

## Center for Life Resources

# POLICY AND PROCEDURE MANUAL

SECTION: HUMAN RESOURCES

SUBJECT: Pay and Benefits

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TOPIC: Paid Time Off (PTO), Paid Leave, and Unpaid Leave

### PROCEDURES:

1. Eligibility:
  - A. Employees who work at least forty (40) hours per week will be eligible for paid time off (PTO), which will be accounted for by the Center in an individualized employee account (PTO Bank).
  - B. Employees who work thirty-nine (39) hours per week or less are not eligible for PTO unless their hire date was before August 1, 2000.
  - C. Employees are eligible to use their PTO Bank after one (1) month of continuous employment.
2. PTO Conversion for Employees hired before September 1, 2013:
  - A. Beginning September 1, 2013, each employee with a vacation balance may choose to have up to eighty (80) hours transferred into their PTO Bank and the remaining account balance transferred into their Retirement Fund and used as needed or paid upon exiting employment with the Center. The accrual amount will be paid at the salary rate as of August 31, 2013, of that employee, who may not transfer any more hours into that account. PTO shall be a one-time option for any employee hired before August 31, 2013.
  - B. Employees with a current balance of sick leave on the said date may convert up to 480 hours of the accrual into a Family Medical Leave Act Account (FMLAA), which may be available to them for any qualifying Family Medical Leave Act (FMLA) illness. Any hours over 480 hours will not be recognized.
    - (1) Employees may access the FMLAA after four (4) days of an FLMA occurrence, meeting all the requirements of an FMLA event. (See FMLA Policy).
    - (2) The first four (4) days of an FMLA event may be compensated from one's PTO account.
3. PTO for Employees beginning September 1, 2021, or later:
  - A. PTO will accrue after eighty (80) hours of paid working time for employees who work at least forty (40) hours per week and after forty (40) hours of paid working time for employees who work no more than thirty-nine (39) hours per week.
  - B. Eligible employees shall accrue PTO as follows:

Length of Service	Hours Accrued per Month
0-2 years	16
2-3 years	17
3-4 years	18
4-7 years	19
7-10 years	20
10 + years	22

Effective Date: 08/22/2022

Replaces: 04/25/2022

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- C. At the end of each fiscal year (August 31), PTO accruals shall reflect no more than eighty (80) hours. Any amounts over that will be unavailable to the employee unless previously transferred to their FMLAA (no more than 480 hours).
  - D. Employees hired after August 31, 2013, will not be paid for any accrued amounts in their PTO Bank upon termination from employment at the Center.
  - E. An employee shall not accrue PTO will for any month the employee is absent from their job duties for the entire month.
4. Requesting PTO:
- A. Employees must request, at a minimum, two weeks in advance for the use of PTO unless for illness or emergency.
  - B. Employees should complete a request for leave form in advance and have the supervisor sign the completed form.
  - C. An employee who takes excessive unscheduled time off may be subject to disciplinary action up to and including termination.
    - (1) The supervisor may request a doctor's statement for any unscheduled days off.
    - (2) Three (3) consecutive unscheduled absences may result in immediate termination of employment.
  - D. It is the responsibility of the employee to monitor the use of their PTO hours not to lose time accrued in their PTO bank.
  - E. PTO hours may be denied if appropriate staff coverage is not available or:
    - (1) Summer (May through August)
    - (2) Thanksgiving (includes the week before and the week after)
    - (3) Christmas (including the week prior and after)
    - (4) New Year (including the week prior and after)
5. Time and Attendance: Employees must be at the worksite and ready to begin work at the time of their assigned shift.
- A. Tardiness or absence from work requires prior approval.
  - B. Employees may be required to work special hours or shifts or have their work schedules changed to serve the Center's needs best.
6. Leave of Absence (Leave Without Pay): The Center may provide a leave of absence to full and part-time employees in regularly budgeted positions.
- A. Employees should submit a written request describing the need for the Leave of Absence thirty (30) days in advance if the condition is foreseeable.
  - B. The request will be subject to review by the Supervisor, Chief Executive Officer (CEO), and Human Resources (HR) Director.
  - C. An employee may request a medical leave beyond the twelve (12) weeks provided by the FMLA or if the employee is not eligible for FMLA. Medical certification of the employee's illness or the need to care for a family member with a severe illness must accompany requests for medical leave.

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- D. Employees granted a leave of absence will receive Center-paid health benefits at the same level and terms of coverage as if they had been working throughout the leave.
  - E. Employees with personal health policies will be responsible for paying those premiums.
  - F. When a leave of absence without pay exceeds one month, the employee's length of service with the Center shall be adjusted upon return from leave, based on the number of days taken.
  - G. Upon return to work from an unpaid leave of absence, an employee will be reinstated in their former position or a position that is at least equal to the rate of pay. A medical release may be required before an employee returns to work.
  - H. Employees may request a leave of absence when ordered to active military duty or volunteer for duty and shall be granted unpaid leave as required by law.
  - I. Unpaid leave of absence may be granted for personal or other reasons deemed appropriate by the CEO or the HR Director.
  - J. If an employee fails to return to work after an approved leave of absence, they will be considered to have abandoned their position, and their employment may be terminated.
7. Administrative Leave: Administrative Leave may be utilized, with the approval of the CEO or the HR Director, when it is in the Center's best interest for an employee to be away from work. Examples of the appropriate use of administrative leave are:
- A. During an investigation of consumer abuse, neglect, or exploitation, an employee may be placed on administrative leave (with pay or leave without pay) until the investigative process is complete. Employees placed on leave without pay will be paid for the hours and benefits they would have accrued if the investigation results are unconfirmed or inconclusive.
  - B. When an employee engages in disruptive behavior, such as crying, outbursts of anger, and fighting, they will be placed on leave (with pay or without pay).
  - C. In case of inclement weather, if the CEO has officially closed the Center, employees available for work will receive their regular pay and not incur any changes to their PTO Banks.
  - D. During administrative leave, employees should be available to report to work immediately during their regularly scheduled working hours. Failure to do so will be considered an absence without authorization which may jeopardize continued employment with the Center.
8. Court Leave: Court leave will be granted to all employees in regularly budgeted positions to appear as a juror, witness, or another official participant in the proceedings of a court of law or other body having subpoena power, as long as the employee is not personally a party to the proceedings by choice.

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- A. Requests for court leave should be approved in advance with a Request for Leave Form with a copy of the summons or statement by the Judge, County Clerk, or other court official attached.
  - B. All employees are expected to fulfill their civic obligations when called upon and are authorized leave with pay on regular workdays to perform jury duty. They are entitled to any fees received for such service.
  - C. Employees ordered or subpoenaed to appear as a witness or to testify in any judicial action, or legislative hearing are authorized to leave with pay and will submit a Request of Leave Form with the attached summons as soon as possible in advance.
  - D. An employee appearing in their official governmental capacity shall not accept or receive witness fees.
  - E. Witness fees or acceptance of reimbursement shall not extend to mileage or per diem allowances for expenses incurred while serving as a witness unless the employee has claimed similar expenses against the Center. In no instance should a Center employee receive dual reimbursement for expenses.
9. Bereavement Leave:
- A. The Center may grant up to three (3) working days of bereavement paid leave time to full-time employees or part-time employees hired before August 1, 2000, due to the death of an immediate family member listed below:

<b>Employee Family Member</b>	<b>Spouse Family Member</b>
Spouse	Mother or Stepmother
Mother or Stepmother	Father or Stepfather
Father or Stepfather	Child or Child's Spouse
Child or Child's Spouse	Children and Great Grandchildren
Children and Great Grandchildren	Brother or Sister
Brother or Sister	Grandparent
Grandparent	

- B. The Center will grant up to one (1) working day of bereavement paid leave time for the death of an employee or spouse's Great Grandparent.
- C. All listed family members will include natural, adopted, step, and legal guardian relationships.
- D. An employee must obtain approval for bereavement leave from their supervisor.

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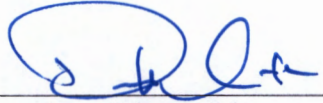
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- E. Employees may utilize their PTO Bank per the Request for Leave Policy if additional time is needed.

Executive Director: \_\_\_\_\_



Dion White

Date: \_\_\_\_\_

8/23/22

Center for Life Resources

**POLICY AND PROCEDURE MANUAL**

SECTION: BUSINESS OFFICE  
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**POLICY:**

**The Center for Life Resources (Center) will establish procedures to ensure that the financial capacity of individuals who need quality healthcare services does not prevent them from seeking or receiving care; and to further establish procedures to provide charity care to persons who have healthcare needs and are uninsured, underinsured, or otherwise unable to pay, for medically necessary care based on their financial situation.**

*References: 1 Texas Administrative Code (TAC) §355.8215; Healthcare Financial Management Association guidance found in the June 2019 Statement 15: "Valuation and Financial Statement Presentation of Charity Care, Implicit Price Concessions and Bad Debts by Institutional Health Care Providers"*

Board Approval: \_\_\_\_\_

  
Shane Britton, Chairman

Date: \_\_\_\_\_

9-2-2022

## Center for Life Resources

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### PROCEDURES:

1. Individuals receiving services are expected to cooperate with the Center's procedures for obtaining charity care or other forms of payment or financial assistance and to contribute to the cost of their care based on their ability to pay subject to the rules, regulations, and contractual requirements of the Center's various funding agencies.
2. Definitions: For these Procedures, the terms below are defined as follows:
  - A. Charity Care: Healthcare services that have been or will be provided but are never expected to result in cash inflows. Charity care results from the Center's policy to provide healthcare services free or at a discount to clients who meet the established criteria.
  - B. Bad Debt: Healthcare services that have been or will be provided and cash inflow is anticipated for all or a portion of the charge. Includes the monthly Sliding Scale Fee Schedule charges not collected for clients above 150% of FPL. Bad Debt is not eligible for reimbursement from federal charity care programs
  - C. Family: According to the Census Bureau, a group of two (2) or more people who reside together and are related by birth, marriage, or adoption. In addition, according to Internal Revenue Service rules, if a client claims someone as a dependent on their income tax return, that person may be considered a dependent for financial assistance.
  - D. Family Income: Family Income is determined using the Census Bureau definition, which uses the following income when computing federal poverty guidelines:
    - (1) Includes:
      - a. Earnings
      - b. Unemployment compensation
      - c. Workers' compensation
      - d. Social Security
      - e. Supplemental Security Income
      - f. Public assistance
      - g. Veterans' payments
      - h. Survivor benefits
      - i. Pension or retirement income
      - j. Interest
      - k. Dividends
      - l. Rents
      - m. Royalties
      - n. Income from estates
      - o. Trusts
      - p. Educational assistance
      - q. Alimony
      - r. Child support

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- s. Assistance from outside the household
- t. Other miscellaneous sources.
- (2) Noncash benefits (such as food stamps and housing subsidies) do not count
- (3) Determined on a before-tax basis
- (4) Excludes capital gains or losses
- (5) If a person lives with a family, include the income of all family members (non-relatives, such as housemates, do not count).
- E. Uninsured: A person who has no level of insurance or third-party assistance with meeting their payment obligations.
- F. Underinsured: A person with some level of insurance or third-party assistance still has out-of-pocket expenses exceeding their financial abilities.
- G. Gross charges: Total charges at the Center's full established rates for providing client care services before deductions from revenue are applied.
- H. Sliding Scale Fee Schedules: Client financial share calculated utilizing rules, regulations, and contractual requirements of the Center's various funding agencies, including:
  - (1) The Texas Health and Human Services Commission (HHSC) Mental Health (MH)/Individuals with Intellectual and Developmental Disabilities (IDD)
  - (2) HHSC Early Childhood Intervention (ECI)
  - (3) HHSC Autism
  - (4) The Texas Department of Criminal Justice (TDCJ) Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI)
- 3. Services Eligible Under This Policy. For purposes of this policy, "charity care" or "financial assistance" refers to healthcare services provided by the Center without charge or at a discount to qualifying clients. The following healthcare services are eligible for charity care:
  - A. Behavioral health services
  - B. Immunizations
  - C. Public health services
  - D. Other preventative services
- 4. Eligibility for Charity Care. Eligibility for charity care will be considered for those clients who are uninsured, underinsured, and unable to pay for their care, based upon a determination of financial need following these Procedures.
  - A. The granting of charity care is based on an individualized determination of financial need and does not consider age, gender, race, social or immigrant status, sexual orientation, or religious affiliation.
  - B. The method by Which Clients May Apply or be Assessed for Charity Care: Financial need is determined following procedures that involve an individual assessment of financial need and may



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- (1) Include an application or assessment process in which the individual or the individual's Legally Authorized Representative (LAR) is required to cooperate and supply personal financial and other information and documentation relevant to determining financial need.
    - (2) Include external publicly available data sources that provide information on a client's or LAR's ability to pay (such as credit scoring).
    - (3) Include reasonable efforts by the Center to explore alternative sources of payment and coverage from public and private payment programs and assist clients in applying for such programs.
    - (4) Consider the client's available assets and all other financial resources available to the client.
    - (5) Include a review of the client's outstanding accounts receivable for prior services rendered and the client's payment history.
  - C. A request or assessment for charity care and a determination of financial need can be done at any point in the collection cycle but is preferred to be completed within the first thirty (30) days of treatment. The need for financial assistance is re-evaluated annually and whenever a significant change has occurred, affecting the client's or LAR's eligibility for charity care.
    - (1) The Center's values of human dignity and stewardship shall be reflected in the application, financial need determination, and granting of charity care.
    - (2) Requests for charity care shall be processed promptly with notification to the client or LAR in writing within thirty (30) days of receipt of a completed application or assessment.
5. Presumptive Financial Assistance Eligibility. There are instances when a client may appear eligible for charity care discounts, but there is no financial assistance form on file due to a lack of supporting documentation. Often there is adequate information provided by the client served or through other sources, which provide sufficient evidence to provide the client with charity care assistance. If there is no evidence to support a client's eligibility for charity care, the Center can use outside agencies to determine estimated income amounts for the basis of charity care eligibility and possible discount amounts. Once determined, due to the inherent nature of the presumptive circumstances, the only discount that can be granted is a hundred percent (100%) write-off of the account balance. Presumptive eligibility may be determined based on individual life circumstances that may include:
  - A. State-funded prescription programs
  - B. Homeless or received care from a homeless clinic
  - C. Participation in Women, Infants, and Children programs (WIC)
  - D. Food stamp eligibility
  - E. Subsidized school lunch program eligibility
  - F. Eligibility for other state or local assistance programs that are unfunded (e.g., Medicaid spend-down)

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- G. Low income or subsidized housing is provided as a valid address
- H. The individual is deceased with no known estate
- 6. Eligibility Criteria and Amounts Charged to Clients. Services eligible under this policy are made available to clients on Sliding Scale Fee Schedules, per financial need, based on the Federal Poverty Levels (FPL) in effect at the time of the determination. The basis for the amounts charged to clients served who qualify for financial assistance is as follows:
  - A. Clients whose family income is at or below 150% of the federal poverty level (FPL) are eligible to receive services at a discount of 100%.
  - B. Clients whose family income is above 150% but not more than 200% of the FPL are eligible to receive services at a discount (partial charity care) at rates discounted using Sliding Scale Fee Schedules. Uncollected fees assessed are Bad Debt and ineligible for reimbursement under federal charity care programs.
  - C. Clients whose family income exceeds 200% of the FPL may be eligible to receive discounted rates on a case-by-case basis based on their specific circumstances, such as catastrophic illness or medical indigence, at the discretion of the Center; however, the discounted rates shall not be greater than the amounts generally billed to private or public insurance and discounted using Sliding Scale Fee Schedules. Uncollected fees assessed are Bad Debt and ineligible for reimbursement under federal charity care programs.
- 7. Communication of the Charity Care Program to Clients and Within the Community. Notification about charity care available from the Center includes a contact number and is disseminated by various means, which include, but are not limited to, the publication of notices in monthly statements and by posting notices in clinics, waiting areas, intake and assessment, business offices, and financial services that are located in Center facilities, and other public places as elected.
  - A. The Center widely publicizes a summary of this charity care policy on the Center website, in brochures available on client access sites, and at other places within the community served by the Center.
  - B. Such notices and summary information are provided following the Center's Cultural and Linguistic Competency Plan.
- 8. Relationship to Collection Policies:
  - A. The Center develops procedures for internal and external collection practices (including actions the Center may take in the event of non-payment, including collections action and reporting to credit agencies) that take into account:
    - (1) The extent to which the individual qualifies for charity care
    - (2) The individual's good faith effort to apply for charity care from the Center
    - (3) The individual's good faith effort to comply with their payment agreements with the Center
  - B. For clients who qualify for charity care and who are cooperating in good faith to resolve their discounted bills, the Center may:
    - (1) Offer extended payment plans

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- (2) Not send unpaid bills to outside collection agencies
- (3) Cease all collection efforts.
- C. The Center will not impose extraordinary collections actions such as:
  - (1) Wage garnishments
  - (2) Liens on primary residences
  - (3) Other legal actions for any client without first making reasonable efforts to determine whether that client is eligible for charity care under this financial assistance policy. Reasonable efforts shall include:
    - a. Validating that the client owes the unpaid charges and all sources of third-party payment have been identified and billed by the Center
    - b. Documentation that the Center has attempted to offer the client the opportunity to apply or be assessed for charity care under this policy and that the client has not complied with the Center's financial assessment requirements.
    - c. Documentation that the client does not qualify for financial assistance on a presumptive basis.
    - d. Documentation that the client has been offered a payment plan but has not honored the terms of that plan.
- 9. Regulatory Requirements. Implementation of this Policy does not negate or supersede compliance with all other federal, state, and local laws, rules, and regulations applicable to the services outlined herein.

Executive Director:  Date: 9-2-22  
Dion White