capacity and opportunity to change and address their own needs by including them in developing treatment goals and plans to every extent possible.
- Provide competent services within the boundaries of our education, training, license, certification, consultation received, experience or other relevant professional experience.
- Document all client service encounters in ~~THE HARRIS CENTER~~[The Harris Center](#) record accurately, completely and following established documentation guidelines.

## Workplace Conduct

We ensure our work environment supports high standards of professional behavior and promotes dignity, integrity, fairness, respect, teamwork and safety.

We:

- Respect the basic rights, dignity and values of clients and staff including, but not limited to race, gender, gender identity, religion, creed, color, economic status, sexual orientation, disability, marital status, age, national origin or any other discriminatory characteristic.
- Use work hours to accomplish ~~THE HARRIS CENTER~~[The Harris Center](#) duties and assignments in a productive and professional manner.



- Promote a positive image for ~~THE HARRIS CENTER~~The Harris Center, its employees and services.
- Take personal responsibility for performing duties in good faith and exercise sound judgment.
- Strive for positive and cooperative relationships within ~~THE HARRIS CENTER~~The Harris Center by treating our colleagues with respect, dignity, fairness and courtesy.
- Maintain a working environment free from all forms of harassment or intimidation – verbal, sexual, or otherwise. ~~THE HARRIS CENTER~~The Harris Center has zero tolerance for discriminatory treatment, abuse, violence or intimidation.
- Comply with work and safety policies in accordance with ~~THE HARRIS CENTER~~The Harris Center policies including, but not limited to, the mandated non-smoking/tobacco free policy in and near ~~THE HARRIS CENTER~~The Harris Center buildings and vehicles as well as the drug and alcohol policy prohibiting the use of alcohol or illicit drugs in the workplace. Over-the-counter medications and prescriptions ordered by a physician are used in dosage and frequency described on the medication or package insert unless specified otherwise by the prescribing physician. Follow ~~THE HARRIS CENTER~~The Harris Center weapons policy and our zero-tolerance policy for violence or harassment in the workplace.
- Cooperate in achieving ~~THE HARRIS CENTER~~The Harris Center commitment to maintain a work environment that promotes the prevention, to detection, reporting and resolution of conduct that may not conform to codes of ethics and standards of ~~THE HARRIS CENTER~~The Harris Center and our respective professions.
- Require staff who oversee or supervise the work of others to 1) provide clear direction about what is expected of staff regarding both job responsibilities and workplace conduct and 2) ensure no employee is required to compromise their professional integrity, standards, judgment or objectivity in the performance of their duties.

## Staff-Client Relationships

We are committed to providing services by qualified staff that is compassionate, courteous, culturally competent, fiscally responsible, ethical and effective.

We:

- Conduct ourselves in a manner that shows concern and respect for the dignity of clients treating them in a manner appropriate to their background, culture, religion and heritage. The welfare of clients and their families is placed above all other concerns unless one's safety is threatened.
- Do not take unfair advantage of the professional relationship with current or former clients or exploit them to further our personal, religious, political, social or business interests. Dual or multiple relationships include when the client is also a student, friend, family member, employee or business associate of the therapist/service provider. Because of the risk of exploitation or potential harm to the client, such relationships are prohibited for two (2) years after a client is discharged from services or the date of the last professional contact or per licensing standards.
- Understand that in the course of events there is the possibility a dual relationship may be discovered and/or is unavoidable. In such instances, the details of the relationship and any potential conflicts will be immediately disclosed to the supervisor for guidance regarding the



conflict. We are responsible to set clear, appropriate, and culturally sensitive boundaries.

- Respect clients' right to privacy and protect clients' confidentiality by adhering to all rules, regulations, professional practices and standards of privacy and confidentiality. We avoid discussing confidential information in public or semipublic areas such as hallways, front/reception desk, waiting rooms, rest rooms, elevators and restaurants. Confidential information is never used for personal benefit or the benefit of any other person, including other employees, as the confidential information requires a need to know.
- Do not knowingly disclose confidential client information with others without express written consent of the client or pursuant to court order and in accordance with the applicable law. Information should only be shared on a need-to-know basis and under certain circumstances as allowable by Federal and State regulations.
- Provide clients with reasonable access to their medical records following policy based on regulations. Where there is concern a client's access to his/her record could cause misunderstanding or harm, clinical staff assist the client in interpreting the records as explained in agency policies, procedures, and rights handbooks
- Do not involve clients, families or other service providers in your/other staff criticism or controversy related to ~~THE HARRIS CENTER~~The Harris Center internal policies, practices, staff actions or personalities. In no case is this information ever part of the medical record.

## Adhering to Laws and Regulations

We follow the letter and the spirit of applicable laws and regulations and conduct business ethically and honestly.

We:

- Comply with all applicable laws, rules, regulations, standards and other requirements of the federal, state and local governments. We comply with all federal mental health care and alcohol and drug program statutes, regulations, and guidelines.
- Do not engage in any practice that involves unethical or illegal activity. If unsure of the meaning or application of a statute, regulation, policy or legality, we seek guidance from our supervisor or the Compliance Officer.
- Strive to ensure no false, fraudulent, inaccurate or fictitious claims for payment or reimbursement of any kind are submitted. These claims include, but are not limited to timecards/reports, travel claims, Progress Notes, claims and cost reports.
- Take reasonable precaution to ensure billing and coding of claims are prepared and submitted accurately, timely and are consistent with federal, state and local laws and regulations as well as ~~THE HARRIS CENTER~~The Harris Center policies and procedures and/or agreements with third party payers. This includes federal health care program regulations and procedures, or instructions otherwise communicated by regulatory agencies such as the Centers for Medicare and Medicaid Services or their agents.
- Bill only for eligible services actually rendered, reported to the minute and fully documented. When services must be coded, we use only billing codes that accurately describe the services provided.
- Act promptly to investigate and correct problems if errors in claims or billings are discovered. Alert your Supervisor and the Compliance Officer to these issues/problems.

- Voluntarily disclose to third party law enforcement or regulatory agencies violations of law, regulations or standards during investigations, and audits where appropriate and legally required.
- Do not intimidate, threaten, coerce, discriminate against, nor take other retaliatory action against any client, constituent, contractor or employee who exercises the right to file a complaint or who participates in an investigation or proceeding relative to a complaint.

## Conflicts of Interest

We avoid conflicts of interest or the appearance of conflicts between our own personal interests and the best interests of THE HARRIS CENTER.

We:

- Avoid commitments that interfere with our ability to properly perform our duties for ~~THE HARRIS CENTER~~The Harris Center or any activity that conflicts with the known interests of ~~THE HARRIS CENTER~~The Harris Center, its clients or constituents. Examples include but are not limited to: 1) the use of ~~THE HARRIS CENTER~~The Harris Center time, facilities or equipment for private gain or advantage for oneself or another; and 2) the solicitation of future employment with a company doing business with ~~THE HARRIS CENTER~~The Harris Center over which the employee has some control or influence in his/her official capacity.
- Report any potential conflicts of interest for ourselves or others to the appropriate supervisor, manager ~~or~~, Compliance ~~Officer~~Director or the General Counsel.
- Prohibit individual staff in private practice from referring clients to themselves or actively engaging in any relationship with other staff to promote referrals to their private practices.
- Do not accept or provide any gift of more than nominal value or any hospitality or entertainment, which, because of its source or value, might influence independent judgment in transactions involving ~~THE HARRIS CENTER~~The Harris Center, including lunches.
- You may not engage in outside employment or activities that conflict with your duties and responsibilities to ~~THE HARRIS CENTER~~The Harris Center. The Outside Employment Policy requires each employee to notify, provide relevant information, and receive approval from the proper authority before accepting employment with another employer.
- Voluntarily disclose to your immediate supervisor ~~or~~, the Compliance ~~Officer~~Director, or the General Counsel any financial interest, official position, ownership interest or any other relationship an employee or member of his/her immediate family has with ~~THE HARRIS CENTER~~The Harris Center vendors, contractors or referral sources.

## External Relationships

We continually strive to honor, uphold and promote the public trust in all our activities.

We:

- Carry out our duties in a way that encourages participation and access to ~~THE HARRIS CENTER~~The Harris Center programs and resources and that enhances ~~THE HARRIS CENTER~~The Harris Center standing in the community.
- Are honest and forthright in providing information to clients, vendors, payers, other agencies and the community within the constraints of privacy and confidentiality requirements and as

allowed by law.

- Seek helpful and cooperative relationships with external agencies and community groups to enhance services and resources available to the public.
- Ensure all legally required reports or other information provided to any external entity including federal, state and local government agencies are accurate and submitted timely. Only authorized staff or their official designee sign reports requiring certifying signatures.

## Records Maintenance

We are conscientious in maintaining accurate and appropriate records in accordance with all federal, state and local laws and regulations and THE HARRIS CENTER policies and procedures.

We:

- Maintain complete, accurate, timely and thorough client and administrative records.
- Follow all privacy and security policies and procedures to the letter to guard against internal and external privacy breaches.
- Abide by professional, legal and ethical codes governing confidentiality to ensure all records in any medium and at all service locations are maintained in a manner to protect employee and client privacy rights and to provide factual information.
- Maintain, train and monitor adherence to documentation and record keeping guidelines following legal requirements. Records are maintained for at least the minimum period required by laws and regulations.

## CODE OF CONDUCT FOR CONTRACTORS

~~THE HARRIS CENTER~~The Harris Center for Mental Health & IDD (~~THE HARRIS CENTER~~) is firmly committed to full compliance with all federal, state, and local laws, regulations, rules and guidelines that apply to the provision and payment of behavioral health services. ~~THE HARRIS CENTER~~The Harris Center's contractors and the manner in which they conduct themselves are a vital part of this commitment.

To ensure contractors share in ~~THE HARRIS CENTER~~The Harris Center dedication to honesty, fairness and integrity, ~~THE HARRIS CENTER~~The Harris Center contractors and their employees are required to abide by ~~THE HARRIS CENTER~~The Harris Center Code of Ethical Conduct for Contractors as a condition of contractual arrangement.

This code is not intended to be an exhaustive list of all standards by which ~~THE HARRIS CENTER~~The Harris Center contractors are to be governed. Rather, its intent is to convey ~~THE HARRIS CENTER~~The Harris Center commitment to the high standards set for its contractors. All contractors are expected to perform their duties in good faith and in a manner reasonably believed to be in the best interest of ~~THE HARRIS CENTER~~The Harris Center and the public it serves. Contractor and its employees will:

- Comply with all applicable laws, rules, regulations, standards, and other requirements of federal, state and local government.
- Conduct themselves with honesty, integrity, courtesy and fairness in their professional dealings related to their contract with ~~THE HARRIS CENTER~~The Harris Center and avoid any

conduct that could reasonably be expected to reflect adversely upon the integrity of ~~THE HARRIS CENTER~~The Harris Center.

- Treat all ~~THE HARRIS CENTER~~The Harris Center employees, consumers, and other contractors fairly and with respect.
- Not engage in any activity in violation of ~~THE HARRIS CENTER~~The Harris Center Compliance Program, nor engage in any other conduct which violates any federal, state, or local law, regulation, rule or guideline.
- Take precautions to ensure claims are prepared and submitted accurately, timely and are consistent with federal, state and local law, regulation, rule or guideline.
- Ensure no false, fraudulent, inaccurate or fictitious claims for payment or reimbursement of any kind are submitted.
- Bill only for eligible services actually rendered and fully documented. Use billing codes that accurately describe the services provided.
- Act promptly to investigate when errors in claims or billing are discovered, make needed corrections and notify ~~THE HARRIS CENTER~~The Harris Center of these incidents.
- Promptly report to ~~THE HARRIS CENTER~~The Harris Center Compliance Officer any activity involving financial improprieties as it relates to ~~THE HARRIS CENTER~~The Harris Center contract, past or present.
- Promptly report to ~~THE HARRIS CENTER~~The Harris Center Compliance ~~Officer~~Director any suspected violation of this *Code of Ethical Conduct for Contractors* by ~~THE HARRIS CENTER~~The Harris Center employees or other ~~THE HARRIS CENTER~~The Harris Center contractors.
- Consult with ~~THE HARRIS CENTER~~The Harris Center Compliance ~~Officer~~Director if uncertain about any requirements of the *Code of Ethical Conduct for Contractors* or other applicable law, regulation, rule or guideline, privacy, confidentiality and access.

## 2. Regular Review of Compliance Program Effectiveness

~~THE HARRIS CENTER~~The Harris Center's Compliance Plan is intended to be flexible and readily adaptable to changes in regulatory requirements and in the ~~healthcare~~health care system as a whole. This plan shall be reviewed as often as necessary and modified/updated at least annually. This ~~THE HARRIS CENTER Compliance Plan shall be certified by THE HARRIS CENTER~~The Harris Center's Compliance Plan shall be certified by The Harris Center's CEO upon implementation and when major revisions are required.

## VI. SELF-REPORTING.

Regulations require that THE HARRIS CENTER self-disclose certain errors we discover, and refund identified ~~overpayments~~over-payments, or THE HARRIS CENTER can be held accountable for intentional fraud. The regulations limit response time to sixty (60) days after the issue is identified, so timely reporting of errors is critical. Any errors or ~~overpayments~~over-payments discovered as a result of the ongoing auditing and monitoring will result in the prompt return of any overpayment, with appropriate documentation and a thorough explanation of the reason for the refund, of which will be reported the CEO.

If credible evidence of misconduct is discovered and, after reasonable inquiry, it is determined that this misconduct may have violated criminal, civil, or administrative law, ~~THE HARRIS CENTER~~The Harris Center's legal office/counsel should be contacted promptly to determine self-reporting requirements.

## VII. CONCLUSION.

Compliance is everyone's responsibility. Ignorance of the rules is not a defense for non-compliance in the eyes of the government. The rules are widely published and available, and we have a responsibility to understand and follow them to the best of our ability. Only with the commitment of all ~~THE HARRIS CENTER~~The Harris Center's personnel and affiliates can we ensure our compliance with the various laws, standards and regulations that govern us. Please share your commitment to compliance with those around you and do not hesitate to contact your supervisor or the compliance department with questions – they are there to assist you with understanding the rules and providing guidance on their implementation.

The compliance plan, as presented in this document, establishes a framework for effective billing and legal compliance by ~~THE HARRIS CENTER~~The Harris Center. It does not identify all of ~~THE HARRIS CENTER~~The Harris Center's substantive programs and policies that are designed to achieve compliance. ~~THE HARRIS CENTER~~The Harris Center works diligently to ensure the presence of and adherence to policies and procedures. Policies and procedures also help to shape the agency's overall commitment to compliance and the enforcement thereof.

## ATTESTATION

*Where applicable to my role,*

*I will:*

- Respect the basic rights and values of all staff, clients and volunteers treating everyone with consideration, patience, dignity, courtesy and integrity.
- Support ~~THE HARRIS CENTER~~The Harris Center efforts to provide culturally competent services.
- Promote a positive image for ~~THE HARRIS CENTER~~The Harris Center.
- Be honest and fair following the letter and spirit of applicable laws.
- Appreciate that staff have a responsibility to care for their clients. This duty cannot be delegated or transferred to others.
- Acknowledge that the CEO/Executive Director is the only OFFICIAL spokesperson for ~~THE HARRIS CENTER~~The Harris Center.
- Not bind ~~THE HARRIS CENTER~~The Harris Center to any legal or contractual obligations by offering assurances either verbally or in writing.
- Observe strict confidentiality with respect to all client information and any other information that is confidential to ~~THE HARRIS CENTER~~The Harris Center gained through participation at ~~THE HARRIS CENTER~~The Harris Center.
- Accept and follow directions from the Director and job supervisor seeking guidance through

clarification as needed.

- I will familiarize myself with ~~THE HARRIS CENTER~~The Harris Center policies and procedures as required to carry out my assignments.
- Take personal responsibility for performing duties in good faith, strive for cooperation and teamwork, and exercise sound judgment.
- Comply with work and safety practices avoiding unnecessary risks, apply reasonable instructions given by supervisors and report any hazard or hazardous practice in the workplace.
- Not smoke or use tobacco products (except on breaks) or be under the influence of alcohol or illegal drugs when on the job/assignment.
- Report any problems as they arise to the job supervisor including incidents, injury, suspected or known unethical or illegal conduct.
- Avoid waste or extravagance and make proper use of ~~THE HARRIS CENTER~~The Harris Center resources. This includes the fax machines, the computer, the copier, office supplies, etc.
- Respect clients' right to privacy and protect clients' confidentiality by adhering to all rules, regulations, and professional practices and standards of privacy and confidentiality. Avoid discussing confidential information in public or semi-public areas such as hallways, front/reception desk, waiting rooms, rest rooms, elevators and restaurants. Confidential information is never used for personal benefit or the benefit of any other person, including other employees. The Consumer's record/chart and treatment is confidential information is on a need to know.

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## Attachments

 [Compliance Department FY 25 Audit Schedule .ppt](#)

 [External Review Procedure.docx](#)

## Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO	Wayne Young: Exec	04/2025
2nd Legal Review	Kendra Thomas: Counsel	04/2025
1st Legal Review	Bijul Enahwo	04/2025
Director Review	Demetria Lockett	12/2024

Initial

Christopher Webb: Audit

12/2024

# **EXHIBIT G-42**



Status **Pending** PolicyStat ID **14065264**



Origination 03/2000

Last Approved N/A

Effective Upon Approval

Last Revised 05/2025

Next Review 1 year after approval

Owner Toby Hicks

Area Human Resources

Document Type Agency Policy

## HR.A.2 Criminal History Clearances

### 1. PURPOSE:

The purpose of this policy is to minimize the potential risk of criminal activity, evaluate the accuracy of applicants, contractors or employees' credentials, as well as increase safety and wellness of Harris Center employees, student interns, contractors, ~~or employees' credentials, and increase the safety and wellness of Harris Center employees, student interns, contractors,~~ patients, visitors, and guests.

### 2. POLICY:

It is the policy of The Harris Center to protect individuals receiving services provided by The Harris Center and contract providers of such services and the property of those individuals. In order to promote a safe environment, pursuant to law, The Harris Center conducts criminal history clearances of applicants for: 1) employment, 2) individual contractors who would provide direct care services, 3) student ~~interns~~ internships, and 4) ~~volunteers~~ volunteer positions.

The Harris Center will also conduct annual criminal history clearances on all existing employees, individual contractors, student interns, and volunteers. All background check information will be kept confidential. All information obtained as a result of a background check will be used solely for employment purposes.

### 3. APPLICABILITY/SCOPE:

Applicants for employment, all Harris Center employees, contractors providing direct care services, interns, volunteer applicants, and volunteers.

4. PROCEDURES:

[HR.B.2 - Criminal History Clearances](#)

5. RELATED POLICIES/FORMS (for reference only):

[Employment](#)[HR.A.8 - Employment](#)

6. PROCEDURES:

[Criminal History Clearances](#)

7. REFERENCES: RULES/REGULATIONS/ STANDARDS:

- Access to Criminal History Information: Department of State Health Services & Human Services Commission; Local Authorities; Community Centers- Texas Government Code §411.115
- Nurse Aide Registry & Criminal History Checks of Employees and Applicants for Employment in Certain Facilities Serving the Elderly, Persons with Disabilities or Persons with Terminal ~~Illness~~[Illness](#)- Texas Health & Safety Code, Chapter 250
- Use of Criminal History Record Information-Texas Health & Safety Code §533.007
- Criminal History & Registry Clearance-Title ~~25~~[26](#) Texas Administrative Code, Part 1, Subchapter ~~K~~[B](#), Chapter ~~414~~[301](#)

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	04/2025
2nd Legal Review	Kendra Thomas: Counsel	03/2025
1st Legal Review	Bijul Enahwo	03/2025
Department Review	Kendra Thomas: Counsel	03/2025
Initial Assignment	Toby Hicks	02/2025

# **EXHIBIT G-43**

Status **Pending** PolicyStat ID **17504202**

Origination	02/2013
Last Approved	N/A
Effective	Upon Approval
Last Revised	03/2025
Next Review	1 year after approval

Owner	Kendra Thomas: Counsel
Area	Leadership
Document Type	Agency Policy

## LD.A.19 Incident Reporting

### 1. PURPOSE:

To provide documentation with exact details of all incidents that occur on or off facility grounds at The Harris Center for Mental Health and IDD. This includes incidents that may include, but are not limited to, all employees, interns, contractors, volunteers, and patients. Information obtained may be utilized in the future to address any liabilities presented from the incident.

### 2. POLICY:

It is the policy of The Harris Center for Mental Health and IDD (The Harris Center) to establish an incident reporting process that includes a mechanism to ensure all reportable incidents are recorded and evaluated, documenting follow-up and corrective actions where necessary. All Harris Center's staff, contractors, volunteers, interns, or others in programs operated by The Harris Center, shall document the following incident types, including patients identified and defined below, after contacting any applicable regulatory agencies as soon as practical. The internal documentation shall occur within 24 hours of the incident. The internal documentation of all incidents shall be considered Confidential and protected from external disclosure to the fullest extent allowable by law.

- Violations of patients' rights, including, but not limited to, allegations of abuse, neglect, & exploitation
- Accidents and injuries
- Patient Behavior
- Abuse/Neglect/Rights Violation
- Death

- Homicide, Homicide attempt, a threat with plan or threat without a plan
- Medical Issues
- Restraint (Personal & Mechanical)
- Safety Issues
- Seclusion
- Suicide & Suicide Attempts by an active patient (on or off the program site)
- Theft/Loss
- Fire
- Bomb Threat
- Improper disclosure of patient health information
- Loss or theft of patient record(s)
- Patient absent without permission from a residential program
- Critical Incidents
- Any other significant disruptions

### 3. APPLICABILITY/SCOPE:

This policy applies to all Harris Center employees, contractors, volunteers, and interns.

### 4. RELATED POLICIES/FORMS (for reference only):

- [Closed Records Review Committee](#)
- [Reporting Allegations of Abuse, Neglect, and Exploitation](#)
- [Assurance of Individual Rights](#)
- [Emergency Codes, Alerts, and Response](#)
- [Reporting of Automobile Accidents](#)

### 5. PROCEDURES:

#### [Critical Incidents](#)

- Incident Reporting Procedures
  - Assurance of Individual Rights
  - Critical Incidents
  - Security Alert - Armed Intruder
  - Facility Alert - Hazardous Spill
  - Facility Alert - Utility/Systems Failures
  - Medical Alert - Code Blue

- Medical Alert - Crisis Intervention
- Emergency Incidents While Transporting Consumers
- Security Alert - Bomb Threat/Suspicious Package
- Security Alert - Hostage Situation
- Facility Alert - Fire Evacuation Plan
- Sanctions for Breach of Security and/or Privacy Violations of Health Information
- Emergency Incidents While Transporting Consumers
- Breach Notification

## 6. REFERENCES: RULES/REGULATIONS/STANDARDS:

- [Investigation of Report of Child Abuse or Neglect](#), Texas Family Code, Chapter 261
- [Investigations and Protective Services for Elderly Persons and Persons with Disabilities](#), Texas Human Resources Code, Chapter 48
- [Abuse, Neglect, and Exploitation in Local Authorities and Community Centers](#), Title 25 Texas Administrative Code, Chapter 414, Subchapter L
- The Harris Center Policy and Procedure Handbook
- CARF: Section 1. Subsection K., Rights of Persons Served

### Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	04/2025
2nd Legal Review	Kendra Thomas: Counsel	03/2025
1st Legal Review	Bijul Enahwo	02/2025
Initial Assignment	Kendra Thomas: Counsel	01/2025

# **EXHIBIT G-44**

Status **Pending** PolicyStat ID **17022404**



Origination 05/1993  
Last Approved N/A  
Effective Upon Approval  
Last Revised 04/2025  
Next Review 1 year after approval

Owner Lauren Kainer: RPh  
Area Medical Services  
Document Type Agency Policy

## MED.PHA.A.2 - Medication Storage, Preparation, and Administration Areas Policy

### 1. PURPOSE:

To establish a uniform policy for the storage, security, preparation, and administration areas for medications.

### 2. POLICY:

It is the policy of The Harris Center for a Pharmacist, or other appropriately trained individuals under the supervision of the Director of Pharmacy (DOP), to ensure that all medications maintained by the Agency are stored safely, securely, and properly following manufacturer/supplier recommendations (e.g. proper sanitation, temperature, light, moisture, ventilation, and segregation conditions) and state laws and rules. The Pharmacy Department will conduct regular inspections of all drug storage areas within the Harris Center Pharmacies and each service site responsible for the containment of drugs.

### 3. APPLICABILITY/SCOPE:

All Harris Center Mental Health and IDD service sites, clinics, treatment programs, residential care programs, and pharmacies.

### 4. RELATED POLICIES/FORMS (for reference only):

[Medical Services](#)



[Pharmacy and Unit Medication / Drug Inventory](#)

[Nursing Unit Inspection Form](#)

## 5. PROCEDURES:

[Medication Storage, Preparation and Administration Areas Procedure](#)

[Pharmacy ACT Medication Refill Requests Procedure](#)

[Pharmacy Medication Recalls Procedure](#)

## 6. REFERENCES: RULES/REGULATIONS/STANDARDS:

- ~~Pharmacy and Pharmacists, Title 3 Texas Occupations Code Subtitle J, Chapters 551 and 552.~~
- ~~All Classes of Pharmacies, Title 22 Texas Administrative Code Subchapter A, Chapter 291.~~
- ~~Storage of Drugs, Title 22 Texas Administrative Code Subchapter A, Chapter 291.15~~
- ~~Prescribing of Psychoactive Medication, Title 25 Texas Administrative Code Chapter 415, Subchapter A.~~
- ~~Health, Safety and Rights, Title 40 Texas Administrative Code Rule 2.313(e) and (d)~~
- ~~National Institute of Standards and Technology Reports (NISTIR) 7656 and 7753~~
- ~~CARF. Accreditation Standards. Section 2. E. Medication Use~~
- ~~CDC Storage and Handling Tool Kit~~

[22 Tex. Admin. Code § 291.7-291.9](#)

[Storage of Drugs, 22 Tex. Admin. Code § 291.15](#)

[Community Pharmacy \(Class A\)- Operational Standards, 22 Tex. Admin. Code § 291.33](#)

[Institutional Pharmacy \(Class C\)-Operational Standards, 22 Tex. Admin. Code § 291.74](#)

[Drug Storage and Recordkeeping, 42 CFR § 483.460\(l\)](#)

[National Institute of Standards and Technology Reports \(NISTIR\) 7656 and 7753](#)

[CARF. Accreditation Standards. Section 2. E. Medication Use](#)

[CDC Storage and Handling Tool Kit](#)

## Approval Signatures

Step Description

Approver

Date

Management of Board Approval	Christopher Webb: Audit	Pending
CEO/Board Approval	Wayne Young: Exec	05/2025
Legal 2nd Review	Kendra Thomas: Counsel	04/2025
Pharmacy & Therapeutic Committee	Holly Cumbie: RPh	04/2025
Legal 1st Review	Obiajulu Enaohwo	01/2025
CMO Review	Luming Li: Chief Medical Ofcr (1101 1817)	01/2025
Pharmacy Department Review	Lauren Kainer: RPh	01/2025
Initial	Lauren Kainer: RPh	01/2025

# **EXHIBIT G-45**

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Origination	05/1993	Owner	Rita Alford: Dir
Last Approved	N/A	Area	Information Management
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	09/2024		
Next Review	1 year after approval		

# HIM.EHR.A.8 Patient/ Individual Access to Medical Records

## 1. PURPOSE

To establish guidelines for the contents, maintenance, and confidentiality of patient/ individual medical records that meet the requirements set forth in Federal and State laws and regulations, and to define the portion of a patient/ individual's healthcare information, whether in paper or electronic format, that comprises the medical record.

## 2. POLICY

It is the policy of The Harris Center that subject to specific contraindications by a qualified professional and to any legal constraints, the content of a ~~Patient~~patient/ ~~Individual~~individual's medical record shall be made available to the ~~Patient~~patient/ ~~Individual~~individual upon written request.

## 3. APPLICABILITY/SCOPE

This policy applies to all employees of The Harris ~~Gente~~Center

## 4. PROCEDURES

[HIM.EHR.B.8](#)

## 5. RELATED POLICIES/FORMS

<del>Policy</del> <b>Policies</b> and Procedures	
Confidentiality and Disclosure of Patient/ Individual Health Information	<a href="#">HIM.EHR.A.3</a>

Notice of Privacy Practices	
<b>Forms</b>	<b>Reference</b>
Consumer Request for Review (Appeal) of a Center Decision	
Request for an Accounting of Disclosures of Health Information	
Consumer Request for Confidential Communications <del>form</del>	
Request to Correct or Amend Consumer Health Information <del>form</del>	
Request to Restrict the Use/Disclosure of Consumer Health Information <del>form</del>	
Notice of Privacy Practices Acknowledgement	
<a href="#">Release of Information Processing Fee</a>	<a href="#">Attachment F</a>

## ~~6. PROCEDURES:~~

~~[HIM.EHR.B.8 Patient/Individual Access to Medical Records](#)~~

## 7. REFERENCES: RULES/REGULATIONS/STANDARDS

Physician-Patient Communication, Texas Occupations Code, Chapter 159

~~Medical Records Privacy Act, Texas Health and Safety Code chapter 181~~

~~Mental Health Records, Texas Health and Safety Code Chapter 611~~

~~HIPAA Privacy and Security Rules, 45 CFR Parts 160 and 164~~

[Medical Records Privacy Act, Texas Health and Safety Code chapter 181](#)

[Mental Health Records, Texas Health and Safety Code Chapter 611](#)

[HIPAA Privacy and Security Rules, 45 CFR Parts 160 and 164](#)

[The 21st Century Cures Act, Pub. L. No. 114-255 \(2016\); 29 U.S.C. § 1185a; 26 U.S.C. § 9812](#)

## Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	05/2025
Legal Review	Kendra Thomas: Counsel	05/2025
Department Review	Mustafa Cochinwala: Dir	04/2025
Initial Assignment	Rita Alford: Dir	01/2025

# **EXHIBIT G-46**

Status **Pending** PolicyStat ID **14982547**



Origination 09/2020

Last Approved N/A

Effective Upon Approval

Last Revised 05/2025

Next Review 1 year after approval

Owner Stanley Adams

Area Fiscal Management

Document Type Agency Policy

## FM.A.18 Petty Cash

### 1. PURPOSE:

The purpose of this policy is to provide Harris Center employees with guidelines for establishing, maintaining, and closing a petty cash fund.

### 2. POLICY:

The Harris Center authorizes Departments to use a petty cash fund to expedite disbursements when other disbursement methods cannot be used. Petty cash funds can provide cash to local units to cover minor business-related expenses, such as reimbursement of staff members and visitors for small expenses such as taxi fares, postage, office supplies, and petty expenditures (purchases). The following standards apply to the use of a petty cash fund:

- The petty cash fund must be in the custody of one person who will assume the operating responsibilities of the fund, including managing it, safeguarding ~~and reconciling~~ the fund monthly, and ensuring it is reconciled every month.
- Petty cash funds are not to be used for cashing checks or funding covering short-term borrowings (e.g. I.O.U.s).
- Agency funds are not to be disbursed on goods or services for personal consumption or use.
- The "Responsible Person" or the Agency's internal or external auditors may count the petty cash fund, at unannounced intervals. These cash counts should take place only in the presence of a second person: the custodian or, if necessary, another department representative designated by the custodian's supervisor.
- Theft or suspected irregularities involving petty cash should be reported directly and immediately to the Internal Audit Director.

- ~~Petty~~A petty cash fund ~~may~~can only be created upon ~~the~~a written request of the business unit manager ~~following~~and approval by the Chief Financial Officer.
- The Controller or the Chief Financial Officer may require the closing of a petty cash ~~account~~fund if proper operating procedures are not followed, if the fund is not being used appropriately, or if the fund is not being utilized.
- The ~~sum~~ total combined value of all petty cash funds within the ~~agency may not~~Center cannot exceed \$15,000-~~combined~~.

### 3. APPLICABILITY/SCOPE:

This policy applies to all Harris Center employees, interns, volunteers, and contractors.

### 4. RELATED POLICIES/FORMS (for reference only):

- FMA.5 Purchasing Card
- ~~Petty Cash Reconciliation Form~~
- ~~Log of Petty Cash Disbursements~~
- Transfer Agreement for Petty Cash (attachments)
- Petty Cash Reconciliation Form (attachments)
- Log of Petty Cash Disbursements (attachments)

### 5. PROCEDURES:

Signature for Authorization

### 6. REFERENCES: RULES/REGULATIONS/STANDARDS:

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#### Attachments

- 🔗 BUS-FB-16-001 Transfer Agreement for Petty Cash.docx
- 🔗 BUS-FB-16-001 Transfer Agreement for Petty Cash.pdf
- 🔗 BUS-FB-16-002 Petty Cash Reconciliation.docx
- 🔗 BUS-FB-16-002 Petty Cash Reconciliation.xlsx
- 🔗 BUS-FB-16-003 Log of Petty Cash Disbursements.doc
- 🔗 BUS-FB-16-003 Log of Petty Cash Disbursements.xlsx



## Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	04/2025
Legal Review	Kendra Thomas: Counsel	04/2025
Department Review	Stanley Adams	02/2025
Initial Assignment	Thania Gonzalez	02/2025

# **EXHIBIT G-47**

Status **Pending** PolicyStat ID **17696361**



Origination 08/2024  
Last Approved N/A  
Effective Upon Approval  
Last Revised 03/2025  
Next Review 1 year after approval

Owner Lauren Kainer: RPh  
Area Medical Services  
Document Type Agency Policy

## MED PHA.A.14 Pharmacy and Therapeutics Committee Policy

### 1. PURPOSE:

The Pharmacy and Therapeutics Committee is responsible for the effective and efficient operation of the formulary system to optimize patient outcomes, quality and safety, and financial stewardship. The Committee is responsible to the ~~Medical Staff~~ medical staff as a whole, and its policy recommendations are subject to approval by the Professional Review Committee. The Pharmacy and Therapeutics Committee is responsible for the formulation of broad professional policies relating to medications in inpatient and outpatient settings, including their evaluation, selection, procurement, storage, distribution, administration, and use.

### 2. POLICY:

It is the policy of the Harris Center to set forth checks and balances related to formulary decisions and medication monitoring utilizing a Pharmacy and Therapeutics Committee.

### 3. APPLICABILITY/SCOPE:

The Harris Center Medical Staff, Pharmacy, Nursing

### 4. RELATED POLICIES/FORMS (for reference only):

~~Professional Review Committee~~ COM.A.6 Professional Review Committee

5. PROCEDURE:

~~Pharmacy and Therapeutics Procedure~~[MED.PHA.B.5.24 Pharmacy and Therapeutics Committee Procedure](#)

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

~~TSBP~~

[22 Tex. Admin. Code § 291.74 \(f\)\(2\)](#)

American Society of Health-System Pharmacists (ASHP) Endorsed Document: Principles of a Sound Drug Formulary System (2011)

ASHP Guidelines on the Pharmacy and Therapeutics Committee and the Formulary System (2021)

Texas HHSC Psychiatric Executive Formulary Committee Conflict of Interest Policy

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO/Board Approval	Wayne Young: Exec	05/2025
Legal 2nd Review	Kendra Thomas: Counsel	04/2025
Pharmacy &Therapeutic Committee	Holly Cumbie: RPh	04/2025
Legal 1st Review	Bijul Enahwo	03/2025
CMO Review	Luming Li: Chief Medical Ofcr (1101 1817)	03/2025
Pharmacy Department Review	Lauren Kainer: RPh	03/2025
Initial	Lauren Kainer: RPh	03/2025

# **EXHIBIT G-48**

Status **Pending** PolicyStat ID **17677244**



Origination 02/2025

Last Approved N/A

Effective

Upon Approval

Last Revised 02/2025

Next Review 1 year after approval

Owner Lauren Kainer: RPh

Area Medical Services

Document Type Agency Policy

## MED.PHA.A.46 Pharmacy Medication Destruction Policy

### 1. PURPOSE:

The purpose of this policy is to ensure proper destruction of all expired and unwanted pharmaceutical medications.

### 2. POLICY:

It is the policy of The Harris Center to dispose of all expired medications and unwanted medications that do not meet the criteria for donation in a safe manner for the environment and protection of any person who might potentially come into contact with disposed medications per the Texas State Board of Pharmacy and all other Regulatory Entities regulatory entities that Govern Pharmacy govern pharmacy.

### 3. APPLICABILITY/SCOPE:

The Harris Center Pharmacies and all Harris Center mental health services including those providing rehabilitative services to consumers dually diagnosed with mental illness and intellectual and developmental disabilities, and in other programs serving individuals with intellectual and developmental disabilities.

### 4. RELATED POLICIES/FORMS (for reference only):

[Manufacturer PAP Applications](#)

[Medication Drug Destruction Form](#)

[PAP Disposition Documentation Log](#)

[Sample Medication Destruction via Sharps Environmental Services](#)

[The Harris Center Medication Storage, Preparation, and administration areas Policy](#)

[The Harris Center Pharmacy and Unit Medication / Drug Inventory Policy](#)

[The Harris Center Medication Storage, Preparation, and administration areas Policy](#)

[Manufacturer PAP Applications](#)

[Medication Drug Destruction Form.pdf](#)

[PAP Disposition Documentation Log.pdf](#)

[Sample Medication Destruction via Sharps Environmental Services.pdf](#)

## 5. PROCEDURES:

[MED.PHA.B.5.20 Pharmacy Consumer Drug Take Back -Program Procedure](#)

[MED.PHA. B.51 Pharmacy Donation and Redistribution of Unused Prescription Medications Procedure](#)

[MED.PHA.B.5.10 Pharmacy Drug Destruction Procedure](#)

[MED.PHA.B.5.20 Pharmacy Consumer Drug Take Back -Program Procedure](#)

[MED.PHA.B.5.13 Pharmacy PAP Medication Disposition per Manufacturer Guidelines](#)  
[MED.PHA.B.5.13 Pharmacy PAP Medication Disposition per Manufacturer Guidelines](#)

## 6. REFERENCES: RULES/REGULATIONS/STANDARDS:

[21 CFR § 1304.04\(a\), 21 CFR §1317.80, 21 CFR §1317.35, 21 CFR §1317.75](#)

[CARF Section 2E](#)

[Charitable Immunity & Liability Act, Texas Civil Practice and Remedies Code Chapter 84](#)

[Donation of Unused Drugs, 25 Texas Admin. Code, Chapter 229, Subchapter B](#)

[Medication Services, 26 Texas Administrative Code Subchapter G, , Rule 301.355](#)

Part 15 - TEXAS STATE BOARD OF PHARMACY Chapter 303 - DESTRUCTION OF DRUGS 22 Tex. Admin. Code § 303.1 - 303.3

[Secure and Responsible Drug Disposal Act of 2010 \("the Disposal Act"\)](#)

Texas Food, Drug and Cosmetic Act- Donation Program, Texas Health and Safety Code Chapter 431

[Charitable Immunity & Liability Act, Texas Civil Practice and Remedies Code Chapter 84](#)

[Pharmacy and Pharmacists, Texas Occupations Code Ch. 556](#)

Texas HHS Information Item V

Texas State Board of Pharmacy Rules, 22 Texas Admin. Code Ch 281-311

~~Donation of Unused Drugs, 25 Texas Admin. Code, Chapter 229, Subchapter B~~

~~CARE Section 2E~~

~~Texas HHS Information Item V~~

~~Medication Services, 26 Texas Administrative Code Subchapter G, , Rule 301.355~~

~~DEA Diversion Regulation Part 1317 Subpart B (1317.75 2(i))~~

~~Secure and Responsible Drug Disposal Act of 2010 ("the Disposal Act")~~

~~21 CFR § 1304.04(a), 21 CFR §1317.80, 21 CFR §1317.35, 21 CFR §1317.75)~~

## Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO/Board Approval	Wayne Young: Exec	05/2025
Legal 2nd Review	Kendra Thomas: Counsel	05/2025
Pharmacy &Therapeutic Committee	Holly Cumbie: RPh	04/2025
Legal 1st Review	Bijul Enaohwo	03/2025
CMO Review	Luming Li: Chief Medical Ofcr (1101 1817)	03/2025
Pharmacy Department Review	Lauren Kainer: RPh	02/2025
Initial	Lauren Kainer: RPh	02/2025



# **EXHIBIT G-49**

Status **Pending** PolicyStat ID **17652024**



Origination 01/2023  
 Last Approved N/A  
 Effective Upon Approval  
 Last Revised 02/2025  
 Next Review 1 year after approval

Owner Lauren Kainer: RPh  
 Area Medical Services  
 Document Type Agency Policy

## MED.PHA.A.6 Pharmacy Peer Review Policy

### 1. PURPOSE:

The purpose of this policy is to establish a pharmacy peer review process to evaluate the quality of pharmacy services, the competency of pharmacists, and identify opportunities to enhance patient care through the pharmacy systems.

### 2. POLICY:

It is the policy of The Harris Center to consistently assess pharmacy operations, the quality of pharmacy-related activities, and causal factors underlying quality-related activities or error occurrences to ensure the highest quality of care for all patients of The Harris Center. The deliberations of the pharmacy peer review are held in accordance with all rules, statutes, and laws pertaining to peer review and any protections allowed under these regulations regarding the confidentiality and privileged nature of pharmacist peer review communications, records, reports, deliberations, and proceedings. The Pharmacy Peer Review Committee is ~~the~~ Professional Review Committee (PRC) subcommittee.

### 3. APPLICABILITY/SCOPE:

~~This policy applies to any employed and contracted licensed pharmacists.~~

All Harris Center pharmacists and pharmacy staff

### 4. RELATED POLICIES/FORMS:

Professional Review Committee Policy

## 5. PROCEDURES:

Pharmacy Peer Review Procedure

## 6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

Pharmacy Peer Review, Tex. Occ. Code §§§564.001-564.006; §§§564.101-564.106

### Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO/Board Approval	Wayne Young: Exec	05/2025
Legal 2nd Review	Kendra Thomas: Counsel	04/2025
Pharmacy &Therapeutic Committee	Holly Cumbie: RPh	04/2025
Legal 1st Review	Bijul Enaohwo	03/2025
CMO Review	Luming Li: Chief Medical Ofcr (1101 1817)	03/2025
Pharmacy Department Review	Lauren Kainer: RPh	02/2025
Initial	Lauren Kainer: RPh	02/2025

# **EXHIBIT G-50**

Status **Pending** PolicyStat ID **17270383**



Origination 09/2024  
Last Approved N/A  
Effective Upon Approval  
Last Revised 04/2025  
Next Review 1 year after approval

Owner Lauren Kainer: RPh  
Area Medical Services  
Document Type Agency Policy

## MED.PHA.A.39 Pharmacy Staff Training Policy

### 1. PURPOSE:

The purpose of this policy is to define the process ~~for supervision and delegation~~ of training ~~of~~ The Harris Center Pharmacy ~~Staff~~ staff in accordance with all rules outlined by the Texas State Board of Pharmacy within the Texas Administrative Code.

### 2. POLICY:

~~The Harris Center for Mental Health and IDD (Harris Center) employs Pharmacists, Pharmacy Interns, Pharmacy Students, Pharmacy Technicians, Pharmacy Technicians in Training and Pharmacy Clerks Registered by the Texas State Board of Pharmacy. They work under the delegated authority of a Pharmacist in Charge licensed by the Texas State Board of Pharmacy (TSBP). The Harris Center will comply with all rules and regulations that govern this arrangement including those set forth by the Texas State Board of Pharmacy (TSBP) as applicable.~~

It is the policy of The Harris Center to provide thorough training to Harris Center Pharmacy staff members in order to ensure quality and safety of patient care as well as ensure compliance with all rules and regulations set forth by the Texas State Board of Pharmacy (TSBP) for training requirements.

### 3. APPLICABILITY/SCOPE:

All Harris Center Pharmacies

## 4. RELATED POLICIES/FORMS (for reference only):

Pharmacy [Technician](#) Training Checklist

[Pharmacist Training Checklist](#)

Job Description

~~Pharmacy Operations and Prescription Processing Policy~~

Employee Handbook

## 5. PROCEDURE:

[Pharmacy Technician Training Program Procedure](#)

[Pharmacy Technician Use and Supervision Procedure](#)

[Pharmacy Staffing Procedure](#)

~~Pharmacy Technician Training Program Procedure~~

[Pharmacy APPE Student/Intern Procedure](#)

~~Pharmacist Training Checklist~~

[Pharmacy Competency Procedure](#)

## 6. REFERENCES: RULES/REGULATIONS/STANDARDS:

~~Texas State Board of Pharmacy:~~

~~Pharmacy Technicians and Pharmacy Technician Trainees, 22 Texas Administrative Code, Rule §297.1 – 297.7~~

[Licensing Requirements for Pharmacists, 22 Tex. Admin. Code §283.4 – 283.6](#)

[Community Pharmacy \(Class A\)-Personnel, 22 Tex. Admin. Code §291.32](#)

[Institutional Pharmacy \(Class C\)- Personnel, 22 Tex. Admin. Code §291.73](#)

[Pharmacy Technician and Pharmacy Technician Trainee Training, 22 Tex. Admin. Code §297.6](#)

[Regulation of Practice of Pharmacy, Tex. Occ. Code § 554.002](#)

[Mandatory Continuing Education, Tex. Occ. Code § 559.051-559.056](#)

## Attachments

[!\[\]\(d84e7ea36f695d92cb39ec32c307ac93\_img.jpg\) Parata Training Checklist.pdf](#)

[!\[\]\(feabb98897b440bc8695a03336a6e2df\_img.jpg\) Pharmacist In Charge Training Checklist 9.16.24.docx](#)

[!\[\]\(9dfdaff1d86ba3c1f8353b4d1b61b8c5\_img.jpg\) ScriptPRO Robotic Prescription Dispensing System Operator Checklist, 8, 10.pdf](#)

[!\[\]\(83f22ed94ec5517769dd76d702c6bfd8\_img.jpg\) Technician Training Checklist 9.16.24.docx](#)

## Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO/Board Approval	Wayne Young: Exec	05/2025
Legal 2nd Review	Kendra Thomas: Counsel	04/2025
Pharmacy &Therapeutic Committee	Holly Cumbie: RPh	04/2025
Legal 1st Review	Obiajulu Enaohwo	01/2025
CMO Review	Luming Li: Chief Medical Ofcr (1101 1817)	01/2025
Pharmacy Department Review	Lauren Kainer: RPh	01/2025
Initial	Lauren Kainer: RPh	01/2025

# **EXHIBIT G-51**



Status **Pending** PolicyStat ID **17709988**



Origination	09/2020
Last Approved	N/A
Effective	Upon Approval
Last Revised	04/2025
Next Review	1 year after approval

Owner	Danyalle Evans
Area	Medical Services
Document Type	Agency Policy

## MED.A.9 Physician Assistant, Advanced Practice Registered Nurse, Pharmacist Delegation

### 1. PURPOSE:

The purpose of this policy is to define the process for delegation and supervision of Physician Assistants, Advance Practice Registered Nurses (PA/APRN) and Pharmacists (RPh, PharmD) by Harris Center physicians.

### 2. POLICY:

The Harris Center for Mental Health and IDD (Harris Center) employs Physician Assistants (PA), Advanced Practice Registered Nurses (APRN), Pharmacists (RPh, PharmD) who work under the delegated authority of a physician licensed by the Texas Medical Board (TMB). The Harris Center will comply with all rules and regulations that govern this arrangement including those set forth by the Texas Medical Board (TMB) as applicable for Physicians and Physician Assistants, the Texas State Board of Nursing as applicable to APRNs, and the Texas State Board of Pharmacy (TSBP) as applicable to pharmacists. The Harris Center physician and a PA/APRN/Pharmacist entering into an agreement to supervise a PA/APRN/Pharmacist will complete and sign The Harris Center Delegation Protocol and the Prescriptive Authority Agreement or Collaborative Drug Therapy Management Protocol which outline the scope of medical practice and prescription/drug prescribing parameters. These agreements shall be individualized and based upon the experience and training of the PA/APRN/Pharmacist, as determined by the supervising physician. The Harris Center will set expectations regarding the frequency of supervision and the number of monthly chart reviews completed by the supervising physician.

### 3. APPLICABILITY/SCOPE:

All Harris Center programs providing medical services.

### 4. PROCEDURES:

Medical Services

Pharmacy Services and Outpatient Prescription Purchase Plan

Physician Assistant, Advanced Practice Registered Nurse, Pharmacist Delegation Procedure

Clinical Pharmacy Specialist Procedure

Credentialing, Re-Credentialing and Privileging Guideline & Procedure

### 5. RELATED POLICIES/FORMS (for reference only):

- Prescriptive Authority Agreement
- Physician Assistants (PA), Advanced Practice Registered Nurses Delegation Protocol
- Collaborative Drug Therapy Management Protocols
- Medical Services
- Delegation and Supervision of Certain Nursing Acts

### 6. REFERENCES: RULES/REGULATIONS/STANDARDS:

- Authority of Physicians to Delegate Certain Medical Acts-Title 3, Tex. Occ. Code, Chapter 157
- Physician Assistants- Licensing Requirements, Exemptions, and Renewal, Tex Occ. Code, §§ 204.151- 204.353
- Nurses, Title 3, Tex. Occ. Code, Chapter 301
- Texas Medical Board-Physician Assistants, Title 22 TAC Part 9, Chapter 185
- Texas Medical Board- Standing Delegation Orders- Title 22 TAC Part 9, Chapter 193
- Pharmacists. Drug Therapy Management by a Pharmacist under Written Protocol of a Physician, Title 22 TAC Part 15, § 295.13
- Texas Board of Nursing: <https://www.bon.texas.gov/index.asp.html>
- Texas State Board of Pharmacy: <https://www.pharmacy.texas.gov/>
- Texas Medical Board: <https://www.tmb.state.tx.us/>

# Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	05/2025
Final Legal Review	Kendra Thomas: Counsel	04/2025
Department Review	Luming Li: Chief Medical Ofcr (1101 1817)	04/2025
Initial Assignment	Danyalle Evans	04/2025

# **EXHIBIT G-52**

Status **Pending** PolicyStat ID **17873266**



Origination 05/2024

Last Approved N/A

Effective Upon Approval

Last Revised 05/2025

Next Review 1 year after approval

Owner Vinay Kapoor: VP

Area Medical Services

Document Type Agency Policy

## MED.A.10 Physician Authority to Delegate Certain Medical Acts

### 1. PURPOSE:

The purpose of this policy is to describe the general authority of a physician to delegate certain medical acts to a qualified and properly trained person acting under the physician's supervision that a reasonable and prudent physician would find within the scope of sound medical judgment.

### 2. POLICY:

Physicians employed by the Harris Center for Mental Health & IDD have the general authority to delegate certain medical acts as long as the act can be properly and safely performed by the person to whom the medical act is delegated; is performed in its customary manner; and is not in violation of any other statute. The person to whom the medical act is delegated must not represent to the public that the person is authorized to practice medicine. The delegating physician remains responsible for the medical acts of the person performing the delegated medical acts.

### 3. APPLICABILITY/SCOPE:

All Harris Center programs providing medical services.

### 4. RELATED POLICIES/FORMS:

- [MED.A.9 Physician Assistant, Advanced Practice Registered Nurse, Pharmacist Delegation](#)
- [Medical Services](#)

- [Delegation and Supervision of Certain Nursing Acts](#)
- **FORMS**
  - Delegation Authorization Prescriptive Authority
  - Collaborative Drug Therapy Management Protocols

## 5. PROCEDURE:

### [Medical Services](#)

[MED.B.9 Physician Assistant, Advanced Practice Registered Nurse, Pharmacist Delegation Procedure](#)

[Clinical Pharmacy Specialist Procedure](#)

[Credentialing, Re-Credentialing and Privileging Guideline & Procedure](#)

[MED.CPEP.B.3 Physician Delegated Standing orders for Point of Care Tests](#)

[MED.CPE.B.4 Standing Physician's Orders – Finger Stick Blood Glucose](#)

## 6. REFERENCES: RULES/REGULATIONS/STANDARDS:

- [Texas Occupations Code Title 3, Subtitle B, Chapter 157](#) Regarding Authority of Physicians to Delegate Certain Medical Acts, [Tex. Occupations Code Ch. 157](#)
- [Texas Administrative Code \(state.tx.us\)](#) Standing Delegation Orders, 22 Tex. Admin. Code, Part 9 Texas Medical Board, Chapter 193
- [Texas Administrative Code \(state.tx.us\)](#) RN Delegation to Unlicensed Personnel and Tasks not requiring Delegation in Independent Living Environments for Clients with Stable and Predictable Conditions, 22 Tex. Admin. Code, Part 11 Texas Board of Nursing, Chapter 225
- [Texas Administrative Code \(state.tx.us\)](#) Medication Services, 26 Tex. Admin. Code, Part 1 Health and Human Services Commission, Chapter 301, Subchapter G, Division 3 Standards of Care
- [5300, Prescriptive Authority Agreements, Clinical Protocols, Standing Delegation Orders and Client Education | Texas Health and Human Services](#) Prescriptive Authority Agreements, Texas Health and Human Services, 5310
- Texas Medical Board-Physician Assistants, Title 22 TAC Part 9, Chapter 185
- Pharmacists. Drug Therapy Management by a Pharmacist under Written Protocol of a Physician, Title 22 TAC Part 15, § 295.13
- Texas Board of Nursing: <https://www.bon.texas.gov/index.asp.html>, Delegation Resource Packet
- Texas State Board of Pharmacy: <https://www.pharmacy.texas.gov/>
- Texas Medical Board: <https://www.tmb.state.tx.us/>

## Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	05/2025
Final Legal Review	Kendra Thomas: Counsel	05/2025
2nd Department Review	Luming Li: Chief Medical Ofcr (1101 1817)	04/2025
1st Department Review	Danyalle Evans	04/2025
Initial Assignment	Vinay Kapoor: VP	04/2025

# **EXHIBIT G-53**



Status **Pending** PolicyStat ID **14982549**



Origination	01/2023	Owner	Rita Alford: Dir
Last Approved	N/A	Area	Information Management
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	09/2024		
Next Review	1 year after approval		

## HIM.EHR.A.18 Privacy Officer

### 1. PURPOSE:

The purpose of this policy is to establish that the Privacy Officer will be responsible for ensuring the protection of patient/individual privacy rights.

### 2. POLICY:

It is the policy of The Harris Center to employ a Privacy Officer whose primary duty is to oversee the development, implementation, maintenance of, and adherence to privacy policies and procedures regarding the safe use and handling of protected health information (PHI) in compliance with federal and state [HIPAA confidentiality laws and](#) regulations.

### 3. APPLICABILITY/SCOPE:

All agency employees, contractors, and patients/individuals of The Harris Center.

### 4. RELATED POLICIES/FORMS (for reference only):

<a href="#">Breach Notification</a>
<a href="#">Confidentiality and Disclosure of Patient/ Individual Health Information</a>
<a href="#">Sanctions for Breach of Security and/ or Privacy Violations of Health Information</a>
<a href="#">Incident Reporting</a>

5. PROCEDURES:

- 1. Maintain up-to-date knowledge of federal and state privacy laws and HIPAA regulations to ensure Center compliance.
- 2. Implement a process for receiving, documenting, tracking, investigating, and action on all complaints concerning breaches in privacy policies and procedures.
- 3. Ensure that the Center maintains appropriate privacy and confidentiality consent, authorization forms, and information notices and materials that reflect the Center's policies and regulatory requirements.
- 4. Establish a procedure to track access to PHI so that it can be reviewed during audits.
- 5. Work with all personnel involved in the release of PHI to ensure full coordination and cooperation under policies and procedures, federal and state privacy laws, and HIPAA regulations.
- 6. Oversee compliance with privacy practices and application of sanctions for failure to comply with privacy policies in relation to the Center's workforce, business associates, and in cooperation with administration and legal counsel as applicable.
- 7. Designate a contact person or office responsible for receiving privacy complaints and providing information about matters covered in the Notice of Privacy Practices.

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

Health Insurance Portability and Accountability Act 1996, 45 C.F.R. Parts 160 and 164

Confidentiality of Substance Use Disorder Patient Records, 42 CFR Part 2

Texas Medical Practices Act, Texas Occupations Code, Title 3 Health Professions

Medical Records Privacy, Tex. Health & Safety Code Ch. 181

Mental Health Records, Texas Health and Safety Code Chapter 611

Medical or Mental Health Records, Texas Health and Safety Code Chapter 161, Subchapter M

Rights and Protection of Individuals Receiving Intellectual Disability Services-Protected Health Information, Title 40 Texas Administrative Code Part 1, Chapter 4 Subchapter A

Approval Signatures

Step Description	Approver	Date
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Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	05/2025
Legal Review	Kendra Thomas: Counsel	04/2025
Department Review	Mustafa Cochinwala: Dir	04/2025
Initial Assignment	Rita Alford: Dir	01/2025

# **EXHIBIT G-54**

Status **Pending** PolicyStat ID **17473691**



Origination	08/2024	Owner	Toby Hicks
Last Approved	N/A	Area	Human Resources
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	05/2025		
Next Review	1 year after approval		

## HR.A.40.Out of State Employment

### 1. PURPOSE:

The purpose of this policy is to define work arrangements for all Harris Center staff, volunteers, contractors, and interns who reside and work outside the State of Texas to ensure compliance with state and federal laws.

### 2. POLICY:

It is the policy of The Harris Center that all staff, volunteers, interns, and contractors hired to perform services on behalf of the Harris Center are required to complete their duties within Texas. Out-of-state work arrangements may be granted on an exception basis to meet the business operation needs of the Harris Center and are not intended to be long term telecommuting assignments.

Prior to informing or approving any request from a current or former employee, advance approval from the Division Chief and VP, Human Resources is required. This applies to any form of Out-of-state working arrangements, including hiring an employee to work at a location outside of Texas, the assigning of current staff to work at a location outside of Texas and the use of a Harris Center approved telecommuting work arrangement outside of Texas.

Out-of-state work arrangements shall be limited to mission critical projects that are necessary to meet the business needs of the Harris Center and not as a method to fill vacant positions. Relief Staff that resides in the state of Texas should be utilized. In reviewing the request for an out-of-state work arrangement, the Division Chief, Legal Counsel and VP, Human Resources will evaluate the Harris Center's business needs and the compliance requirements. In most cases, however, out-of-state work arrangements are not a viable option.

Employees approved to work outside of Texas are responsible for verifying that appropriate state tax deductions are withheld from their pay. Additionally, all employees are responsible for updating their home and mailing addresses to reflect the out of state residential address.

### 3. APPLICABILITY/SCOPE:

This policy applies to all Harris Center staff, volunteers, contractors and interns. This policy applies to the hiring of staff. This policy does not apply to an out-of-state work arrangement for a temporary period and will be reviewed on a case by case basis.

### 4. RELATED POLICIES/FORMS ~~(for reference only)~~:

[HR.A.8 Employment Policy](#)

[HR.A.10 Equal Employment Opportunity](#)

[HR.A.25 Transfers – Promotions - Demotions](#)

[HR.A.14 Licensure, Certification, and Registration](#)

[HIM.IT.A.4 Off-Premises Equipment Usage](#)

Out of State Employee Exception Request Form

### 5. PROCEDURE:

HR.B.~~XX~~40.Out of State Employees

### 6. REFERENCES: RULES/REGULATIONS/STANDARDS:

~~HR.A.8 Employment Policy~~

~~HR.A.10 Equal Employment Opportunity~~

~~HR.A.25 Transfers – Promotions – Demotions~~

~~HR.A.14 Licensure, Certification, and Registration~~

~~HIM.IT.A.4 Off-Premises Equipment Usage~~

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## Attachments

[!\[\]\(111c5272ee3f91361f0d2e3665dd6ad0\_img.jpg\) Out of State Employment Request.pdf](#)

## Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	05/2025
2nd Legal Review	Kendra Thomas: Counsel	05/2025
1st Legal Review	Bijul Enaohwo	04/2025
Department Review	Kendra Thomas: Counsel	04/2025
Initial Assignment	Toby Hicks	01/2025

# **EXHIBIT G-55**



Status **Pending** PolicyStat ID **17873269**



Origination 05/2024  
Last Approved N/A  
Effective Upon Approval  
Last Revised 05/2025  
Next Review 1 year after approval

Owner Charles Kerlegon  
Area Leadership  
Document Type Agency Policy

## Qualified Intellectual Disabilities Professional (QIDP) Policy

### 1. PURPOSE:

The purpose of this policy governing Qualified Intellectual Disabilities Professionals (QIDP) is to establish comprehensive guidelines and standards for the effective role of QIDPs in delivering high-quality services to individuals with intellectual and developmental disabilities. This policy is designed to fulfill critical objectives, ensuring the well-being, rights, and tailored support of residents residing at any of The Harris Center Intermediate Care Facilities for IDD (ICF-IID).

### 2. POLICY:

It is the policy of the Harris Center to define competency-based responsibilities for QIDPs and ensure services are provided by QIDPs who are operating within the scope of their license, job description and state and federal rules and laws.

### 3. APPLICABILITY/SCOPE:

This policy is applicable to all QIDPs working within The Harris Center Intermediate Care Facilities for IDD (ICF-IID) and outlines the standards governing their responsibilities.

### 4. DEFINITIONS

~~Qualified Intellectual Disability Professional (QIDP)- A person who has at least one year of experience working directly with persons with an intellectual disability or related conditions and is either a Doctor of medicine or osteopathy, a registered nurse, or an individual who holds at least a bachelor's degree in one of the following areas: (1) occupational therapy; (2) physical therapy; (3) social work; (4) speech-~~

language pathology or audiology; (5) recreation or a specialty such as art, dance, music, or physical education; (6) dietetics; or (7) human services, such as sociology, special education, rehabilitation counseling, or psychology.

## 5. RELATED POLICIES/~~FORMS~~FORM:

## 6. PROCEDURE:

**Procedures:** ~~The Qualified Intellectual Disability Professional (QIDP) is responsible for orchestrating all aspects of the active treatment effort, including the creation of Individualized Program Plans (IPPs) tailored to meet the unique needs of individual residents.~~

**~~The QIDP is expected to:~~**

- ~~Effectively coordinate internal and external program services and supports to facilitate the acquisition of resident skills and adaptive behaviors.~~
- ~~Promote competent interactions between residential staff and clients in program implementation and behavior management.~~
- ~~Coordinate and monitor active treatment programs, including:~~
- ~~Routinely observe clients across settings in program areas to assess the effectiveness of program implementation and the consistency of training efforts, making timely modifications to facilitate the achievement of desired skills or goals.~~
- ~~Routinely interact with program staff across settings to assist in determining the effectiveness and continued relevance of program plans in meeting identified client needs.~~
- ~~Determine the need for program revision based on client performance.~~
- ~~Identify inconsistencies in training approaches or programs not being implemented as written and facilitate the resolution of these inconsistencies.~~
- ~~Ensure follow-up occurs for any recommendations for services, equipment, or programs so that needed services and supplies are provided promptly to meet the client's needs.~~
- ~~Ensure each resident receives a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of objectives identified in the IPP, as identified by the interdisciplinary team.~~
- ~~Ensure each resident's IPP is reviewed at least annually by a qualified intellectual disability professional (QIDP) and revised as necessary, including situations in which a resident has successfully completed an objective identified in the IPP.~~

## 7. REFERENCES: RULES/REGULATIONS/STANDARDS:

Condition of Participation: Active Treatment Services, 42 CFR 483.440

Intermediate Care Facilities for Individuals with IDD or Related Conditions- Standards for Licensure:  
Standards for a Facility, 26 Tex. Admin. Code § 551.42

## Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	05/2025
Legal Review	Kendra Thomas: Counsel	04/2025
Departmental Review	Keena Pace: Exec	04/2025
Initial Assignment	Charles Kerlegon	04/2025

# **EXHIBIT G-56**

Status **Pending** PolicyStat ID **16691897**



Origination	06/2000	Owner	Rita Alford: Dir
Last Approved	N/A	Area	Information Management
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	09/2024		
Next Review	1 year after approval		

# HIM.EHR.A.16 Security of Patient/ Individual Identifying Information

## 1. PURPOSE:

All patient/individual identifying information, regardless of the medium or format, is considered confidential and shall be available only to authorized users.

## 2. POLICY:

It is the policy of The Harris Center to maintain the security of all patient/individual identifying information and safeguard this information against loss, destruction, tampering and unauthorized access and use.

## 3. APPLICABILITY/SCOPE:

This policy applies to all departments, divisions, facilities and/or programs within The Harris Center.

## 4. PROCEDURES:

[HIM.EHR.B.16 Security of Patient/ Individual Identifying Information](#)

## 5. RELATED POLICIES/FORMS:

<ul style="list-style-type: none"><li>Confidentiality and Disclosure of Patient/Individual Identifying Information</li></ul>	<a href="#">HIM6.EHR. A.3</a>
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• Retention of Patient/Individual Record	HIM. <u>EHR.A.14</u>
• Patient/Individual Records Administration	HIM <del>13</del> . <u>EHR.A.9</u>
• Incident Reporting	<del>EM4</del> <u>LD.A.4</u>

## 6. REFERENCES: RULES/REGULATIONS/STANDARDS:

- American Health Information Management Association - Practice Brief on Information Security
- Medicare Conditions of Participation for Hospitals
- Health Insurance Portability and Accountability Act

### Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	05/2025
Legal Review	Kendra Thomas: Counsel	05/2025
Department Review	Mustafa Cochinwala: Dir	04/2025
Initial Assignment	Rita Alford: Dir	01/2025

# **EXHIBIT G-57**

Status **Pending** PolicyStat ID **17504194**

Origination 02/2022  
 Last Approved N/A  
 Effective Upon Approval  
 Last Revised 02/2025  
 Next Review 1 year after approval

Owner Nicole Lievsay:  
 Dir  
 Area Leadership  
 Document Type Agency Policy

## LD.A.14 Social Media Use

### 1. PURPOSE:

The purpose of the Social Media Use policy is to ensure The Harris Center employees adhere to the social media standards and guidelines provided by the Communications Department and the agency leadership. This policy defines the rules and procedures for the use of personal and official social media sites to ensure the agency accounts are both legal and in compliance with agency policies.

Social media sites include, but are not limited to, Facebook, [X \(formerly Twitter\)](#), Instagram, YouTube, Snapchat, TikTok, [Viva Engage](#), etc.

### 2. POLICY:

All official Harris Center social media sites must adhere to state and federal laws and regulations, and agency policies. Only public information may be posted on official Harris Center social media sites and may not contain sensitive personal information as defined in the Texas Business and Commerce Code and the Health Insurance Portability and Accountability Act (HIPAA).

#### Employee Use:

The Communications Department serves as the designated administrator of the agency's social media sites. Staff members are prohibited from creating social media accounts and posting social media content in representation of The Harris Center unless they are expressly given written permission by the Communications Department and/or agency leadership.

To prevent legal and/or regulatory issues from occurring, avoiding loss of productivity and distraction to employee job performance and to preserve a consistent brand of voice, tone, and messaging across



social channels, and the following guidelines are to be maintained:

- Employees may not use social media to discuss matters related to their clients, supervisors, co-workers, or The Harris Center in a defaming or abusive manner that may be considered unprofessional and/or disruptive to the work environment.
- The personal use of social media sites by employees via The Harris Center devices and/or network is prohibited unless approved by the Communications Department.
- Staff may not use social media channels to communicate with any consumer/patient/individual regarding their care, including the exchange of personal health information (PHI).
- Employees may not post or stream social media content in representation of The Harris Center, unless expressly given written permission by the Communications Department and/or agency leadership.

Violation of this policy may lead to disciplinary action up to, and possibly including immediate termination of employment.

3. APPLICABILITY/SCOPE:

All Harris Center employees, staff, volunteers, interns, and contractors.

4. PROCEDURES:

Social Media Use During Work Time

5. RELATED POLICIES/FORMS:

Social Media Guidelines

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

CARF Standard: Risk Management - 1.G.3. Written procedures regarding communications, including media relations and social media.

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	04/2025
Legal Review	Kendra Thomas: Counsel	03/2025

Initial Assignment

Nicole Lievsay: Dir

02/2025

# **EXHIBIT G-58**

Status **Pending** PolicyStat ID **17504189**



Origination 01/2004  
Last Approved N/A  
Effective Upon Approval  
Last Revised 03/2025  
Next Review 1 year after approval

Owner Kendra Thomas: Counsel  
Area Leadership  
Document Type Agency Policy

## LD.A.10 - Third Party Participation in Patient Services

### 1. PURPOSE:

The purpose of this policy is to promote and support patients' right to participate in treatment options and decisions about their behavioral health care.

### 2. POLICY:

It is the policy of The Harris Center to support patients' right to consent to the presence and participation of legally authorized representatives, friends, relatives, and advocates in the provision of clinical services. The presence of an attorney or the agent of an attorney in any clinical activity, scheduled or unscheduled, must receive approval from the General Counsel, after consultation with the appropriate Chief Medical Officer or designee before such an event occurs.

### 3. APPLICABILITY/SCOPE:

This policy applies to all Harris Center programs, employees, contractors and volunteers.

4. PROCEDURES:

5. RELATED POLICIES/FORMS:

6. REFERENCES: RULES/REGULATIONS/  
STANDARDS:

~~Protection of Clients and Staff~~[Rights of Individuals Receiving](#) Mental Health Services ~~Rights of Persons Receiving Mental Health Services-25, 26~~ Tex. Admin. Code ~~Rule 404~~[Ch. 154](#) ~~320~~, Subchapter ~~EA~~  
[Rights and Protection of Individuals with an Intellectual Disability, 26 Tex. Admin. Code Ch. 334](#)

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	05/2025
Legal Review	Kendra Thomas: Counsel	04/2025
Initial Assignment	Kendra Thomas: Counsel	03/2025

# **EXHIBIT G-59**

Status **Pending** PolicyStat ID **14433302**

Origination 11/2022

Last Approved N/A

Effective Upon Approval

Last Revised 05/2025

Next Review 1 year after approval

Owner Toby Hicks

Area Human Resources

Document Type Agency Policy

## HR.A.29 Time and Attendance

### 1. PURPOSE:

The purpose of this policy is to communicate expectations of maintaining good attendance, punctuality, and accurate and timely punches for non-exempt employees.

### 2. POLICY:

It is the policy of The Harris Center for Mental Health and IDD that employees report to work on time for each scheduled workday or shift unless for approved Paid Time Off (PTO), call off following company protocol, approved leave, or other qualifying reason. Also, non-exempt employees who use time clocks are expected to clock in and out (make punches) timely and complete and approve their ~~timesheets~~time-sheets consistent with unit procedures.

### 3. APPLICABILITY/SCOPE:

This policy applies to all Harris Center non-exempt employees.

### ~~4. RELATED POLICIES/FORMS (for reference only):~~

### 5. PROCEDURES:

[Recording Employee Time Worked and Maintaining Leave Earned and Taken Records](#)

HR.B.29 Time and Attendance Procedure

6. RELATED POLICIES/FORMS

Employee Handbook

Employee Counseling, Supervision, Progressive Discipline, and Termination Policy

7. REFERENCES: RULES/REGULATIONS/  
STANDARDS:

Employee Handbook

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	04/2025
2nd Legal Review	Kendra Thomas: Counsel	03/2025
1st Legal Review	Bijul Enaohwo	02/2025
Department Review	Joseph Gorczyca	02/2025
Initial Assignment	Toby Hicks	10/2024



# **EXHIBIT G-60**

Status **Pending** PolicyStat ID **17504185**



Origination 08/2019  
 Last Approved N/A  
 Effective Upon Approval  
 Last Revised 03/2025  
 Next Review 1 year after approval

Owner Shiela Oquin:  
 ExecAsst  
 Area Assessment,  
 Care & Continuity  
 Document Type Agency Policy

## ACC.A.5 Trauma-Informed Practice

### 1. PURPOSE:

The purpose of this **procedurepolicy** is to ensure services and programs are supportive of individuals who have experienced trauma and to avoid re-traumatization, which is based on an understanding of the vulnerabilities or triggers of trauma survivors some traditional service delivery approaches may exacerbate.

### 2. POLICY:

The Harris Center will create and maintain a safe and secure environment with supportive care, a system-wide understanding of trauma and its prevalence and impact, recovery and trauma-specific services, and recovery-focused, consumer-driven services.

### 3. APPLICABILITY/SCOPE:

The policy is applicable to all Harris Center staff, volunteers, interns, and contractors.

### 4. RELATED POLICIES/FORMS:

### 5. PROCEDURES:

[Trauma-Informed Practice](#)

### 6. REFERENCES: RULES/REGULATIONS/

# STANDARDS:

- SAMHSA's National Center for Trauma-Informed Care (NCTIC) Website
- Trauma Informed CCBHC Criteria Guidelines
- CCBHC: Program Requirements 1-4
- CARF: Section 2. Subsection B., Screening and Access to Services

## Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	04/2025
Legal Review	Kendra Thomas: Counsel	03/2025
Departmental Review	Keena Pace: Exec	03/2025
Initial Assignment	Shiela Oquin: ExecAsst	02/2025