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# **Board Meeting**

April 21, 2021

# Briefing Materials

Workforce Center of Hays County 4794 Transportation Way Bldg 5, Suite 500 San Marcos, Texas 78666



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# WORKFORCE SOLUTIONS RURAL CAPITAL AREA BOARD OF DIRECTORS REGULAR MEETING

Wednesday, April 21, 2021 Via Zoom Register in advance for this webinar at: <u>https://zoom.us/webinar/register/WN\_OjVO8Hx\_RYKuXIwqVI0P2A</u>

# Agenda

# Meeting Begins at 12:30 PM

- 1) Call to Order/Roll Call/Establish Quorum
- 2) Public Comment Period
- Information Sharing Brian Hernandez, Chief Storytelling Officer
   Customer Testimonial
- 4) \*Consent Agenda
  - a. Adopt minutes of the March 4, 2021 Regular Meeting
  - b. Adopt continuation of COVID-19 Policy
- 5) Audit Presentation Milo Martinez, CPA with Martinez, Rosario and Company a. \*Consider approval of Audit
- 6) Executive Committee/Chair's Report Frank Leonardis, Chair a. \*Consider approval of the Summary Plan Description
- 7) Business Education Services Committee Report Elwood Engebretson, Chair
- 8) Community Awareness Committee Report Camille Clay, Chair
- 9) Governance Finance Committee Report Vacant, Chair & Rene Flores, Treasurer a. \*Consider approval of Budget adjustment
  - b. \*Consider approval of Fiscal Policy revisions
- 10) Chief Executive Officer's Report Paul Fletcher, Chief Executive Officer
- 11) Performance Reports
  - Child Care Sandy Anderson, Director of Child Care Services
  - Workforce Center Management– Mike Crane, Project Director
- 12) Workforce Board Announcements Board at Large (what's happening in your area) Submit your announcements to the Board Secretary prior to the meeting
- 13) New Business
- 14) Consider date, time, and location of next Regular or Special Board Meeting
- 15) Adjourn

#### \*Denotes Action Item

**NOTICE:** Persons with disabilities who plan to attend this meeting and who may need auxiliary aids or services or persons who need assistance in having English translated into Spanish, should contact Gina Hyde, (512) 244-7966 (or Relay Texas 800-735-2989), at least two days before this meeting so that appropriate arrangements can be made.



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MEETING HELD ON MARCH 4, 2021 Virtual Webinar - Via Zoom

# Board Meeting Minutes

### AGENDA ITEM #1

## **Call to Order – Frank Leonardis**

### **Roll Call – Alfonso Sifuentes**

Aguilar	Р	Engebretson	Р	Kamerlander	Р	Riggs	Р
Belver	P	Flores	Р	Leonardis	Р	Robison	Α
Brenneman	P	Fohn Thomas	Α	Light	A	Sifuentes	Р
Burkhard	P	Garlick	Α	Lindsey	Р	Stallings	Р
Clay	Р	Goode	Α	Mitchell	Р	Staton	Α
Cruz	Р	Harlan	Α	Moya	Р	Tucker	Р
Dillett	Р	Jackson	A	Ols	A	Zdeb	Р

19 members present at roll call. Quorum established.

#### AGENDA ITEM #2

#### **Public Comment Period**

There were no comments made by the public.

#### AGENDA ITEM #3

#### Information Sharing - Brian Hernandez, Chief Storytelling Officer

**Brian Hernandez** shared our new calling card video which will be released to our partners. A link to this video is available if you would like to share it.

Testimonials, produced by our new Multimedia Content Producer, Angela Maldonado, were viewed from customers Dane Cunnigham, with the Summer Earn and Learn Program, as well as Andrea Summers, with the WIOA Youth Program.

Mike Crane also introduced Marla Fernandez, Talent Development Specialist with Equus.

#### AGENDA ITEM #4

#### **Consent Agenda – Frank Leonardis**

#### Adopt Minutes from the December 16, 2020 regular Board of Directors' meeting

- ✓ Motion to approve
- ✓ Seconded
- ✓ Motion approved

## **Consider continuation of the COVID-19 Policy**

- ✓ Motion to approve
- ✓ Seconded
- ✓ Motion approved

## AGENDA ITEM #5

## **Executive Committee Chair's Report – Frank Leonardis**

**Frank Leonardis** stated that the Executive Committee met on February 10, 2021 and reviewed the Strategic WIOA Plan. The committee membership was discussed and some members were moved to different committees so they may better serve. Talked about a virtual board retreat in June and possibly an in person retreat in February 2022.

## Consider approval of the State Required WIOA 2021-2024 Strategic Plan

- $\checkmark$  Motion to approve
- ✓ Seconded
- $\checkmark$  Motion approved

# Consider approval of the revised Budget to add additional funds

- $\checkmark$  Motion to approve
- ✓ Seconded
- $\checkmark$  Motion approved

## AGENDA ITEM #6

# **Business Education Services Committee Chair's Report – Debbie Burkhard**

**Cara Ryan** thanked **Debbie Burkhard** for being such an advocate for the committee as she is moving to the Community Awareness Committee. **Cara** then stated that the Business Education Services Committee met on February 8, 2021 and discussed:

- We update about the distribution of flyers to committee partners
- Presentation by Joe Harper, Executive Director of the Small Business Development Center at Texas State University
- Mr. Harper presented information regarding how small businesses can retool in response to COVID with money and asset management, and rebuilding and stabilizing supply chains
- The SBDC will also be releasing training programs for business leaders

## AGENDA ITEM #7

# **Community Awareness Committee Chair's Report – Camille Clay**

**Camille Clay** stated that the Community Awareness Committee met on January 20, 2021 with 6 committee members present. Camille then introduced **Jennifer Tucker**, Vice President of Workforce Advancement with Goodwill of Central Texas and also a Board member.

Jennifer Tucker, provided insights on how

- Goodwill Central Texas develops and implements workforce programming to empower people to find, keep, and advance in their careers
- Profits from Goodwill stores go directly to supporting their mission of transforming generations by empowering people through education, career training, and work

**Camille** also led the committee on discussion points and action items generated from the Youth Services Sub Committee created to enhance outreach services for the Youth Services team.

**Brian Hernandez** welcomed **Angela Maldonado**, Multimedia Content Producer for Equus and reviewed the Board's 2020 Annual Report.

WSRCA was also awarded a 2.5 million grant for the Rural Healthcare Initiative.

The next meeting has been scheduled for March 24, 2021.

### AGENDA ITEM #8

## **Governance Finance Committee Chair's Report – Vacant**

**Frank Leonardis** stated that the Governance Finance Committee met on February 10, 2021. A new Board Member Orientation is being held virtually on March 10, 2021 if anyone is interested in attending. This orientation is not only for new members, but for anyone who would like to attend. Committee membership was discussed and some members have been assigned to a different committee. Information technology will be added to this committee. TWC is placing emphasis on IT at each Board, and the committee will provide oversight.

**Rene Flores** stated that the revised budget was reviewed and approved. Financials are in line, books are clean, and all issues resolved. Audits are on time.

#### AGENDA ITEM #9

## **Untapped Populations Committee Chair's Report – Cassandra Moya**

**Cassandra Moya** stated that the Untapped Populations Committee met on January 11, 2021, and discussed:

- The Work In Texas dashboard
- Outreach activities, including ACC looking into TV advertisements and identifying additional information to track for individuals' previous wage, job/training interests, and skills.

- Mare we using information appropriately
- Working with Tri-Agency Leadership
- Texas HireAbility recognition program to raise awareness about the benefits of hiring individuals with disabilities
- Including an annual job fair in NDEAM/Texas HireAbility monthly activities
- Subcommittee goals include:
  - o Untapped Populations Survey
  - Connecting employers to untapped populations
  - Measure outcomes
  - HireAbility marketing awareness
  - o Outreach to churches and other organizations

The next committee meeting is scheduled for March 8, 2021.

#### AGENDA ITEM #10

## **Chief Executive Officer's Report – Paul Fletcher**

**Paul Fletcher** thanked members for their attendance and stated that our Annual Report was mailed to you, and is also on our website.

Have worked with Chambers and EDCs on the IKEA Grant. Will submit applications to TWC regarding the Home Grant.

A security audit has been scheduled for April to show vulnerabilities in our system.

We have all staff back in the workforce centers with the exception of a few staff that are considered to be high risk. Those staff are working from home. We continue to offer virtual, curbside and in person service by appointment. Customers that walkup are able to be seen quickly via the appointment scheduling system we use. We will continue our safety protocols and staff and customers will be asked to wear masks.

A lot of time has been dedicated to planning and adapting to the changes in funding that we experienced for the child care system. We are still working with our child care providers to help them get the cleaning supplies and PPE they need to keep their businesses open and safe. We have also been paying them an enhanced rate since April, and that will continue until July of this year.

Rural Health Care Initiatives Grant from DOL was awarded back in mid-January. We have done some implementation work with DOL to get things started and real planning work will begin soon.

The State legislative session is ongoing and from what we hear from TWC, the process is going well. The new Secretary of Labor is Marty Walsh and he is someone we have met in the past through the US Conference of Mayors. He was most recently the mayor of Boston and is very engaged in workforce activities.

The county workforce plan work continues and we will be beginning implementation with a virtual kickoff meeting on March 30th. We are scheduling individual county kickoff meetings in April.

Finally I will say both Board staff and contractor staff have done a tremendous job through this entire pandemic. We had a few staff experience damage to their homes from the snow event and they are working through those issues. We had a few instance s of damage in our centers, but nothing that shut down our operations.

#### AGENDA ITEM #11

#### **Performance Reports**

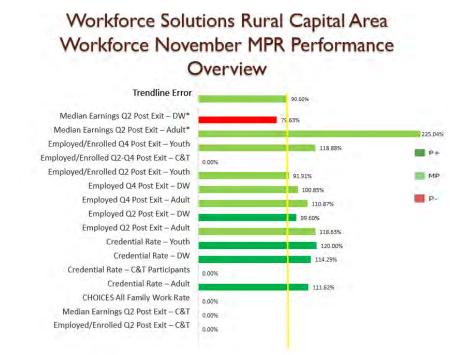
#### Child Care Status Report - Sandy Anderson, Baker Ripley

Sandy Anderson presented the following:

- Children in care by fund type equals 2,875
- Total funds expended by all counties is \$4,349,215
- Total CCS Providers equals 410 with 149 being Texas Rising Star Providers
- Total number of children on the waitlist for all counties is 1,373
- Performance Measure FY 2021 has a target of 2,265 and is at 93.3%

## Workforce Center Management – Mike Crane, Equus

Mike Crane presented the following performance.



## AGENDA ITEM #12

## **Workforce Board Announcements**

There were no announcements.

#### AGENDA ITEM #13

#### **New Business**

No new business to report.

# AGENDA ITEM #14

# Consider Date, Time and Location of Next Regular or Special Board Meeting

The next regular meeting is scheduled for April 21, 2021.

## AGENDA ITEM #15

## Adjourn

- ✓ Motion to adjourn
- ✓ Seconded
- ✓ Motion approved



# POLICY TITLE: COVID-19 POLICY NUMBER: ADM 002

# APPLICATION

Rural Capital Area Workforce Board (RCAWDB) employees, contractors and providers.

## **PURPOSE**

To allow for timely decisions regarding RCAWDB responses to COVID – 19.

## POLICY

The Board authorizes the Chief Executive Officer to take action for authorization of contracts, policies and re-contracting issues for WIOA, childcare, adult education & literacy, and other funding streams, as appropriate during the COVID-19 pandemic. These items will be brought back to the Board for approval and ratification.

This policy will be in effect until the next Board meeting on April 21, 2021.

MARTINEZ, ROSARIO & COMPANY, LLP

Certified Public Accountants



For the Year Ended June 30, 2020

# Rural Capital Area Workforce Development Board, Inc. dba Workforce Solutions Rural Capital Area Board of Directors' Finance and Governance Committee Meeting April 14, 2021

AUDITED FINANCIAL STATEMENTS	Pages
1. Independent Auditor's Report – Unmodified ("Clean") Opinio	on 1-2
FEDERAL AWARDS REPORTS	
2. Independent Auditor's Report on Internal Control O Financial Reporting and on Compliance and Other Matt Based on an Audit of Financial Statements Performed Accordance with <i>Government Auditing Standards</i>	ers
a. No Internal Control Over Financial Reporting Findi Noted	ngs
b. No Material Noncompliance Findings Noted	
3. Independent Auditor's Report on Compliance for Each Ma Federal or State Program and on Internal Control O Compliance Required by Uniform Guidance and <i>the State</i> <i>Texas Audit Circular</i>	ver
a. Major Program Compliance – Unmodified ("Clea Opinion	n'')
b. No Internal Control Over Compliance Findings Noted	
<ul><li>4. Schedule of Findings and Questioned Costs</li><li>a. None Noted</li></ul>	24 – 25
5. Summary Schedule of Prior Audit Findings	26
a. No Prior Year Findings related to State or Federal Progra	ims

Workforce Solutions Rural Capital Area Board of Directors' Meeting April 14, 2021 Page 2

## COMMUNICATION WITH THOSE CHARGED WITH GOVERNANCE

#### Significant Audit Matters

- Qualitative Aspects of Accounting Practices
- Difficulties Encountered in Performing the Audit
- Corrected and Uncorrected Misstatements
- Disagreements with Management
- Management Representations
- Management Consultations with Other Independent Accountants
- Other Audit Findings or Issues
- Other Matters
- Restriction of Use

### Other Comments and Recommendations

- Current Year Comments
- Prior Year Comments

# RURAL CAPITAL AREA WORKFORCE DEVELOPMENT BOARD, INC.(2964)

# HEALTH & WELFARE BENEFIT PLAN

## AND

# SUMMARY PLAN DESCRIPTION

## Plan Year January 1 through December 31

This Plan Document and Summary Plan Description together with the applicable certificates of insurance, insurance booklets, benefit summaries and/or group insurance contracts constitute the written plan document required by ERISA §402 and summary plan description for the component employee benefit plans offered under the RURAL CAPITAL AREA WORKFORCE DEVELOPMENT BOARD, INC.(2964) Health & Welfare Benefit Plan.

For employers required to submit form 5500 reports (usually 100+ participants on any group plan as of the beginning of the plan year), this document is considered a "wrap" plan so the report is done on the wrap plan as a whole, not each individual plan.

This plan is available to the following categories of employees: Regular eligible employees as defined within this document.

Effective Date: January 01, 2021

Document Generated: March 30, 2021

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# **RURAL CAPITAL AREA WORKFORCE DEVELOPMENT BOARD, INC.(2964)**

# Health & Welfare Benefit Plan Document

And

# **Summary Plan Description**

# **SECTION 1: INTRODUCTION**

This document contains a summary of your rights and benefits under RURAL CAPITAL AREA WORKFORCE DEVELOPMENT BOARD, INC.(2964) Health & Welfare Benefit Plan (the "Plan"). Complete details can be found in the underlying component benefit program documents which govern the operation of the Plan, and are available with this document or through the Plan Administrator. In the event of any difference or ambiguity between your rights or benefits described in this document and the underlying component benefit program documents will control with regard to the specific benefits provided under the particular plan. For purposes of this document, component benefit programs are those benefit programs specified under Provider Companies found towards the end of this document and contained in the applicable component plan documents. Component benefit program documents include certificates of insurance, group insurance contacts, ERISA plan documents (if self-funded) and governing benefit plan documents for non-insurance benefit programs.

A copy of each certificate, summary or other governing document is included with this document, was previously provided, or can be obtained from the Plan Administrator. Information contained in the underlying component benefit program documents defines and governs specific benefits including your rights and obligations for each plan. If you have any questions about this document or the component plan information, contact your Plan Administrator listed on the next page.

Each benefit option is summarized in component benefit program documents issued by providers, Third Party Administrators, or the Company. When the Plan refers to these documents, it also refers to any attachments to such contracts, as well as documents incorporated by reference into such contract (such as the application, certificate of insurance, ERISA plan documents and any amendments).

# **SECTION 2: PLAN INFORMATION**

The following information concerns the Plan. If you need more information, contact the Plan Administrator.

# NAME OF PLAN

RURAL CAPITAL AREA WORKFORCE DEVELOPMENT BOARD, INC.(2964) Health & Welfare Benefit Plan

# EMPLOYER

RURAL CAPITAL AREA WORKFORCE DEVELOPMENT BOARD, INC.(2964), 701 E Whitestone Blvd Ste 200, Cedar Park, TX, 78613, (512) 244-7966

# PLAN SPONSOR

RURAL CAPITAL AREA WORKFORCE DEVELOPMENT BOARD, INC.(2964)

# PLAN SPONSOR'S EMPLOYER IDENTIFICATION NUMBER

74-2487795

# TYPE OF PLAN

This Plan provides comprehensive Medical, Dental, Vision, Life/AD&D, Long Term Disability and Short Term Disability benefits and is considered a "Health & Welfare Benefit Plan" under ERISA.

PLAN YEAR: January 1 - December 31

# PLAN NUMBER: 501

# PLAN ADMINISTRATOR AND LEGAL PROCESS AGENT

RURAL CAPITAL AREA WORKFORCE DEVELOPMENT BOARD, INC.(2964), Attn: Paul Fletcher, , 701 E Whitestone Blvd Ste 200, Cedar Park, TX 78613, (512) 244-7966, <u>paul.fletcher@ruralcapital.net</u>.

# 2.1. ADMINISTRATION & FIDUCIARY

This document and the component plan documents describe the various benefits, whether each benefit is insured or self-funded, and Claims Administration and other services under the group benefit contracts.

- For <u>self-insured</u> benefits under this Plan, the Plan Administrator may elect to use a Third Party Administrator (TPA) to administer these benefits and adjudicate claims. In such case, the TPA may be the Claims Administrator and the Named Fiduciary for purposes of Claims Administration, but the Plan Administrator will remain your point of contact for questions.
- For <u>fully-insured</u> benefits, the insurance company is the Named Fiduciary and has complete discretion to determine benefit payment amounts and to adjudicate claims. The Plan Sponsor has

no fiduciary responsibility in these areas. See providers, policy numbers and their related contact information toward the end of this document.

## **Plan Administration**

The administration of the Plan is under the supervision of the Plan Administrator. The principal duty of the Plan Administrator is to interpret and construe the provisions of the Plan, to decide all questions that arise including any dispute which may arise regarding the rights of participants and beneficiaries under the Plan; provided, however, that if an insurance certificate sets forth a specific claims procedure, such provisions shall apply for the purpose of that component plan. It also is the Plan Administrator's duty to see that the Plan is carried out, in accordance with its terms, for the exclusive benefit of persons entitled to participate in the Plan. The administrative duties of the Plan Administrator include, but are not limited to, interpreting the Plan, prescribing applicable procedures, allocating fiduciary responsibilities, determining eligibility for and the amount of benefits, employing legal, actuarial, medical, accounting, clerical, and other assistance as it may deem appropriate in carrying out the terms of the Plan, and authorizing benefit payments and gathering information necessary for administering the Plan.

The Plan Administrator may delegate any of these administrative duties among one or more persons or entities, provided that such delegation is in writing, expressly identifies the delegate(s) and expressly describes the nature and scope of the delegated responsibility.

Except as provided below, under "Power and Authority of Insurer or Third-Party Administrator", the Plan Administrator has the discretionary authority to interpret the Plan in order to make benefit determinations as it may determine in its sole discretion. The Plan Administrator also has the discretionary authority to make factual determinations as to whether any individual is entitled to receive any benefits under the Plan.

The Company will bear the incidental costs of administering the Plan. The Company may shift from time to time certain administration costs to Participants. The Company shall communicate to the Participants the details of any cost shifting arrangements.

# Power and Authority of Insurer or Third-Party Administrator

The Insurers or Third-Party Administrator are responsible for

- (1) Determining the amount of any benefits payable under the respective component benefit program, and
- (2) Prescribing claims procedures (that comply with ERISA requirements) to be followed and the claims forms to be used by Employees to obtain their respective benefits.

The Insurers, not the Company, are responsible for paying claims with respect to these programs. The Company shares responsibility with the Insurers or Third-Party Administrators for administering these program benefits.

# **Exclusive Benefit**

All Plan assets shall be used for the exclusive benefit of eligible Employees, their Spouses, their other designated Dependents and their designated beneficiaries, in accordance with the provisions of the Plan, and/or for paying reasonable expenses associated with administering the Plan.

# 2.2. ELIGIBILITY AND PARTICIPATION

Premium contributions for each of the health and welfare benefit plans provided by RURAL CAPITAL AREA WORKFORCE DEVELOPMENT BOARD, INC.(2964) are either attached to this document, given out separately or may be obtained from the Plan Administrator upon request.

# Eligibility

Employee benefits begin the first day of the month following their date of hire (unless stated below) provided the employee meets the applicable requirements and satisfies the enrollment requirements established under the Plan.

# A. Full-Time Ongoing and New Hire Employees - Eligibility and Participation

Full-time ongoing employees working an average of 30 hours per week are eligible to participate in Plan benefits on the first day of the month following their date of hire. Once an Employee has met the eligibility requirements and an appropriate Enrollment Form has been submitted to the Plan Administrator, the Employee's coverage will commence on the date specified in the eligibility requirements at the beginning of this section and in the applicable component benefits program documents.

# **B.** Eligible Family Members

You may also enroll eligible family members in the Medical, Dental, Vision and/or Life/AD&D plans. Eligible Dependents are generally described below but the governing eligibility rules for Dependents are set forth in the applicable component benefit plan documents.

# Eligible family members include:

• Legal Spouse or Registered Domestic Partner ("spouse" means an individual who is legally married to a participant as determined under Revenue Ruling 2013-17, in accordance with federal and state law and as specified in each benefit plan)

- Child (ren) up to age 26 or as defined in component plan documents; and/or
- Unmarried child (ren) of any age who depend upon the employee for support because of a mental or physical disability (For specified benefits only as defined in component plan documents).

Refer to underlying component benefit program documents for more information about Dependent eligibility, definitions of Dependents, and overall coverage. Your benefits eligibility may be affected if your status changes to inactive due to a family, medical, or personal leave of absence. Contact your Plan Administrator for additional information.

Certain benefits require that an eligible Employee make an annual election to enroll for coverage. Information regarding enrollment procedures, including when coverage begins and ends for the various benefits under the Benefit options, is set forth in the certificate of insurance, component Summary Plan Descriptions or other governing documents. An eligible Employee may begin participating in any benefit based on his or her election to participate in accordance with the terms and conditions established for each benefit.

# C. Qualified Medical Child Support Orders

With respect to component benefit programs that are group health plans, the Plan will also provide benefits as required by any qualified medical child support order (QMCSO) (defined in ERISA Section 609(a)). The Plan has detailed procedures for determining whether an order qualifies as a QMCSO. Participants and beneficiaries can obtain, without charge, a copy of such procedures from the Plan Administrator.

In the event the Plan Administrator receives a qualified medical child support order, the Plan Administrator will notify the affected Participant and any alternate recipient identified in the order of the receipt of the order and the Plan's procedures for determining whether such an order is a QMCSO. Within a reasonable period the Plan Administrator will determine whether the order is a qualified medical child support order and will notify the Participant and alternate recipient of such determination.

# D. Furlough & Short-term Leave

In the event that the company elects to implement a furlough, where some employees' hours are reduced to zero or below the minimum required hours for participation, they may be eligible to continue participation in the group medical plan during the furlough time up to an amount determined by the component plan documents and insurance providers. If employees are impacted by furloughs, they will be provided additional details regarding the furlough, continuation of medical insurance, and premiums.

# 2.3. ANNUAL OPEN ENROLLMENT PERIOD

Each year RURAL CAPITAL AREA WORKFORCE DEVELOPMENT BOARD, INC.(2964) has an open enrollment that takes place during December when participants can make plan changes or new participants can enroll. Changes and elections made during the open enrollment period are generally effective (upon plan renewal) following the open enrollment period.

# 2.4. ENROLLMENT IN THE PLAN

# A. Enrollment Procedures

An Employee who is eligible to participate in this Plan shall commence participation after the eligibility requirements have been satisfied, provided that any enrollment forms are submitted to the Plan Administrator before the date that participation would commence. Such enrollment forms shall identify the Spouse and other Dependents who are eligible for benefits under the elected benefit plan.

# B. Mid-Year Enrollment Changes (Only if Qualified Change in Status)

If benefits are paid on a pre-tax basis through a Cafeteria Plan, legal rules require that benefit choices made must remain in effect for the entire Plan Year, January 1 through December 31 (or the balance of the Plan Year for Employees hired and who enroll during the Plan Year), unless the Employee experiences a Qualified Change in Status. While the list of possible events that could allow you to make mid-year election changes is set by the IRS and the Internal Revenue Code, RURAL CAPITAL AREA WORKFORCE DEVELOPMENT BOARD, INC.(2964) and its Insurance Carriers or Third Party Administrator can select a sub-group of these events to allow changes under a particular plan. Under the Code you must enroll within a reasonable time period from your eligibility date. Once you are enrolled, you may only make changes to your benefit elections during Open Enrollment or if you have a Qualifying Change in Status that affects the eligibility of you or your dependents, and the requested election change is consistent with your Qualifying Change in Status.

The following are examples of what might be considered a Qualifying Change in Status, refer to your Cafeteria Plan for an accurate list of qualifying events:

# A Qualifying Life Event/Qualifying Change in Status includes:

• A change in your Legal Marital Status such as marriage, death of a spouse, divorce, legal separation or annulment.

- A change in your Number of Dependents such as birth, adoption, placement for adoption, or death of a child.
- A change in Employment Status such as commencement or termination of employment for you, your spouse, or your dependent.
- A change in Work Schedule such as a reduction or increase in hours, including a switch between part-time and full-time, a strike or lockout, or commencement or return from an unpaid leave of absence for you, your spouse, or your dependent.
- If Dependent Satisfies or Ceases to Satisfy the Requirements for Dependents due to factors such as age.
- A change in Residence or Worksite for you, your spouse, or your dependent.
- The receipt of a Qualified Medical Child Support Order or National Medical Support Notice.
- A change in Entitlement to Medicare or Medicaid for you, your spouse, or your dependent.
- A change in Eligibility for COBRA for you, your spouse, or your dependent while you are still an active employee.
- A change in a spouse's coverage such as benefit reduction, cost increase or decision to join or not to join a plan during open enrollment.
- A change where an Employee may qualify for exchange coverage because the employer coverage does not meet the affordability requirements.
- An Employee may drop coverage if their hours drop below 30 hours/week on average, even if the Employee does not lose eligibility for coverage due to Affordable Care Act rules on eligibility.

All election changes must be requested within 30 days of the event in question unless otherwise required by state or federal laws or healthcare mandates or extended to 31 days by Plan Administrator (e.g. loss of coverage under Medicaid or CHIP allows up to 60 days to obtain coverage). *To make an election change, contact your Plan Administrator listed above.* 

# 2.5. PLAN BENEFITS AND COST SHARING PROVISIONS

# **A.** Participant Contributions

Participant premium contributions for coverage are fixed, and the employer bears the risk of premium and/or administrative cost above that amount.

If the Plan has cost sharing with a Cafeteria Plan, employee contributions for qualifying benefits will be paid through a pre-tax payroll deduction starting the first pay period following enrollment, unless they are benefits that are not eligible for pre-tax deduction such as life or disability insurance or the Employee requests post-tax deductions. Contributions will be paid bi-weekly for all employees. Actual contribution rates will be published each year during the open enrollment period. See summary of coverage for additional deductible, coinsurance, copayments, services, and coverage, and enrollment documents for applicable rates and contribution levels.

# **B.** Company Contribution Levels

The Company will make its contributions in an amount that (in the Company's sole discretion) is at least sufficient to fund the benefits or a portion of the benefits that are not otherwise funded by the eligible Employee's contributions. The Company will pay its contribution and the eligible Employee's contributions to the Insurer or Third Party Administrator or, with respect to benefits that are self-insured, will use these contributions to pay benefits directly to or on behalf of the Participants from the Company's general assets. The eligible Employee's contributions to pay for the cost of such benefit.

Insurance premiums for Employees and their eligible family members are paid in part by the Company out of its general assets and in part by employees' pre-tax payroll deductions, where applicable. The Plan Administrator provides a schedule of the applicable premiums during the initial and subsequent open enrollment periods and on request for each of the component benefit programs, as applicable. Contributions for the self-insured component benefit programs are also made in part or in whole by the Company and/or in part or in whole by employees' pre-tax or post tax payroll deductions.

# C. Ordering of Participant and Company Contributions

This section applies unless the plan sponsor has adopted specific written procedures or a document that specifies a different ordering for plan contributions or for plan receipts to plan contributions.

• All participant contributions will be applied first to cover premiums or benefit costs, and then Employer contributions will be applied to cover any remaining premiums or benefit costs plus the cost of other plan expenses, including stop-loss premiums if applicable.

- If any component of the Plan is self-insured and the Employer has purchased a stop-loss policy (and the employer, not the Plan, is the policyholder), any stop-loss proceeds will be treated as fully allocable to employer contributions. This applies even if stop-loss premiums were included in calculating total plan costs. Participant contributions will <u>not</u> be used to pay stop-loss premiums. (If the Employer is the policyholder, the employer is entitled to reimbursement for amounts it pays above a specified threshold level for allowed claims during the relevant period. The stop-loss policy is not a plan asset and does not reimburse participants for claims costs.)
- In the event a medical loss ratio (MLR) rebate or other type of rebate is paid to the Plan, the portion of the rebate that does not exceed the Employer's total amount of prior contributions during the relevant period will be attributable to Employer contributions, not to participant contributions.

# 2.6. COMPONENT BENEFIT PLAN DOCUMENTS

All documents relating to the RURAL CAPITAL AREA WORKFORCE DEVELOPMENT BOARD, INC.(2964) Health & Welfare Benefits Plan, including the Evidence/Certificate of Coverage for each plan, Listing of Network Providers, Contribution Rates, General COBRA Notice, Medicare Creditable Coverage Notice, and any other relevant Plan Documents or Notices, are available to Employees and their dependents by contacting the Plan Administrator. Plan participants may receive a paper copy of any of the above documents free of charge by contacting the Plan Administrator.

Please refer to the component plan documents for each plan's specific details, including a description of benefits, cost-sharing provisions, requirements for use of network providers, and circumstances by which benefits may be denied.

# 2.7. POSSIBLE LIMITS ON OR LOSS OF BENEFITS

# Summary of Benefits and Coverage

See component plan documents and Summary of Benefits and Coverage (SBC) for details regarding deductibles, co-pays, coverage, claims procedures, resources and provider company information.

# A. Coordination of Benefits

For Participants and Dependents who do not maintain coverage under a health and welfare plan sponsored by another unrelated employer's health and welfare plan, the Plan will be the primary payer for all eligible claims and benefits as defined in the underlying component benefit program documents. If participants or dependents are covered by another medical or insurance plan, the two plans will coordinate together eliminating duplication of payments as explained in the component plan documents. The insurer, Third-Party Administrator or the fiduciary has primary responsibility to coordinate benefits for eligible expenses for other employer plans, government plans, Medicare or other coverage such as motor vehicle insurance.

## **B.** Subrogation of Benefits

The Insurer or third-party administrator shall undertake reasonable steps to identify which Plan has a subrogation interest and shall manage subrogation cases on behalf of the Plan. You are required to cooperate with the Insurer or Third-Party Administrator to facilitate enforcement of its rights and interests. Participants must fully cooperate and do their part to ensure the Plan's right of recovery and subrogation are secured. If the Participant fails or refuses to honor the Plan's recovery and subrogation rights, the Plan may recover any cost to enforce its rights. This includes, but is not limited to, attorney fees, litigation court cost and other expenses as covered in the underlying component benefit program documents.

## C. Rescission

Benefits for you and/or your enrolled dependent(s) will be terminated retroactively (this is known as *"rescission"*) if the Carrier or Plan Administrator determines that you obtained benefits under the Plan as a result of fraud or intentional misrepresentation of a material fact. You will be given 30 days prior written notice, and coverage will be terminated back to the date of the fraud or intentional misrepresentation. You will be required to reimburse the Plan for any benefits you or your eligible dependent(s) received since the date of the fraud or material misrepresentation, and such amount will be offset against the premiums you paid before they are refunded to you, to the extent allowed by applicable law.

## **D.** Denial or Loss of Benefits

A Participant's benefits under the Plan will cease when the eligible Employee's participation in the Plan terminates. A Participant's benefits will also cease on termination of the Plan. Other circumstances can result in termination, reduction or denial of benefits. Refer to the component benefit program documents for details regarding when a plan may terminate.

# **2.8. TERMINATION OF BENEFITS**

Benefits under any Component Benefit Program will terminate for all participants if that Component Benefit Program is terminated, and will terminate for a particular participant if his or her participation is ended due to loss of eligibility or termination of employment or other reason.

Medical, Dental and Vision benefits terminate the last day of the month in which eligibility ends. Long Term Disability, Life/AD&D and Short Term Disability benefits terminate the last day of employment.

Plans may or may not have conversion options (check with Plan Administrator). See continuation options available for such benefits as medical, dental, vision and health flexible spending accounts, if applicable, under COBRA (Consolidated Omnibus Budget Reconciliation Act) as explained below. Check with the Plan Administrator for possible conversion options or questions on possible continuation rights. See each component benefit program documents for termination provisions.

An eligible Employee's participation and the participation of his or her eligible Dependents in the Plan will terminate on the date specified in the component benefit program documents. Other circumstances can result in the termination of benefits as described in the component benefit program documents.

Participation in the Plan may be terminated due to disqualification, ineligibility, or denial, loss, forfeiture, suspension, offset, reduction, etc. Refer to the corresponding component benefit program documents for detailed information. RURAL CAPITAL AREA WORKFORCE DEVELOPMENT BOARD, INC.(2964) reserves the right to change, cancel, or alter all or any portion of the Employee Welfare Benefit Plan as it deems necessary.

The Company has the right to terminate the Plan in its entirety, or any portion thereof at any time. In the event that the Plan is terminated, the Plan may provide a written notice of 60 days, when possible.

An officer, as designated by the Company, may sign insurance contracts for this Plan on behalf of the Company, including amendments to those contracts, and may adopt (by a written instrument) amendments to the Plan that he or she considers to be administrative in nature or advisable to comply with applicable law.

Other circumstances can result in the termination of benefits. The insurance contracts (including the certificate of insurance booklets), plans, and other governing documents in the applicable Attachments, previously sent documents or available through the Plan Administrator, provide additional information.

# 2.9. PLAN AMENDMENT AND TERMINATION

# Amendment of the Plan

The Employer reserves the right to amend, modify, or discontinue the Plan in any respect, including but not limited to, implementing a change in the amount or percentage of premiums or cost that must be paid by the Participant. No Participant shall have any vested right to any benefits under the Plan, subject to any duty to bargain that may exist. The Company shall have the right to amend the Plan at any time and to any extent deemed necessary or advisable; provided, however, that no amendments shall:

1. Have the effect of discriminatorily depriving, on a retroactive basis, any eligible Employee, dependent or beneficiary of any beneficial interest that has become payable prior to the date such amendment is effective; or 2. Have the result of diverting the assets of the Plan to any purpose other than those set forth in this Plan.

An officer, as designated by the Company, may sign insurance contracts for this Plan on behalf of the Company, including amendments to those contracts, and may adopt (by a written instrument) amendments to the Plan that he or she considers to be administrative in nature or advisable to comply with applicable law.

In the event that the Plan is terminated, a written notice shall be given to participants 60 days in advance. If the Plan is amended, the employer will promptly provide notice to participants as required under applicable law and shall execute any instruments necessary in connection therewith. The Company shall promptly notify the Plan Administrator and all interested parties of any amendment adopted pursuant to this Section.

# 2.10. CLAIMS PROCEDURES

# **A. Overview of Claims Procedures**

Details regarding the Plan's claim procedures are furnished automatically, without charge, as a separate document, copies of which are included with this document, were previously provided, or can be obtained from the Plan Administrator. These will comply with applicable ERISA requirements.

Generally, to obtain benefits from the Insurer or Third Party Administrator (TPA) of a provided component benefit program, you must follow the claims procedures under the applicable component benefit program documents, which may require you to complete, sign, and submit a written claim on the Insurer's or Third Party Administrator's form. In that case, the form is available from the Plan Administrator.

Summary of the ERISA claims and appeals process, for any type of ERISA benefits:

- 1) Claim is filed by the plan participant or his/her authorized representative.
- Claim is either paid in full or denied in whole or in part by the Insurer or Third-Party Administrator (TPA). If the claim is denied in whole or in part, this is called an "Adverse Benefit Determination."
- 3) Appeal of Adverse Benefit Determination by the plan participant or his/her authorized representative.
- 4) Final decision on the appeal by the Insurer or Third-Party Administrator (TPA).

If your appeal is denied, or if the claims fiduciary does not comply with the ERISA timeframes specified below, you can file a civil action (lawsuit) in Federal court, under ERISA section 502(1).

# **B.** Standard Claims Procedures for Medical Benefit

# 1) Fully-Insured Medical Benefits

For purposes of determining the amount of, and entitlement to benefits under a component medical program whose benefits are paid under an insurance policy, the Insurance Company is the Named Fiduciary and shall have the full power to make factual determinations and to interpret and apply the terms of the policy as they relate to the benefits provided through the insured arrangement, unless the Plan Administrator has explicitly and in writing retained the right to make a final determination. The Insurance Company is also the Claims Administrator for purposes of claims determinations.

# 2) Self-Funded Medical Benefits

For purposes of determining the amount of, and entitlement to benefits under a component medical program whose benefits are paid from the Company's general assets, the Plan Administrator shall have the full power to make factual determinations and to interpret and apply the terms of the Plan as they relate to the benefits provided through a self-funded arrangement, except to the extent the Plan Administrator has appropriately delegated such responsibility to a Claims Administrator. This is specified in the appropriate Component Benefit Program documents.

To obtain benefits from a self-funded arrangement, the Participant may be asked to complete, execute and timely submit to the Claims Administrator or Plan Administrator a written claim on the form available from either the Claims Administrator or Plan Administrator.

The Claims Administrator or Plan Administrator will decide the claim in accordance with reasonable claims procedures, as required by ERISA. ERISA imposes specific maximum timeframes for different types of medical claims (e.g., pre-authorization, emergency, post-treatment), and these are specified in the applicable documents for Component medical benefits. The Plan Administrator or the Claims Administrator has the right to secure independent medical advice and to require such other evidence as it deems necessary in order to decide his or her claim. If the Claims Administrator or Plan Administrator denies the Participant's claim, in whole or in part, it will send written notification setting forth the reason(s) for the denial.

If a Participant's claim is denied, he or she may appeal to the Named Fiduciary, for a review of the denied claim. The Named Fiduciary will decide the appeal in accordance with reasonable claims procedures, as required by ERISA. If the Participant doesn't appeal on time, he or she will lose his or her right to file suit in a state or federal court, as he or she has not exhausted the internal administrative appeal rights (which is generally a prerequisite to bringing a suit in state or federal court). The insurance documents or other governing documents for the Component Benefits contain more information about how to file a claim and details regarding the claims procedures applicable to the claim.

After a Participant's appeal for Medical Benefits has been denied by Named Fiduciary, he or she shall be eligible to file a request for review under the external review procedure as provided under Treasury

Regulations Section 54.9815-2719T(d)(1)(i); DOL Regulations Section 2590.715-2719(d)(1)(i) and HHS Regulations Section 147.136(d)(1)(i), if applicable.

# C. Claims Procedure for Benefits Based on a Determination of Disability

ERISA claims procedures apply specifically to claims made on or after April 1, 2018, under the Plan for benefits based on a determination of disability. However, if the Plan Administrator has delegated and named an insurer or third party administrator as the claims fiduciary, then such entity shall have full discretion and authority to determine eligibility for such benefits, and the insurer's or third party administrator shall apply as long as such other claims procedures comply with current Department of Labor Regulations. For additional information, please contact the disability insurer.

Additionally, if a disability determination is made outside the plan for reasons other than determining eligibility for plan benefits, the new ERISA disability claims procedures shall not apply. Examples of when the ERISA disability claims provisions do not apply are where the disability determination is based solely on whether the claimant is entitled to disability benefits under either the Social Security Act or the employer's long term disability plan.

Below is a short summary of the disability claims procedures effective for claims filed on or after April 1, 2018, if: a) the Plan Administrator makes the disability determination, or b) the Plan Administrator has designated a separate claims fiduciary but that entity's claims procedures are not compliant with applicable DOL regulations.

- If the claims administrator denies your claim, it must notify you of its decision within 45 days of receipt of your completed claim, except that it may extend the time by not more than two additional 30-day periods if it first notifies you in writing and if certain other requirements are met.
- 2) Any adverse benefits determination will include the specific information specified in the DOL final regulations.
- 3) You have 180 days to appeal an adverse benefit determination. You may request, free of charge, reasonable access to and copies of all documents, records, and other information relevant to your claim for benefits. You may submit information and opinions from experts who were not involved in the initial claim.
- 4) Within 45 days after the Claims Administrator receives your appeal request, it will notify you of its decision on your appeal, except that this period may be extended for an additional 45-day period if special circumstances (such as the need to hold a hearing) require an extension of time. In such case, you will be notified in writing of the need for the extension. The individual reviewing your appeal shall not be the same individual who made the initial benefit decision, shall give no deference to the initial benefit decision and shall not be a subordinate of the initial decision maker. If your appeal is granted, the decision will contain information sufficient to reasonably inform you of that decision. If

the reviewing fiduciary anticipates denying your appeal, whether in whole or in part, the fiduciary must provide you certain information (free of charge) as soon as possible and sufficiently in advance of the date the final decision must be rendered, to provide you a reasonable opportunity to review the information and submit a response. If your appeal is denied, you will be sent written notice which includes the information specified in the final regulations.

# 2.11. AFFORDABLE CARE ACT COMPLIANCE

The Plan complies with all applicable Patient Protection and Affordable Care Act (PPACA) provisions, as detailed in component plan documents. PPACA applies only to health benefits. It does not apply to other benefits under the Plan, such as dental, vision, life, disability, "excepted" benefits (as defined by law and regulations) or other categories of benefits.

PPACA compliance includes, but is not limited to:

- Coverage of dependents up to age 26
- No annual or lifetime dollar limits on "Essential Health Benefits" as defined in PPACA and regulations
- No pre-existing conditions exclusions
- Prohibition on rescissions
- Patient protections coverage and payment for emergency services, primary care provider designation, designation of pediatric physician as primary care provider, no prior authorization for access to obstetrical or gynecological care.
- Preventive care specified preventive care services are covered on a first-dollar basis, not subject to co-payments, co-insurance, deductibles or other cost-sharing requirements.
- Nondiscrimination testing this Plan is intended to comply with current nondiscrimination rules.

Exceptions: Plans are not required to comply with certain PPACA requirements if they are "grandfathered" as defined under PPACA or "grandmothered" (certain non-ACA-compliant small insured plans that were allowed to renew for a limited period of time, under PPACA and certain states' laws). See component plan document to clarify if your plan is "grandfathered" or "grandmothered".

# **2.12. ERISA NOTICES**

With respect to offered group Health Plans, the Plan will provide benefits in accordance with the requirements of all applicable laws, such as COBRA, HIPAA, HITECH, MHPA, NMHPA, USERRA, GINA, MHPAEA, WHCRA, HCERA and PPACA.

# Notice of Rights Under the Newborns & Mothers Health Protection Act

Group Health Plans and Health Insurance Issuers or Third Party Administrators generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, Plans and Issuers may not, under federal law, require that a provider obtain authorization from the Plan or the Issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

# Notice of Women's Health & Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedemas.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the applicable component benefit. Refer to the insurance certificate or benefit booklet for information on the deductibles and coinsurance that apply. If you would like more information on WHCRA benefits, contact the plan administrator.

# HIPAA

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that we notify you about important provisions in the plan. You have the right to enroll in the plan under its "special enrollment provision" provided that you meet participation requirements, if you marry, acquire a new dependent, or if you decline coverage under the plan for an eligible dependent while other coverage is in effect and later the dependent loses that other coverage for certain qualifying reasons. Special enrollment must take place within 30 days of the qualifying event. If you are declined enrollment for yourself or your dependents (including your spouse) while coverage under Medicaid or a state Children's Health Insurance Program (CHIP) is in effect, you may be able to enroll yourself and your dependents in this program if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after you or your dependents' Medicaid or CHIP coverage ends. If you or your dependents (including your spouse) where the coverage ends. If you or your dependents (including your dependents' Medicaid or CHIP coverage ends. If you or your dependents (including your spouse) where the coverage.

spouse) become eligible for a state premium assistance subsidy from Medicaid or a CHIP program with respect to coverage under this plan, you may be able to enroll yourself and your dependents (including your spouse) in this plan. However, you must request enrollment within 60 days after you or your dependents become eligible for the premium assistance. To request special enrollment or obtain more information, contact the plan administrator indicated in this notice.

## **HIPAA Notice of Privacy Practices**

The Health Insurance Portability and Accountability Act of 1996 ("HIPAA") requires that we maintain the privacy of protected health information, give notice of our legal duties and privacy practices regarding health information about you and follow the terms of our notice currently in effect.

You may request a copy of the current Privacy Practices from the Plan Administrator explaining how medical information about you may be used and disclosed, and how you can get access to this information. **As Required by Law**. We will disclose Health Information when required to do so by international, federal, state or local law.

You have the right to inspect and copy, right to an electronic copy of electronic medical records, right to get notice of a breach, right to amend, right to an accounting of disclosures, right to request restrictions, right to request confidential communications, right to a paper copy of this notice and the right to file a complaint if you believe your privacy rights have been violated.

## **Special Enrollment Notice**

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage) provided that you meet participation requirements. However, you must request enrollment within 30 days or any longer period that applies under the plan, after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days or any longer period that applies under the plan, after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, contact the plan administrator mentioned above.

## **USERRA**

The Uniformed Services Employment and Reemployment Rights Act (USERRA), protects the job rights of individuals who voluntarily or involuntarily leave employment positions to undertake military service or certain types of service in the National Disaster Medical System. USERRA also prohibits employers from discriminating against past and present members of the uniformed services, and applicants to the uniformed services.

# **Reemployment Rights**

You have the right to be reemployed in your civilian job if you leave that job to perform service in the uniformed service and:

- You ensure that your employer receives advance written or verbal notice of your service;
- You have five years or less of cumulative service in the uniformed services while with that particular employer;
- You return to work or apply for reemployment in a timely manner after conclusion of service; and
- You have not been separated from service with a disqualifying discharge or under other than honorable conditions

If you are eligible to be reemployed, you must be restored to the job and benefits you would have attained if you had not been absent due to military service or, in some cases, a comparable job.

# **Right to Be Free From Discrimination and Retaliation**

If you are a past or present member of the uniformed service; have applied for membership in the uniformed service; or are obligated to serve in the uniformed service; then an employer may not deny you: initial employment; recemployment; retention in employment; promotion; or any benefit of employment because of this status. In addition, an employer may not retaliate against anyone assisting in the enforcement of USERRA rights, including testifying or making a statement in connection with a proceeding under USERRA, even if that person has no service connection.

# **Health Insurance Protection**

If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents for up to 24 months while in the military. Even if you don't elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions (e.g., pre-existing condition exclusions) except for service-connected illnesses or injuries.

# Enforcement

The U.S. Department of Labor, Veterans Employment and Training Service (VETS) is authorized to investigate and resolve complaints of USERRA violations. For assistance in filing a complaint, or for any other information on USERRA, contact VETS at **1-866-4-USA-DOL** or visit its website at **http://www.dol.gov/vets**. An interactive online USERRA Advisor can be viewed at https://webapps.dol.gov/elaws/vets/userra/. If you file a complaint with VETS and VETS is unable to resolve it, you may request that your case be referred to the Department of Justice or the Office of Special Counsel, as applicable, for representation. You may also bypass the VETS process and bring a civil action against an employer for violations of USERRA.

# Genetic Information Nondiscrimination Act of 2008 ("GINA")

The Genetic Information Nondiscrimination Act of 2008 ("GINA") prohibits the Plan from discriminating against individuals on the basis of genetic information in providing any of the benefits under provided benefit plans.

GINA generally:

- Prohibits the Plan from adjusting premium or contribution amounts for a group on the basis of genetic information;
- Prohibits the Plan from requesting or mandating that an individual or family member of an individual undergo a genetic test, provided that such prohibition does not limit the authority of a health care professional to request an individual to undergo a genetic test, or preclude a group health plan from obtaining or using the results of a genetic test in making a determination regarding payment;
- Allows the Plan to request, but not mandate, that a participant or beneficiary undergo a genetic test for research purposes if the Plan does not use the information for underwriting purposes and meets certain disclosure requirements; and
- Prohibits the Plan from requesting, requiring, or purchasing genetic information for underwriting purposes, or with respect to any individual in advance of or in connection with such individual's enrollment.

# Michelle's Law

Michelle's Law is a federal law that requires certain group health plans to continue eligibility for adult dependent children who are students attending a post-secondary school, where the children would otherwise cease to be considered eligible students due to a medically necessary leave of absence from school. In such a case, the Plan must continue to treat the child as eligible up to the earlier of:

• The date that is one year following the date the medically necessary leave of absence began; or the date coverage would otherwise terminate under the Plan.

For the protections of Michelle's Law to apply, the child must:

- Be a dependent child, under the terms of the Plan, of a participant or beneficiary; and
- Have been enrolled in the Plan, and as a student at a post-secondary educational institution, immediately preceding the first day of the medically necessary leave of absence.

"Medically necessary leave of absence" means any change in enrollment at the post-secondary school that begins while the child is suffering from a serious illness or injury, is medically necessary, and causes the child to lose student status for purposes of coverage under the Plan. If you believe your child is eligible for this continued eligibility, you must provide to the Plan a written certification by his or her treating physician that the child is suffering from a serious illness or injury and that the leave of absence is medically necessary.

If you have any questions regarding the information contained in this notice or your child's right to Michelle's Law's continued coverage, you should contact the Plan Administrator.

## **Discrimination is Against the Law**

The Company complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Company does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The Company:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - o Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Plan Administrator.

If your Company has fifteen (15) or more Employees and you believe that The Company has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, refer to the Plan Administrator for Grievance Procedures or if you need help filing a grievance. A grievance can be filed in person, by mail, fax, or email.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201 1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

## **Participant's Responsibilities**

Each Participant shall be responsible for providing the Plan Administrator, Claims Administrator, if applicable, and the Company and, if required by an Insurance Company or Third Party Administrator, with respect to a fully-insured benefit, the Insurance Company with his or her current address. If required by the Insurance Company, with respect to a fully-insured benefit, each Employee who is a Participant shall be responsible for providing the Insurance Company with the address of each of his or her covered eligible dependents. Any notices required or permitted to be given to a Participant hereunder shall be deemed given if directed to the address most recently provided by the Participant and mailed by first class United States mail. The Insurance Companies, the Plan Administrator and the Company shall have no obligation or duty to locate a Participant.

**Documenting Eligibility for Enrollment and Benefits** Any person claiming benefits under the Plan shall furnish the Plan Administrator or, with respect to a fully-insured benefit, the Insurance Company or Third Party Administrator with such information and documentation as may be necessary to verify eligibility for and/or entitlement to benefits under the Plan. Refer to details in the component benefit program documents.

The Plan Administrator, Claims Administrator, if applicable, (and, with respect to a fully-insured benefit, the Insurance Company) shall have the right and opportunity to have a Participant examined when benefits are claimed, and when and as often as it may be required during the pendency of any claim under the Plan.

## 2.13. HIPAA PRIVACY AND SECURITY COMPLIANCE

#### Application

The Privacy and Security Rules in the Health Insurance Portability and Accountability Act of 1996, as amended (HIPAA) apply only to those Component Benefit Programs that constitute group health plans that are subject to HIPAA, and that are self-funded or for which the plan sponsor uses or discloses "protected health information" (PHI). Such group health plans are "Covered Programs" under HIPAA.

#### **Privacy and Security Policy**

The Covered Programs will adopt HIPAA privacy and security policies, as appropriate.

#### **Business Associate Agreement**

The Covered Programs will enter into a business associate agreement with any persons or entities as may be required by applicable law, as determined by the Plan Administrator.

#### **Notice of Privacy Practices**

The Covered Programs will provide each Participant with a notice of privacy practices to the extent required by applicable law.

## DISCLOSURE TO THE COMPANY

### In General

This Subsection permits the Covered Programs to disclose PHI to the Company to the extent that such PHI is necessary for the Company to carry out its administrative functions related to the Covered Programs.

If part of their job responsibilities include administration or management of the group health plan, there may be times that the following departments have access to an employees PHI: Accounting, IT, Legal, HR, Benefits. Examples of how their job responsibilities may require access to PHI or ePHI include (but are not limited to): payment of claims; review of amounts paid for medical services; legal review of claims or appeals or benefits issues; or access to ePHI that is at rest on (or in transit using) the employer's server, network, Intranet or Internet.

If you have any questions as to the person/persons that have access to this information, please see your plan administrator.

#### **Permitted Disclosure**

1) Permitted Disclosure of Enrollment/Disenrollment Information. The Covered Programs may disclose to the Company information on whether an individual is participating in the Covered Programs. Enrollment and disenrollment functions performed by the Company are performed on behalf of Participant and beneficiaries of the Covered Programs, and are not plan administration functions. Enrollment and disenrollment information held by the Company is held in its capacity as an employer and is not PHI.

2) Permitted Uses and Disclosure of Summary Health Information (SHI). The Covered Programs may disclose Summary Health Information, as defined in the HIPAA privacy rules, to the Company, provided that the Company requests the Summary Health Information for the purpose of (i) obtaining premium bids from health plans for providing health insurance coverage under the Covered Programs; or (ii) modifying, amending, or terminating the Covered Programs.

*3) Information Disclosed Pursuant to a Signed Authorization.* Information disclosed pursuant to a signed authorization that complies with the requirements of 45 CFR 164.508 is not subject to any restrictions, except as specified on the signed authorization.

4) Permitted and Required Uses and Disclosure of Protected Health Information (PHI) for Plan Administration Purposes. If the component health plans have not already been amended to include this information, this Wrap document amends them to incorporate the following provisions, which allow the Covered Programs to disclose PHI to the Plan Sponsor for "plan administration purposes" as defined in HIPAA regulations. This includes quality assurance, claims processing, auditing, and monitoring. The Plan Sponsor shall only use such PHI for purposes of plan administration and not for any employment-related actions or decisions. This section also serves as Certification from the Plan Sponsor that its component Health Programs have been amended to include the following limitations/restrictions:

- Use and Further Disclosure: The Company will not use or further disclose PHI other than as permitted or required by the Plan document or as required by all applicable law, including but not limited to the HIPAA privacy rules. When using or disclosing PHI or when requesting PHI from the Covered Programs, the Company will make reasonable efforts to limit the PHI to the minimum amount necessary to accomplish the intended purpose of the use, disclosure or request.
- *Agents and Subcontractors:* The Company will require any agents, including subcontractors, to whom it provides PHI received from the Covered Programs to sign Business Associate Agreements and to agree to the same restrictions and conditions that apply to the Employer, Company or Plan Sponsor with respect to such information.

Questions regarding use of PHI should be directed to the Insurer or Third Party Administrator in question. The Insurer or Third Party Administrator will advise a Plan Participant who wants to exercise any of his/her rights concerning PHI, of the procedures to be followed.

- *Employment-Related Actions:* Except as permitted by the HIPAA privacy rules and other applicable federal and state privacy laws, the Company will not use PHI for employment-related actions and decisions, or in connection with any other employee benefit plan of the Company.
- Reporting of Improper Use or Disclosure: In accordance with (16 CFR Part 318), Health Breach Notification Rule, where applicable, agrees to notify both the participants, the Federal Trade Commission and Covered Programs of any use or disclosure of any PHI or electronic PHI provided for Plan Administration purposes that is inconsistent with the uses or disclosures provided for, or that represents a PHI Security Incident, or which the Plan Sponsor or any Business Associate of the Plan Sponsor becomes aware.
- Adequate Separation. The Company will ensure that adequate protection of PHI and separation between the Covered Programs and the Company (i.e., a "firewall") is established and maintained.
- *Comply with Individual's Privacy Rights:* The Company will make available PHI to comply with an individual's right to access PHI, or to amend PHI (and the Company will make any appropriate amendments); the Company will make available the information required to provide an accounting of disclosures when requested by an individual.
- *Information to HHS:* The Company will make its internal practices, books, and records relating to the use and disclosure of PHI received from the Health Plan available to the

Secretary of Health and Human Services for purposes of determining compliance by the Health Plan with HIPAA's privacy requirements.

• *Return or Destroy PHI:* If feasible, the Company will return or destroy all PHI received from the Health Plan that the Company still maintains in any form and retain no copies of such information when no longer needed for the purpose for which disclosure was made, except that, if such return or destruction is not feasible, it will limit further uses and disclosures to those purposes that make the return or destruction of the information infeasible.

## 2.14. STATE CONTINUATION OF HEALTH PLAN COVERAGE

The Plan Administrator of any group health plan will provide (or have provided) to group health plan participants appropriate continuation of coverage notice in accordance with State continuation of coverage laws, if applicable, sent to the participating employee's last known address. Plan participants can request a copy of the continuation of coverage notice from the Plan Administrator or Human Resources Department at any time.

Participants are responsible to notify the Plan Administrator or Human Resources Department anytime there is a change of status that could impact continued coverage for dependents such as divorce, child turning age 26, death of a spouse, birth of a child or adoption of a dependent. Participants are also responsible to provide the Plan Administrator and Human Resources Department with their most recent mailing address and contact information.

Plan participants may have rights to continue health care coverage for themselves, spouse or dependents if there is a loss of coverage under the plan as a result of a qualifying event such as shown below. Participating employees and dependents may have to pay the full cost for such coverage, and accept any continuation of coverage options that will be explained in the qualifying event notification. Direct question about continuation of coverage, status changes and qualifying events to the Plan Administrator or Human Resources Department.

**Qualifying Events** 

- A covered employee's termination of employment or reduction of work hours;
- The covered employee becoming entitled to Medicare;
- Divorce or legal separation from the covered employee;
- A dependent child ceasing to be a dependent under the requirements of the plan;
- Death of a covered employee

## 2.15. STATEMENT OF ERISA RIGHTS

The Employee Retirement Income Security Act of 1974 (ERISA) provides that all Plan participants shall be entitled to the rights discussed below. Note that Cafeteria Plans, including any Dependent Care Flexible Spending Arrangement offered under the Cafeteria Plan, is not subject to ERISA.

## **Receive Information about Your Plan and Benefits**

Examine, without charge, at the Plan Administrator's office and at other specified locations, all documents governing the Plan, including insurance contracts and if the group has 100 or more participants, a copy of the latest annual report (Form 5500 Series) filed by the Plan with the US Department of Labor. Obtain, upon written request to the Plan Administrator, copies of documents governing the operation of the Plan, including insurance contracts and collective bargaining agreements, and copies of the latest annual report (Form 5500 Series, if 100 or more participants) and updated Summary Plan Description. Receive a summary of the Plan's annual financial report.

## Foreign Language

This document contains a summary in English of your plan rights and benefits under the group health plan. If you have difficulty understanding any part of this document, contact the Plan Administrator indicated above.

## **Prudent Actions by Plan Fiduciaries**

In addition to creating rights for plan participants ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan. The people who operate your Plan, called "fiduciaries" of the Plan, have a duty to do so prudently and in the interests of you and other plan participants and beneficiaries. No one, including your employer, your union, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a welfare benefit or exercising your rights under ERISA.

## **Enforce Your Rights**

If your claim for a welfare benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules. Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request a copy of plan documents or the latest annual report from the Plan and do not receive them within 30 days, you may file suit in a federal court. If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in a state or federal court. In addition, if you disagree with the Plan's decision or lack thereof concerning the qualified status of a domestic relations order or a medical child support order, you may file suit in federal court. If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the US Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

#### **Assistance with Your Questions**

If you have any questions about your Plan, you should contact the Plan Administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the Plan Administrator, you should contact the nearest office of the Employee Benefit Security Administration (EBSA) US Department of Labor, listed in your telephone directory or (866) 444-3272. You may also obtain EBSA contact information at: <a href="https://www.dol.gov/agencies/ebsa/about-ebsa/ask-a-question/ask-ebsa">https://www.dol.gov/agencies/ebsa/about-ebsa/ask-a-question/ask-ebsa</a>. You may further obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the EBSA.

## **SECTION 3: GENERAL PROVISIONS**

## **3.1. NO RIGHT TO EMPLOYMENT**

Nothing contained in this Plan will be construed as a contract of employment between the Company and you, or as a right of any Employee to continue in the employment of the Company, or as a limitation of the right of the Company to discharge any of its employees, with or without cause "at will".

## **3.2. GOVERNING LAW**

The Plan will be construed in accordance with and governed by the laws of the state or commonwealth of organization of the Plan Sponsor to the extent not preempted by federal law. The Plan hereby incorporates by reference any provisions required by state law to the extent not preempted by Federal law.

## **3.3. TAX EFFECT – NOTICE ABOUT PRE-TAX PAYMENTS AND POSSIBLE EFFECT ON FUTURE SOCIAL SECURITY BENEFITS**

Where possible, the Company provides benefits under the Plan on a pre-tax basis in accordance with federal tax law. Some benefits may be obtained on an after-tax basis. The Company does not represent or guarantee that any particular federal, state or local income, payroll, personal property or other tax consequence will result from participation in this Plan. You should consult with your professional tax advisor to determine the tax consequences of your participation in this Plan.

If this Plan allows you to pay for benefits on a pre-tax basis, you will not pay Social Security taxes on the pre-tax dollars you use to pay for coverage. As a result, the earnings used to calculate your Social Security benefits at retirement will not include these contributions. This could result in a small reduction in the Social Security benefit you receive at retirement. However, your savings on current taxes under the Plan normally will be greater than any eventual reduction in Social Security benefits.

## **3.4. REFUND OF PREMIUM CONTRIBUTIONS**

For fully-insured component benefit programs, the Plan will comply with Department of Labor (DOL) guidance regarding refunds (e.g., dividends, demutualization, experience adjustments, and/or medical loss ratio rebates (MLR) of insurance premiums). To the extent that the Company receives rebates determined to be plan assets to the extent amounts are attributable to insurance premiums paid by Participants, the rebates will (a) be distributed within 90 days of receipt to the Participants covered by the policy to which the rebate relates under a reasonable, fair, and objective allocation method or (b) if distributing the rebates would not be cost-effective because the amounts are small or would give rise to tax consequences to the Participants, the rebates may be used to pay future Participant premiums or for benefit enhancements which benefit the Participants covered by the policy to which the rebate relates. Such determination will be made by the Plan Administrator, acting in its fiduciary capacity, after weighing the cost to the Plan and the competing interest of participants. Any rebates attributable to insurance premiums paid by the Company shall be retained by the Company.

## **3.5. FACILITY OF PAYMENT**

When, in the Company or its designated representative's opinion, any Participant under the Plan is under a legal disability or is incapacitated in any way so as to be unable to manage his financial affairs, the Company or its representative may direct that payments be made to such Participant's legal representative or withhold payment pending an adjudication of the Participant's legal capacity and the appointment of a legal representative. The Company or its designated representative may also direct that payment be applied for the benefit of the Participant any way the Company considers advisable. Any payment made by the Plan in good faith pursuant to this provision shall fully discharge the Plan, the Company or the Employer to the extent of such payment. Any payment requirement shall include payments to a Participant's beneficiary in the case of death benefits paid under the Plan.

## **3.6. DATA**

Participants who may receive benefits under the Plan must furnish the Company, or its designated representatives such documents, evidence, information, releases or authorizations, as it considers necessary or desirable for the purpose of administering the Plan, or to protect the Company. It shall be a condition of the Plan that each such person must furnish such information promptly and sign such documents as the Company may require before any benefits become payable under the Plan.

## **3.7. ELECTRONIC COMMUNICATIONS**

Whenever an Employee, Participant, Spouse, other Dependent or beneficiary is required to provide information or perform a written process, the Plan Administrator may, in its discretion, permit or require that electronic means be used. In addition, meetings with the Plan Administrator may be held in person or through electronic or telephonic means or a combination thereof and written actions of the Plan Administrator may be taken using electronic or conventional means. In the use of electronic communication, the Plan Administrator shall follow all guidelines published by the Department of Labor and the Internal Revenue Service.

## 3.8. NON-ASSIGNABILITY AND SPENDTHRIFT CLAUSE

To the extent permitted by law, the benefits or payments under the Plan will not be subject to alienation, sale, assignment, pledge, attachment, garnishment, execution, encumbrance or other transfer, nor will they be subject to any claim by any creditor of any Participant under the Plan other than a physician or treatment facility so authorized by the Participant or to legal process by an creditor of any Participant (except in the case of death or obligations owed to the Company). Any attempt to circumvent these provisions shall be considered null and void.

## **3.9. SEVERABILITY OF PROVISIONS**

If any provision of the Plan is held invalid or unenforceable, such invalidity or unenforceability will not affect any other provisions hereof, and the Plan will be construed and enforced as if such provisions had not been included.

## **3.10. EFFECT OF MISTAKES**

In the event of a mistake as to the eligibility or participation of an Employee, or the allocations made to the account of any Participant, or the amount of distributions made or to be made to a Participant or other person, the Plan Administrator will, to the extent it deems possible, cause to be allocated or cause to be withheld or accelerated, or otherwise make adjustment of, such amounts as will in its judgment accord to such Participant or other person the credits to the account or distributions to which he is properly entitled under the Plan. Such action by the Administrator may include withholding of any amounts due the Plan or the Company from Compensation paid by the Company.

## **3.11. COMPLIANCE WITH STATE AND FEDERAL MANDATES**

With respect to all Component Programs, the Plan will comply, to the extent applicable, with the requirements of all applicable laws, such as USERRA, COBRA, FMLA, HIPAA, WHCRA, the Health Information Technology for Economic and Clinical Health Act, the Newborns' and Mothers' Health Protection Act of 1996, as amended, the Mental Health Parity Act, the Mental Health Parity Addiction Equity Act, and the Genetic Information Nondiscrimination Act of 2008 ("GINA").

## **3.12. COMPONENT BENEFIT PROGRAM - PROVIDER COMPANIES**

## **Type: Medical Insurance**

Name of Provider: BCBSTX - Client Type or Plan Name: G654CHC Plan Funding: Fully-Insured, Group Medical Insurance Policy Number: 084453 Administration: Shared between RURAL CAPITAL AREA WORKFORCE DEVELOPMENT BOARD, INC.(2964) & BCBSTX - Client Provider Address: 1001 E. Lookout Drive, Richardson, TX 75082 Provider Phone: (800) 521-2227 Provider URL: https://www.bcbstx.com

## **Type: Dental Insurance**

Name of Provider: Sun Life Type or Plan Name: Dental - PPO 1000 Plan Funding: Fully-Insured, Group Dental Insurance Policy Number: 923203 Administration: Shared between RURAL CAPITAL AREA WORKFORCE DEVELOPMENT BOARD, INC.(2964) & Sun Life Provider Address: One Sun Life Park, Wellesley Hills, MA 02481 Provider Phone: (800) 247-6875 Provider URL: www.sunlife.com

#### **Type: Vision Insurance**

Name of Provider: Sun Life Plan Funding: Fully-Insured, Group Vision Insurance Policy Number: 923203 Administration: Shared between RURAL CAPITAL AREA WORKFORCE DEVELOPMENT BOARD, INC.(2964) & Sun Life Provider Address: One Sun Life Park, Wellesley Hills, MA 02481 Provider Phone: (800) 247-6875 Provider URL: www.sunlife.com

#### Type: Life/AD&D

Name of Provider: Sun Life Policy Number: 923203 Administration: Shared between RURAL CAPITAL AREA WORKFORCE DEVELOPMENT BOARD, INC.(2964) & Sun Life Provider Address: One Sun Life Park, Wellesley Hills, MA 02481 Provider Phone: (800) 247-6875 Provider URL: www.sunlife.com

#### **Type: Long-Term Disability**

Name of Provider: Sun Life Policy Number: 923203 Administration: Shared between RURAL CAPITAL AREA WORKFORCE DEVELOPMENT BOARD, INC.(2964) & Sun Life Provider Address: One Sun Life Park, Wellesley Hills, MA 02481 Provider Phone: (800) 247-6875 Provider URL: www.sunlife.com

#### **Type: Short-Term Disability**

Name of Provider: Sun Life Policy Number: 923203 Administration: Shared between RURAL CAPITAL AREA WORKFORCE DEVELOPMENT BOARD, INC.(2964) & Sun Life Provider Address: One Sun Life Park, Wellesley Hills, MA 02481 Provider Phone: (800) 247-6875 Provider URL: www.sunlife.com

## **SECTION 4: DEFINITIONS**

The following words and phrases used herein shall have the following meanings, unless a different meaning is plainly required by the context. Masculine pronouns used in this Plan shall include masculine and feminine gender unless the context indicates otherwise, and words in the singular also include the plural. These are general definitions and the presence of any definition in this section is not, in and of itself, an indication of the existence of a benefit.

"Cafeteria Plan" means a cafeteria plan under Code Section 125 sponsored by the Company.

"Claims Administrator" means the entity or provider responsible for reviewing and approving insurance claims.

"COBRA" means the Consolidated Omnibus Budget Reconciliation Act of 1985, as amended.

"Code" means the Internal Revenue Code of 1986, as amended.

"**Company**" means the entity or entities or any successor to it by merger, purchase or otherwise and any predecessor which has maintained this Plan or any corporation, sole proprietor, partnership or association that assumes the obligations of this Plan.

"Component Benefit Programs" are those benefit programs specified under Provider Companies and contained in previously provided documents, included with this document or available through the Plan Administrator.

**"Component benefit program or plan documents"** include certificates of insurance, group insurance contacts, ERISA plan documents (if self-funded) and governing benefit plan documents for non-insurance benefit programs.

**"Dependent"** means any individual who is or may become eligible for coverage under the terms of a group health plan because of a relationship to a participant.

**"Employee"** means any current or former employee of the Employer who satisfies the eligibility provisions as specified in the applicable benefit plans. The determination of whether an individual is an Employee, an independent contractor or any other classification of worker or service provider and the determination of whether an individual is classified as a member of any particular classification of employees shall be made solely in accordance with the classifications used by the Company and shall not be dependent on, or change due to, the treatment of the individual for any purposes under the Code, common law or any other law, or any determination made by any court or government agency.

"Employer" means the Company and any related employers who are participating under this Plan.

"ERISA" means the Employee Retirement Income Security Act of 1974, as amended.

**"Form 5500"** The Form 5500 Series is an important compliance, research, and disclosure tool for the Department of Labor, a disclosure document for plan participants and beneficiaries, and a source of information and data for use by other Federal agencies, Congress, and the private sector in assessing employee benefit, tax, and economic

trends and policies. For employers required to submit form 5500 reports (usually 100+ participants on any group plan as of the beginning of the plan year), this document is considered a "wrap" plan so the report is done on the wrap plan as a whole, not each individual plan.

**"FMLA"** means the Family and Medical Leave Act of 1993, as amended. FMLA only applies to covered organizations with 50 or more employees within a 75 mile radius.

"GINA" means the Genetic Information Nondiscrimination Act of 2008.

"HCERA" means the Health Care and Education Reconciliation Act of 2010.

"HIPAA" means the Health Insurance Portability and Accountability Act of 1996, as amended.

"HITECH" means the Health Information Technology for Economic and Clinical Health Act.

**"Hour of service"** means (1) each hour for which an employee is paid, or entitled to payment, for the performance of duties for the employer, and (2) each hour for which an employee is paid, or entitled to payment, by the employer for a period of time during which no duties are performed due to vacation, holiday, illness, incapacity (including disability), layoff, jury duty, military duty, or leave of absence. Hours of service for all employees are credited using actual hours of service from records of hours worked and hours for which payment is made or due.

**"Insurer"** means any insurance company, health maintenance organization, preferred provider organization or any similar organization with whom the Company has contracted for an insured or contractually-established benefit.

"MHPA" means the Mental Health Parity Act of 1996.

"MHPAEA" means the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act.

"New hire employee" means an employee who has been employed for less than one complete standard measurement period.

**"Named Fiduciary"** means the individual(s) or entity or entities responsible for either administering benefit plans or the insurance company providing coverage.

"NMHPA" means the Newborns' and Mothers' Health Protection Act of 1996, as amended.

"Ongoing employee" means an employee who has been employed for at least one complete standard measurement period.

**"Participant"** any employee or former employee of an employer, or any member or former member of an employee organization, who is or may become eligible to receive a benefit of any type from an employee benefit plan.

"Plan" means this employee benefit plan, which includes all benefits described in this document.

**"Plan Administrator"** means the person, the committee or the entity specified in this document to be the Administrator, as defined in ERISA Section 3(16)(A).

**"Plan Year"** means a twelve (12) month period specified in this document. The Plan Year also is the accounting period for the Plan.

**"Protected Health Information"** ("PHI") is individually identifiable health information that is maintained or transmitted by a covered entity, subject to specified exclusions as provided in 45 CFR § 150.103.

"PPACA" means the Patient Protection and Affordable Care Act.

**"Spouse"** means an individual who is legally married to a Participant as determined under Revenue Ruling 2013-17 or otherwise defined in component plan documents.

**"Stability Period"** means a designated period of not less than six months (and not less than the corresponding measurement period) during which the employer must offer coverage to all individuals identified as full-time employees during the measurement period, regardless of hours worked during the stability period.

"USERRA" means the Uniformed Services Employment and Reemployment Rights Act of 1994, as amended.

**"Variable-hour employee"** means a new employee if, based on the facts and circumstances at the employee's start date, the employer cannot determine whether the employee is reasonably expected to be employed on average at least 30 hours of service per week during the initial measurement period because the employee's hours are variable or otherwise uncertain. For purposes of determining whether an employee is a variable-hour employee, the likelihood that the employee may terminate employment before the end of the initial measurement period will not be considered.

"WHCRA" means the Women's Health and Cancer Rights Act of 1998, as amended.

## **SECTION 5: ADDENDUMS**

## 5.1. FAMILIES FIRST CORONAVIRUS RESPONSE ACT (FFCRA) AND CORONAVIRUS AID RELIEF AND ECONOMIC SECURITY ACT (CARES) ADDENDUM

#### **Coverage of Diagnostic Testing for COVID-19**

Participants receiving testing for COVID-19 will be covered by private insurance plans or self-funded group health plans without cost sharing, including those tests without a EUA by the FDA. Per section 3201 of the CARES act, there is currently no expiration to this provision.

#### **Pricing of Diagnostic Testing**

For COVID-19 testing covered with no cost to patients, requires an insurer to pay either the rate specified in a contract between the provider and the insurer, or, if there is no contract, a cash price posted by the provider. Per section 3202 of the CARES act, there is currently no expiration to this provision.

#### **Rapid Coverage of Preventive Services and Vaccines for Coronavirus**

Participants receive free coverage without cost-sharing of a vaccine within 15 days for COVID-19 that has in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force or a recommendation from the Advisory Committee on Immunization Practices (ACIP). Per section 3203 of the CARES act, there is currently no expiration to this provision.

## IF DURING YOUR NORMAL COURSE OF BUSINESS, YOU REQUIRE A BOARD RESOLUTION OR AN OFFICER APPROVAL FOR YOUR PLAN, SEE BELOW.

**Board Meeting Briefing Materials** 

## IN WITNESS WHEREOF, RURAL CAPITAL AREA WORKFORCE DEVELOPMENT BOARD, INC.(2964), has

caused this Plan to be executed in its name and on behalf of its officers there unto duly authorized this \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_\_

By: \_\_\_\_\_

Title:

This document has legal consequences. The Employer acknowledges that it is advisable to have this document reviewed by legal counsel prior to adopt ion of this document. The Employer acknowledges that HR Service, Inc., its affiliates, agents, employees and counsel have not been retained to provide any such review.

## UNANIMOUS WRITTEN CONSENT

## OF THE BOARD OF DIRECTORS OR OFFICERS OVERSEEING THE COMPANY OF

## RURAL CAPITAL AREA WORKFORCE DEVELOPMENT BOARD, INC.(2964)

**THE UNDERSIGNED**, consisting of all members of the \_\_\_\_\_\_ corporation (the "Company") on this \_\_\_\_\_ day of \_\_\_\_\_\_, 20\_\_\_\_\_ do here by waive any and all requirements for the holding of a meeting of the Board, and in lieu of holding such meeting, do here by take the following actions and adopt the following resolutions by signing this unanimous written consent:

WHEREAS, the board or a designated signee desires to adopt the \_\_\_\_\_\_ Summary Plan Description Wrap (the "Plan") effective \_\_\_\_\_\_.

**NOW THEREFORE BE IT RESOLVED**, that the Plan is adopted and approved effective\_\_\_\_\_.

**FURTHER RESOLVED**, that the President, Treasurer or Secretary is authorized and directed to take such actions as are appropriate and necessary to adopt the Plan; and

**FURTHER RESOLVED**, that the Secretary of the Company, be and here by is directed to file this Consent with the permanent records of the Company as the duly authorized act of the Board.

#### Business/Education Committee Thursday, April 15, 2021 10 am

Attendees: Mike Crane Roberto Perez Frank Leonardis Hector Aguilar Diane Tackett

Nikki Stallings

Jeff Light

Cara DiMattina Ryan

Paul Fletcher

We introduced Roberto Perez, our New Project Director with Equus

Diane introduced a policy regarding childcare priority. We had decided to table this discussion because there are still discussions taking place at TWC about policies to implement the decision. We will bring it back up at the next Business/Education meeting.

We presented the strategic plan to the Committee, which outlines an updated role for the Business/Education Committee participants. It includes the technical role that the committee has always played on approving Board policies. It adds recruiting businesses to participate and engage in activities, focus on the alignment of education and business, provide candid feedback to help structure meaningful business engagement activities. As WSRCA creates tools and resources that have been outlined in Goal 2 of the applying strategies that emphasizes the employer-led system, the committee will help us define how we can improve these to make them more useful and accessible to businesses.

There was interest in applying this in the form of industry coalitions that can better inform the way we serve the region.

The E3 Alliance and Buildit/Roy Spence are working towards promoting continuing education. We may want to connect with their group and efforts.

As we move forward, we have to be cognizant of the needs of the Rural Capital Area employers and job seekers to make sure we are representing them and creating supports that will benefit them best. We also need to look at strategies and opportunities to educate these organizations with great intentions on the needs of the Rural Capital Area to ensure that they are designing programs that support our communities.

Paul thanked everyone for joining us.

The meeting adjourned.



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## Workforce Solutions Rural Capital Area Community Awareness Committee

## **Meeting Minutes**

Meeting Date/Time: March 24, 2021 | 12 p.m.

Meeting Location: Zoom (Video: https://youtu.be/cV8sf1alfT4)

Committee Members in Attendance: Hector Aguilar, Debbie Burkhard, Camille Clay, Carole Belver, Tracy Jackson, Margaret Lindsey, Jennifer Tucker

Committee Members Absent: Briley Mitchell

Workforce Solutions Rural Capital Area (WSRCA) Board Staff Attendees: Paul Fletcher, Brian Hernandez, Cara DiMattina Ryan, Nellie Reyes

- Community Awareness Committee Chair Camille Clay called the meeting to order
- Roll Call Camille Clay: Seven members of the Committee were present, which constituted a quorum
- Public Comments Camille Clay: No public comments were made
- \*Consent Agenda Chair
  - o Adopt minutes of the January 20, 2021 Community Awareness Committee Meeting
    - $\checkmark$  Motion to approve
    - $\checkmark$  Seconded
    - $\checkmark$  Motion approved
- Information Sharing Camille Clay introduced guest speaker Chair/Guest Speaker: Kimberly Goode, WSRCA Board member and Executive Director of the <u>Literacy Council of Williamson County</u>, who provided insights on Literacy Council WILCO's mission to improve lives in our communities through adult literacy education, how the organization communicates with its audiences, and how the Committee/Board can support their efforts. Among the items discussed:
  - Literacy Council WILCO believes that education is the great equalizer that can help pull someone out of poverty and put them on a path to a sustainable income
  - The Council accomplishes this goal by providing adult basic education, GED prep, English as a Second Language, and vocational training
  - The Council is staffed by five full-time employees and 125 volunteers (many of them from Sun City or Dell Technologies)

- Before the pandemic, the Council was serving about 900 students annually, but that number dropped to about 300 in 2020
- All of the education courses are free to the students
- o 98% of the Council's student body is considered low income or below
- When students connect with the Council for solutions, to come with a sense of urgency about their workforce situation
- Some students see, on average, a 45% increase in income as a result of the literacy program
- The most significant change in the Council's operations amid the pandemic is that they are now virtual, except for vocational training, which has in-person certification requirements
- o In-person classes are held at the Georgetown Learning Center
- The biggest challenge of moving to virtual is in the recruitment of students who are not online
- Another challenge is finding virtual teachers. Many of the teachers in the Council's program are retired educators or from the corporate world and are not comfortable with either virtual or inperson classrooms amid the pandemic
- Engaging donors and fundraising is also proving to be a challenge
- One of the barriers to success for students is access to broadband internet. The Council can provide laptops on loan, but without internet access, students are limited to public Wi-Fi
- The Council is also in need of volunteers to assist students in their success
- The most effective communication tool that the Council has for recruitment is Word of Mouth advertising from students and volunteers
- One of the resources the Council would like to invest in is the recruitment of instructors with advanced degrees and years of experience in virtual instruction
- Information Discussion Camille Clay led the Committee to review:
  - Plans for the implementation of the Board's Strategic Workforce Plan and discussed how the group could support the Plan through active participation and oversight
  - o Ideas for events and outreach to promote National Internship Awareness Month in April
- Communications Report Camille Clay: The Committee Secretary/WSRCA Chief Storyteller Brian Hernandez discussed the following items:
  - Reviewed proposed changes to Board Committees in 2021
  - o Reviewed upcoming dates for TWC statewide events
  - o Reviewed plans for the Strategic Plan Kickoff Event on March 31
  - o Reviewed status of outreach for the Board's "Calling Card" video in English and Spanish
  - o Reviewed strategy to recalibrate Jobs Now outreach and website features
  - o Reviewed status of video production to promote Child Care Services
  - o Reviewed strategy to launch and promote Training Tuesdays/Career Lattice events
- New Business Camille Clay: WSRCA Contract Specialist, Nellie Reyes, relayed that the rollout of WSRCA's PATHS for Texas program has begin. More on PATHS:
  - PATHS For Texas is a statewide initiative to provide industry and nationally-recognized training and upskill opportunities to improve employee retention, to support career advancement, and to promote success for workers and job seekers in customer-facing industries
  - PATHS For Texas Provides:
    - Industry Recognized Training Opportunities

- Time-Saving Training Solutions for Employee Credential Achievement Career Ladders to Management for Entry-level individuals
- > Employment and Career Skills for Promotion & Increased Wages
- A Skilled Workforce for Greater Economic Mobility for Our Communities Invaluable Training at No Cost to Employers
- Eligible PATHS Participants:
  - > Employers in customer serving industries interested in upskilling employees
  - Individuals currently employed working in customer-facing industries, or Individuals seeking employment with previous work experience in customer-facing industries
- Priorities for Board Staff Camille Clay: Board staff were asked to continue to provide the Committee with updates on active projects
- Next Committee Meeting Camille Clay: The next committee meeting is scheduled for Wednesday, May 19, 2021, from 12-2 p.m., on Zoom.
- Meeting Adjourned Camille Clay

FY 2020-2021 FINANCIAL REPORT				
Budget for October 1, 2020 - September 30, 2021				
· · · · · · · · · · · · · · · · · · ·	FY20/21			
Approved Budget	32,597,726			
Proposed Budget Revision II (pending Board Approval)	34,213,926			
Change in Budget	1,616,200			
	2021 Budget	2021 Proposed Revised Budget	Difference	Foot- notes
NANAGEMENT SERVICES (Board Operations, Staff, Outreach, Financial Services)				
Salaries & Benefits	1,489,334	1,569,334	80,000	1
Operating Expenses	361,863	361,863	-	
Board Facilities	195,000	195,000	-	
Total Management Services	2,046,197	2,126,197	80,000	<u> </u>
INFRASTRUCTURE SERVICES (Rent, Phone, Utilities, Maintenance, Supplies) Workforce Infrastructure	1,644,243	1,644,243		
Child Care Infrastructure	289,701	289,701	-	
Total Infrastructure Services	1,933,944	1,933,944	-	
TOTAL OPERATING BUDGET	3,980,141	4,060,141	80,000	
CONTRACTED SERVICES				
Workforce Centers - ResCare	4,913,922	4,913,922	-	
Child Care - Baker-Ripley	2,867,400	2,867,400	-	
Total Contracted Services	7,781,322	7,781,322	-	
CUSTOMER SERVICES (Direct Care, Training, Support Services Only)				
Workforce Training/Support Activities - ResCare	2,145,484	2,145,484	-	
Direct Care - Child Care - Baker-Ripley	17,968,690	19,504,890	1,536,200	2
Total Customer Services	20,114,174	21,650,374	1,536,200	
Small Contracts - Local Initiatives *****	722,089	722,089	-	
TOTAL PROGRAM BUDGET	28,617,585	30,153,785	1,536,200	
TOTAL ANNUAL BUDGET	32,597,726	34,213,926	1,616,200	
	52,597,720	54,215,920	1,010,200	
MANAGEMENT TO TOTAL BUDGET RATIO	6.28%	6.28%		
	Budge	et Revision Footno	otes	
	<sup>1</sup> Proposed budget inc Healthcare Initiative (	rease of \$80,000 for ne		
	<sup>2</sup> Child Care Funds an	, 0		
			•	
Small Contracts - Local Initiatives *****				
Workforce Alternative Funds		\$ 100,743		
Entrepreneur Bootcamp		\$ 28,746		
Workforce Career Initiatives		\$ 82,431 \$ 206,000		
SEAL Program Paths		\$ 396,000 \$ 90,000		
Patris Potential Reserve from Navigator		\$ 90,000 \$ 24,169		
		\$ 722,089		

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<b>WORKFORCE SC</b>	DLUTIC	INS										
RURAL CAPITA	LAREA											
A proud partner of the American	JobCenter"	network										
FY 2020-2021 FINANCIAL REPORT												
Budget for October 1, 2020 - September 30, 2021												
	FY20/21											
Approved Budget	32,597,726											
Proposed Budget Revision II Funds Pending Board Budget Approval	34,213,926											
runds Pending Board Budget Approval	1,616,200											
		2021	2021	FY 2021						Percent of	Percent of	
	FY 2021	Revised	Proposed	Y-T-D		Percent of	Percent of	Percent Variance		Revised	Revised	Percent Variance
	Actual	Approved	Budget	Budget	Foot-	Budget	Budget	of Expended	Foot-	Budget	Budget	of Expended
	Expense	Budget	Revision II	Remaining	notes	Expended	Benchmark	from Benchmark	notes	Expended	Benchmark	from Benchmark
MANAGEMENT SEDVICES (Board Operations, Staff, Outro	10.1.20 - 2.28.21	1										
MANAGEMENT SERVICES (Board Operations, Staff, Outree Salaries & Benefits	610,817	1,489,334	1,569,334	878,517	0	41.01%	41.67%	-0.65%		38.92%	41.67%	-2.74%
Operating Expenses	176,277	361,863	361,863	185,586	1	41.01%	41.67%	7.05%		48.71%	41.67%	7.05%
Board Facilities	82,600	195,000	195,000	112,400		42.36%	41.67%	0.69%		42.36%	41.67%	0.69%
Total Management Services	869,694	2,046,197	2,126,197	1,176,503		42.50%	41.67%	0.84%		40.90%	41.67%	-0.76%
INFRASTRUCTURE SERVICES (Rent, Phone, Utilities, Maint Workforce Infrastructure	694,609	1,644,243	1,644,243	949,634		42.24%	41.67%	0.58%		42.24%	41.67%	0.58%
Child Care Infrastructure	101,332	289,701	289,701	188,369	2	34.98%		-6.69%		34.98%	41.67%	-6.69%
Total Infrastructure Services	795,941	1,933,944	1,933,944	,		41.16%		-0.51%		41.16%	41.67%	-0.51%
TOTAL OPERATING BUDGET	1,665,635	3,980,141	4,060,141	2,314,506		41.85%	41.67%	0.18%		41.02%	41.67%	-0.64%
CONTRACTED SERVICES Workforce Centers - Equus	1,893,881	4,913,922	4,913,922	3,020,041		38.54%	41.67%	-3.13%		38.54%	41.67%	-3.13%
Child Care - Baker-Ripley	1,277,200	2,867,400	2,867,400	1,590,200		44.54%		2.88%		44.54%	41.67%	2.88%
Total Contracted Services	3,171,081	7,781,322	7,781,322	4,610,241		40.75%		-0.91%		40.75%	41.67%	-0.91%
CUSTOMED SEDVICES (Direct Care Training Surgert Care	visos Onlul											
CUSTOMER SERVICES (Direct Care, Training, Support Serv Workforce Customer Services - Equus	464,541	2,145,484	2,145,484	1,680,943	3	21.65%	41.67%	-20.01%		21.65%	41.67%	-20.01%
Direct Care - Child Care - Baker-Ripley	8,408,841	17,968,690	19,504,890	9,559,849	4	46.80%	41.67%	5.13%		43.11%	41.67%	1.44%
Total Customer Services	8,873,382	20,114,174				44.12%		2.45%		40.98%	41.67%	-0.68%
Small Contracts - Local Initiatives	47,978	722,089	722,089	674,111	5	6.64%	41.67%	-35.02%		6.64%	41.67%	-35.02%
TOTAL PROGRAM BUDGET	12,092,441	28,617,585	30,153,785	16,525,144		42.26%	41.67%	0.59%		40.10%	41.67%	-1.56%
TOTAL ANNUAL BUDGET	13,758,076	32,597,726	34,213,926	18,839,650		42.21%	41.67%	0.54%		40.21%	41.67%	-1.45%
MANAGEMENT TO TOTAL BUDGET RATIO	6.32%	6.28%	6.21%									
	Expenditure to Budge											
40.750.076				0,000 for new Rur	-111**		- (DUI) 6					
13,758,076								nis time but will even	out by ve	ar-end.		
		\$ 19,275	Rose Collins pro	ogram monitoring	, u							
		\$ 24,960 \$ 15,214	Ed Taylor fiscal Cumulative insu	monitoring Irance payments to	Philad	elphia insuran	ce for facilities	equipment. etc.				
		\$ 59,449				· · · · ·						
				and change in alloc (force Infrastructur			i result in less Bo	oard Operating exper	aitures,			
	3	Equus is rampin	g up enrollment	into National Dislo	cated V	Vorker (NDW)						
				r additional Up Pay (SEAL) grant incre				added to budget. kpenditures will not b	egin until	summer.		
				. , , , , , , , , , , , , , , , , , , ,			Julia					

Small Contracts - Local Initiatives

100,743 28,746 82,431 396,000 90,000 24,169 722,089

\$

Small Contracts - 1 Workforce Alternative Funds Entrepreneur Bootcamp Workforce Career Initiatives SEAL Program Paths Potential Reserve from Navigator

Board Meeting Briefing Materials

#### RCA Board Statement of Revenues and Expenditures - Unposted Transactions Included In Report From 2/1/2021 Through 2/28/2021

	Current Period Actual	Current Year Actual	Prior Year Actual
Revenues			
Grant Revenue			
Workforce Investment Opportunity Act Funds	402,474.41	2,154,372.74	2,189,674.30
Child Care Funds	2,128,139.01	10,138,461.42	9,137,841.29
Temporary Assistance for Needy Families	134,296.97	634,959.88	685,023.14
Other Funding	225,865.82	825,847.66	659,775.33
Program Income			
Workforce Investment Opportunity Act Funds	220.88	1,046.13	2,463.58
Child Care Funds	40.64	163.74	1,122.07
Temporary Assistance for Needy Families	104.95	420.66	852.91
Other Funding	222.72	726.53	1,234.43
Total Revenues	2,891,365.40	13,755,998.76	12,677,987.05
Expenditures			
Expense			
Workforce Investment Opportunity Act Funds	402,695.29	2,155,418.87	2,192,137.88
Child Care Funds	2,128,179.65	10,138,625.16	9,138,963.36
Temporary Assistance for Needy Families	134,401.92	635,380.54	685,876.05
Other Funding	234,013.14	829,539.92	662,592.51
Total Expenditures	2,899,290.00	13,758,964.49	12,679,569.80
Variance	(7,924.60)	(2,965.73)	(1,582.75)

#### RCA Board Balance Sheet - Unposted Transactions Included In Report As of 2/28/2021

	Current Period		
	Change	Current Year	Prior Year
Assats			
Assets Current Assets			
Cash			
Cash-Operating Fund	(142,723.28)	513,291.02	231,395.12
Cash-General Fund	0.19	25,606.66	52,751.82
Total Cash	(142,723.09)	538,897.68	284,146.94
Grant Receivable			
Grants Receivable	502,008.51	1,783,788.90	1,543,583.67
Contracts Receivable	8,333.34	25,000.00	144,550.00
Total Grant Receivable	510,341.85	1,808,788.90	1,688,133.67
Other Current Assets	0.00	0.00	(4.007.00)
Accounts Receivable	0.00	0.00	(4,227.00)
Prepaid Expense	80,348.81 0.00	155,509.79	204,005.53 73,767.52
Security Deposits Gift Card Inventory	0.00	90,517.52 550.00	550.00
Total Other Current Assets	80,348.81	246,577.31	274,096.05
Total Current Assets	447,967.57	2,594,263.89	2,246,376.66
Property & Equipment	11,707.37	2,374,203.07	2,240,370.00
Fixed Assets	0.00	3,093,704.22	2,865,885.49
Leasehold Improvements	0.00	42,077.72	42,077.72
Construction in Progress	0.00	105,656.86	105,656.86
Accumulated Depreciation	0.00	(2,033,497.65)	(2,042,828.24)
Total Property & Equipment	0.00	1,207,941.15	970,791.83
Total Assets	447,967.57	3,802,205.04	3,217,168.49
Current Liabilities Accounts Payable Accounts Payable Control Acct	356,665.60	1,750,238.01	1,403,284.95
Grants Payable	0.00	(1,772.76)	468.56
Accounts Payable Accruais	104,760.86	215,763.75	409,800.68
Total Accounts Payable	461,426.46	1,964,229.00	1,813,554.19
Other Accrued Liabilities			
Fed Withholding Tax Payable	(453.04)	1,869.19	2,937.14
FICA Taxes Payable	(654.32)	3,057.92	5,135.28
SUI Taxes Payable	(746.50)	16.35	27.26
Health Insurance Payable	0.00	0.00	1,925.18
125 Plan Deductions Payable	(49.04)	1,516.08	(799.75)
401K Plan Deductions Payable	(642.64)	1,153.49	6,614.26
Salaries Payable	(2,988.75)	15,635.10	23,545.10
Payables-Other	0.00	148.84	74,365.59
Accrued Uncompensated Absences	0.00	56,230.98	32,174.78
Other Accrued Liabilities - Closing Account	0.00	11,173.43	36,071.69
Total Other Accrued Liabilities	(5,534.29)	90,801.38	181,996.53
Total Current Liabilities	455,892.17	2,055,030.38	1,995,550.72
Total Liabilities	455,892.17	2,055,030.38	1,995,550.72
Net Assets Unrestricted Beginning Net Assets			
Fund Balance - Restricted	0.00	1,113,511.69	949,201.15
Fund Balance - Unrestricted	0.00	636,628.70	273,999.37
Total Beginning Net Assets	0.00	1,750,140.39	1,223,200.52
Total Unrestricted	0.00	1,750,140.39	1,223,200.52
Permanently Restricted Board Meeting Briefing Materials			

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#### RCA Board Balance Sheet - Unposted Transactions Included In Report As of 2/28/2021

	Current Period Change	Current Year	Prior Year
Changes in Net Assets Total Net Assets	(7,924.60)	(2,965.73) 1,747,174.66	(1,582.75) 1,221,617.77
Total Liabilities and Net Assets	447,967.57	3,802,205.04	3,217,168.49

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## WORKFORCE SOLUTIONS RURAL CAPITAL AREA GOVERNANCE FINANCE COMMITTEE MEETING

Wednesday, April 14, 2021 at 1:00PM

Via Zoom Meeting ID 410 868 7538 Password: 173062 By Phone +1 346 248 7799 Password: 173062

## Minutes

Meeting Begins at 1:00 PM

Governance Finance Committee Chair—Vacant

- Call the meeting to order/roll call Meeting called to order by Frank Leonardis. Those present on the Zoom meeting were: <u>Board Members:</u> Frank Leonardis, Jenna Fohn Thomas, Margaret Lindsey, Mike Kamerlander, Rene Flores, Tim Ols <u>Board Staff:</u> Paul Fletcher, Janie Kohl, Eugene Ratliff, Jenna Akridge <u>Guest Speaker:</u> Milo Martinez. <u>Not present:</u> Eben Riggs
- Financial Overview

Rene Flores provided an overview of the Financials. Rene stated there were no issues that really needed to be discussed. Everything was in order. Rene did note that the committee needed to vote on a new budget, due to additional funding provided to the Board. The new budget was submitted for review and would be voted on at the end of all presentations.

• Audit Presentation – Milo Martinez, CPA Special Guest Milo Martinez went over the Financial Audit. Milo stated there were no findings and at this time WSRCA was at minimal risk. Milo stated compared to where we were now compared to the last review shows great progress. Frank did note that on the report, the date appeared to be incorrect and asked that Milo correct it. Milo acknowledged and stated he would change.

There error is noted as: In accordance with *Government Auditing Standards*, we have also issued our report dated March 29, <u>2020</u>,

The Board Committee congratulated the Fiscal Department and the entire Board Staff on their efforts over the last couple of years in correcting all issues in prior audits.

• Approval of revised Fiscal Policies

Jenna Akridge explained some revisions made to Fiscal Policies. The changes to the policy were due to Texas Workforce Commission changing the rules on procurement, small purchases, and micro purchases. The changes gave the Board much more flexibility. All changes were noted in the handouts provided to the Board Committee.

During this time, Eugene Ratliff, discussed changes to the Finance and Governance Committee Charter. During the last meeting, it was decided to add IT oversight to the G&F Committee. Due to this, the changes were made to the Charter showing the oversight that would be given. In addition, changes to the fiscal responsibility of the committee related to the Fiscal Policy changes were also amended.

After the Budget Amendment, Fiscal Policy changes, and updated Charter were presented, Frank opened the floor for discussion. There was no discussion needed. Frank asked for a motion to vote, Jenna Fohn Thomas moved for the motion with Tim Ols providing a second. All members voted yes. No opposed.

• Schedule date/time for next committee meeting The next meeting is scheduled for:

June 9, 2021 2:00 – 3:00 pm

• Adjourn Frank adjourned the meeting

## Fiscal Policy Changes for April 21, 2021 Board Meeting

The changes to the three WSRCA fiscal policies reflect the revisions made at the Federal level to the Code of Federal Regulations, Title 2.

These changes allow for:

- Noncompetitive procurement for micro purchases;
- WSRCA to determine the adequate number of quotes for Small Purchases on a case by case basis; and
- Removes outdated language.

#### 01.013.3 Noncompetitive Negotiation and Sole Source Method of Procurement

Noncompetitive negotiation is procurement through solicitation of a proposal from only one source; the funding of an unsolicited proposal; or after solicitation of a number of sources, competition is determined inadequate.

The WSRCA may solicit from one source, "sole source" if the contracting officer determines that the circumstances of the contract action deem only one source reasonably available. Circumstances under which procurement may be awarded by sole source negotiations are limited to one or more of the following conditions:

- If a public exigency or emergency exists and the urgency of the requirement will not permit a delay incident to obtaining competition;
- If the item is available from only a single source;
- The awarding agency authorized noncompetitive proposals; or
- If, after soliciting a number of sources, competition is deemed inadequate;

WSRCA allows for noncompetitive procurement to be used under specific circumstances. Noncompetitive procurement can only be awarded if one or more of the following circumstances apply:

- The aggregate dollar amount for the acquisition of property or services does not exceed the micro-purchase threshold
- The item is available only from a single source;
- The public exigency or emergency for the requirement will not permit a delay resulting from publicizing a competitive solicitation;
- The Federal awarding agency or pass-through entity expressly authorizes a noncompetitive procurement in response to a written request from the non-Federal entity; or
- After solicitation of a number of sources, competition is determined inadequate.

#### 01.013.4 Small Purchase Method

The small purchase method of procurement will be used to obtain goods and services costing in the aggregate, from \$10,000 and not more than \$250,000. Supplies, services and equipment costing from \$10,000 to \$250,000 will be procured using at least two (2) written bids to select

the vendor using the Procurement Summary. The bids may be written or by phone. A phone bid must be documented in writing by the individual conducting the procurement and attached to the procurement summary.

The lowest bid will be selected, unless other circumstances warrant. In this case, justification for selection of the higher bid should be explained in the procurement summary. When appropriate, before any subsequent awards or purchases shall be made, prior vendor performance must be evaluated.

The small purchase method is used for the acquisition of goods or services when the aggregate dollar amount is between \$10,001 and \$250,000. When using the small purchase method, price or rate quotations must be obtained from an adequate number of qualified sources. WSRCA determines the adequate number of quotes on a case by case basis.

The lowest bid will be selected unless circumstances justify a higher bid. If this occurs, the explanation for selection of the higher bid must be fully documented.

#### 01.013.5 Micro-Purchases

The micro-purchase method of procurement will be used to obtain goods and services for which the aggregate cost does not exceed \$10,000.

Micro-purchases may be made without soliciting price or rate quotations if the price is considered to be reasonable based on information such as research, experience, prior purchases, or other information. The basis (e.g. research, experience, purchases, or other information) used to determine price reasonableness of a purchase shall be noted in support documentation.

For purposes of determining whether a cost exceeds the simplified acquisition threshold or a micro-purchase threshold, "aggregate cost" means the following:

- For single purchases or individual recurring purchases made without contract, aggregate cost means the cost of the individual purchase.
- For contracts, aggregate cost means the total potential cost of the contract, including any option years and amendments.

When the aggregate dollar amount of a procurement for supplies or services does not exceed the micro-purchase threshold of \$10,000, informal procurement methods are used to expedite the completion of procurement transactions and minimize the associated administrative burden and cost. To the maximum extent practicable, WSRCA distributes micro-purchases equitably among qualified suppliers.

Micro-purchases may be awarded without soliciting competitive price or rate quotations if the price is determined to be reasonable based on research, experience, purchase history or other information. This non-competitive method of procurement must be documented in the procurement file.



## Child Care

Child Care Funds Expended by County thru March 2021

County	Amount – CCF and CCM	% Paid	% of children under the age of 13 and households <85% SMI of working parents
Bastrop	712,410.84	10.77	12.00
Blanco	23,602.43	0.36	1.00
Burnet	367,295.68	5.55	7.00
Caldwell	269,033.49	4.07	7.00
Fayette	90,049.99	1.36	2.00
Hays	1,234,517.67	18.66	23.00
Lee	76,666.74	1.16	2.00
Llano	112,018.49	1.69	2.00
Williamson	3,729,060.47	56.38	43.00
Total	6,614,655.80	100.00	100.00

## Children In Care March 2021

CPS		342 11%
Mandatory		206 7%
Income Eligi	ble	2,446 82%
Totals	2,994	100%

## Children on Waitlist as of 4/15/2021

County	Children
Bastrop	133
Blanco	4
Burnet	64
Caldwell	68
Fayette	22
Hays	304
Lee	19
Llano	24
Williamson	719
Total	1,357



## Child Care Providers

County	Providers	TRSP	Relative
Bastrop	27	6	0
Blanco	3	1	0
Burnet	14	5	0
Caldwell	9	3	0
Fayette	4	2	0
Hays	56	26	4
Lee	6	1	0
Llano	4	1	1
Williamson	175	39	5
Total RCA	299	84	10
Outside Nine County	128	72	1
Total	427	156	11

## FY2021 Target 2,265 February 2021 Performance Target: 97.13%



# Child Care

## Workforce Solutions Rural Capital Area Workforce Development Board Meeting April 21, 2021

## Children in Care FY 2021

Fund Type	<u>March 2021</u>	<u>%</u>
CPS Clients	342	11
Mandatory (Choices, Former CPS, TANF)	206	7
Income Eligible	2,446	82
Totals	2,994	100

## Child Care Funds Expended by County thru March 2021

County	Amount – CCF and CCM	% Paid	% of children under the age of 13 and households <85% SMI of working parents
Bastrop	712,410.84	10.77	12.00
Blanco	23,602.43	0.36	1.00
Burnet	367,295.68	5.55	7.00
Caldwell	269,033.49	4.07	7.00
Fayette	90,049.99	1.36	2.00
Hays	1,234,517.67	18.66	23.00
Lee	76,666.74	1.16	2.00
Llano	112,018.49	1.69	2.00
Williamson	3,729,060.47	56.38	43.00
Total	6,614,655.80	100.00	100.00

## Child Care Providers

County	Providers	TRSP	Relative
Bastrop	27	6	0
Blanco	3	1	0
Burnet	14	5	0
Caldwell	9	3	0
Fayette	4	2	0
Hays	56	26	4
Lee	6	1	0
Llano	4	1	1
Williamson	176	39	5
Total RCA	299	84	10
Outside Nine County	128	72	1
Total	427	156	11

## Children on Waitlist as of 4/15/2021

County	Children
Bastrop	133
Blanco	4
Burnet	64
Caldwell	68
Fayette	22
Hays	304
Lee	19
Llano	24
Williamson	719
Total	1,357

## Child Care State Performance Measure

# FY2021 Target 2,265February 2021 – 97.13%

## Workforce Solutions Rural Capital Area Workforce February MPR Performance Overview





**Board Meeting Briefing Materials** 

#### AT-A-GLANCE COMPARISON - BOARD CONTRACTED MEASURES

Percent of Target (Year-to-Date Performance Periods)

FINAL RELEASE As Originally Published 4/6/2021 FEBRUARY 2021 REPORT

Green = +P White = MP Yellow = MP but At Risk Red = -P

							WIOA	Outcome Me	easures									
	-		Adult					DW			Youth							
Board	Employed Q2 Post-Exit	Employed Q4 Post-Exit	Median Eamings Q2 Post-Exit	Credential Rate	Measurable Skills Gains (YTD-Only)	Employed Q2 Post-Exit	Employed Q4 Post-Exit	Median Earnings Q2 Post-Exit	Credential Rate	Measurable Skills Gains (YTD-Only)	Employed/ Enrolled Q2 Post-Exit	Employed/ Enrolled Q4 Post-Exit	Median Earnings Q2 Post-Exit	Credential Rate	Measurable Skills Gains (YTD-Only)			
Alamo	92.85%	109.86%	97.41%	106.83%	90.69%	80.26%	111.95%	116.97%	110.58%	92.41%	90.56%	113.12%	92.10%	128.77%	69.00%			
Borderplex	97.14%	120.79%	142.51%	109.02%	65.69%	110.75%	96.80%	115.91%	106.41%	116.72%	79.29%	98.26%	96.79%	69.31%	68.80%			
Brazos Valley	101.17%	89.25%	98.92%	55.66%	80.52%	79.03%	81.24%	118.32%	123.00%	79.66%	100.41%	132.87%	100.79%	205.23%	75.00%			
Cameron	93.20%	108.61%	106.92%	106.05%	101.72%	97.02%	106.81%	109.38%	113.50%	210.69%	97.98%	110.11%	135.70%	160.45%	101.20%			
Capital Area	109.60%	112.73%	175.05%	113.42%	126.21%	92.04%	104.66%	153.24%	87.62%	106.38%	88.54%	122.59%	127.33%	135.36%	125.00%			
Central Texas	101.05%	116.56%	182.71%	112.09%	43.97%	88.34%	112.06%	116.31%	96.62%	41.90%	92.97%	124.27%	63.12%	106.72%	33.40%			
Coastal Bend	101.24%	109.08%	131.20%	71.71%	47.24%	107.21%	100.52%	115.45%	42.86%	20.34%	96.35%	122.59%	90.98%	56.49%	19.20%			
Concho Valley	94.49%	107.44%	110.26%	94.65%	86.21%	81.59%	122.10%	169.92%	102.86%	115.00%	91.15%	126.38%	155.72%	87.72%	133.40%			
Dallas	90.87%	98.70%	115.10%	95.88%	102.93%	91.95%	106.75%	107.20%	106.39%	96.90%	96.40%	115.05%	84.58%	157.14%	79.20%			
Deep East	116.96%	88.77%	99.39%	116.42%	77.07%	83.67%	100.93%	101.86%	89.42%	68.97%	109.78%	121.17%	105.49%	176.30%	36.40%			
East Texas	79.61%	103.51%	81.78%	95.44%	32.93%	86.37%	88.40%	64.24%	94.29%	38.28%	98.18%	105.58%	110.14%	150.53%	127.20%			
Golden Crescent	119.15%	120.03%	114.61%	117.89%	73.97%	101.19%	106.05%	89.95%	133.71%	91.90%	81.38%	106.10%	149.17%	n/a	100.00%			
Gulf Coast	99.28%	105.27%	82.56%	88.53%	63.45%	95.10%	96.13%	104.95%	90.71%	86.21%	89.88%	113.90%	97.01%	121.70%	96.20%			
Heart of Texas	101.05%	97.78%	122.25%	0.00%	82.07%	95.24%	121.80%	145.46%	71.43%	75.52%	88.04%	114.29%	96.61%	93.81%	52.00%			
Lower Rio	102.53%	104.58%	95.30%	102.30%	137.24%	99.87%	110.33%	143.43%	94.72%	72.76%	97.73%	102.39%	97.44%	70.18%	27.40%			
Middle Rio	117.65%	105.96%	114.64%	108.07%	57.41%	93.24%	110.72%	84.47%	120.29%	172.41%	100.13%	126.38%	100.21%	n/a	25.80%			
North Central	99.42%	103.81%	118.65%	110.86%	62.41%	91.50%	96.84%	119.19%	107.44%	70.17%	105.12%	116.38%	115.55%	107.53%	101.60%			
North East	113.33%	121.12%	100.68%	60.46%	114.14%	106.17%	108.86%	105.41%	125.00%	118.28%	122.79%	127.09%	132.30%	126.43%	83.40%			
North Texas	114.38%	86.96%	37.47%	120.92%	93.45%	0.00%	80.11%	n/a	142.86%	65.34%	121.53%	95.29%	123.29%	162.07%	80.00%			
Panhandle	100.00%	105.99%	116.93%	110.40%	86.21%	121.80%	121.80%	84.30%	114.29%	113.62%	94.27%	119.69%	183.25%	126.40%	92.40%			
Permian Basin	100.29%	95.90%	128.93%	100.92%	65.52%	81.59%	103.20%	145.52%	86.85%	57.41%	70.18%	138.70%	170.14%	350.88%	75.00%			
Rural Capital	99.35%	106.89%	120.18%	115.72%	71.38%	100.13%	102.06%	88.32%	101.60%	99.66%	97.66%	124.83%	151.73%	137.12%	85.40%			
South Plains	93.04%	109.65%	135.41%	114.06%	86.21%	69.93%	121.80%	165.91%	114.29%	86.21%	90.76%	123.30%	168.83%	137.12%	42.40%			
South Texas	89.91%	91.26%	116.57%	116.45%	121.38%	124.07%	133.51%	90.95%	114.29%	94.14%	92.06%	125.52%	123.68%	121.56%	100.00%			
Southeast	110.61%	100.27%	107.25%	145.57%	71.03%	102.04%	101.55%	136.82%	114.29%	55.17%	97.37%	102.66%	69.69%	206.32%	30.80%			
Tarrant	99.86%	110.25%	125.97%	100.28%	64.14%	103.95%	97.41%	109.49%	102.23%	79.14%	103.83%	114.81%	73.24%	199.65%	88.80%			
Texoma	113.46%	118.77%	134.02%	108.44%	91.72%	n/a	60.90%	n/a	114.29%	79.66%	83.31%	118.86%	124.62%	114.24%	72.80%			
West Central	99.09%	114.79%	176.40%	117.58%	60.00%	116.55%	93.67%	137.96%	76.23%	55.34%	115.88%	125.04%	121.50%	n/a	0.00%			
+P	7	8	18	12	4	4	9	14	12	6	3	22	15	18	3			
MP	19	17	7	11	5	14	15	7	10	6	18	6	9	3	6			
-P	2	3	3	5	19	9	4	5	6	16	7	0	4	4	19			
% MP & +P	93%	89%	89%	82%	32%	67%	86%	81%	79%	43%	75%	100%	86%	84%	32%			
From	7/19	1/19	7/19	1/19	7/20	7/19	1/19	7/19	1/19	7/20	7/19	1/19	7/19	1/19	7/20			
То	12/19	6/19	12/19	6/19	2/21	12/19	6/19	12/19	6/19	2/21	12/19	6/19	12/19	6/19	2/21			

#### Percent of Target (Year-to-Date Performance Periods)

#### Green = +P White = MP Yellow = MP but At Risk Red = -P

	WIOA Out	come Measu	res (cont.)	Reemploy		Participation	Total Measures					
Board		C&T Participants	6	Empl Engag		Participation						
	Employed/ Enrolled Q2 Post-Exit	Employed/ Enrolled Q2- Q4 Post-Exit	Credential Rate	Claimant ReEmploy- ment within 10 Weeks	Employers Receiving Workforce Assistance	Average # Children Served Per Day- Combined	+P	MP	-P	% MP & +P		
Alamo	99.88%	101.36%	99.12%	n/a	113.63%	95.35%	6	12	2	90%		
Borderplex	99.36%	100.69%	105.53%	n/a	114.61%	72.58%	7	8	5	75%		
Brazos Valley	93.75%	96.66%	75.17%	n/a	136.64%	92.57%	5	5	10	50%		
Cameron	101.22%	96.17%	122.26%	n/a	116.73%	89.58%	7	12	1	95%		
Capital Area	102.77%	102.80%	101.79%	n/a	105.26%	76.76%	10	7	3	85%		
Central Texas	94.28%	99.24%	111.30%	n/a	111.09%	79.85%	8	5	7	65%		
Coastal Bend	93.23%	99.84%	44.34%	n/a	112.70%	86.05%	4	7	9	55%		
Concho Valley	105.67%	99.30%	105.66%	n/a	109.12%	81.66%	10	6	4	80%		
Dallas	95.49%	100.02%	112.65%	n/a	117.75%	87.33%	5	12	3	85%		
Deep East	93.38%	97.99%	110.37%	n/a	132.04%	86.31%	6	6	8	60%		
East Texas	92.20%	99.88%	100.99%	n/a	116.14%	80.75%	4	7	9	55%		
Golden Crescent	106.92%	102.26%	130.50%	n/a	100.00%	76.17%	8	7	4	79%		
Gulf Coast	91.98%	96.38%	88.18%	n/a	126.12%	85.45%	3	9	8	60%		
Heart of Texas	102.03%	97.49%	61.76%	n/a	112.50%	77.43%	5	7	8	60%		
Lower Rio	105.18%	93.56%	111.01%	n/a	105.01%	79.67%	6	9	5	75%		
Middle Rio	95.95%	90.73%	121.93%	n/a	119.56%	81.10%	8	6	5	74%		
North Central	92.30%	102.94%	97.87%	n/a	115.57%	81.61%	6	10	4	80%		
North East	101.14%	101.35%	97.69%	n/a	100.00%	98.74%	9	9	2	90%		
North Texas	105.37%	100.13%	144.09%	n/a	106.52%	74.72%	9	3	7	63%		
Panhandle	101.43%	99.89%	121.61%	n/a	104.43%	80.72%	10	7	3	85%		
Permian Basin	99.71%	94.79%	104.80%	n/a	106.60%	74.96%	6	6	8	60%		
Rural Capital	102.33%	105.08%	117.33%	n/a	130.83%	97.13%	8	9	3	85%		
South Plains	96.88%	97.74%	123.92%	n/a	117.17%	93.37%	10	5	5	75%		
South Texas	94.83%	93.99%	139.97%	n/a	109.79%	68.52%	11	5	4	80%		
Southeast	100.34%	97.22%	105.30%	n/a	118.77%	98.31%	7	9	4	80%		
Tarrant	99.73%	102.08%	108.99%	n/a	105.47%	85.15%	6	9	5	75%		
Texoma	99.60%	101.55%	119.57%	n/a	109.53%	100.84%	9	5	4	78%		
West Central	93.87%	99.09%	101.71%	n/a	103.01%	91.75%	8	5	6	68%		
+P	4	1	17	0	24	0		2	01	-		
MP	15	23	7	0	4	5		2	07			
-P	9	4	4	0	0	23	-	1	46			
% MP & +P	68%	86%	86%	N/A	100%	18%	-	- 7	4%			
From	7/19	1/19	1/19		10/20	10/20		F	rom			
То	12/19	6/19	6/19	1	2/21	2/21			То			

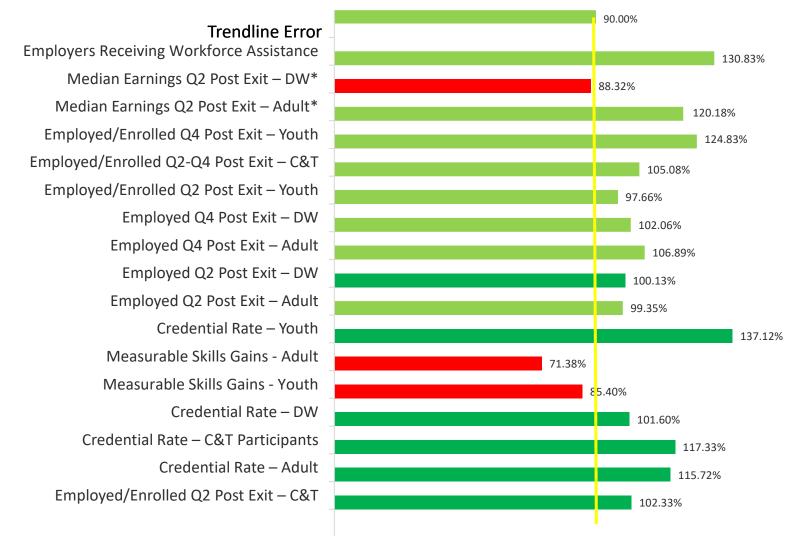
#### FINAL RELEASE As Originally Published 4/6/2021 FEBRUARY 2021 REPORT

Workforce Solutions Rural Capital Area Workforce Performance

By Equus Workforce Services February 17, 2021

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## Workforce Solutions Rural Capital Area Workforce February MPR Performance Overview



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## # of Employers Receiving Workforce Assistance

This performance measure consists of the number of Employers that received a "countable" service from RCA Staff. The countable services are:

- Taking job postings;
- Providing specialized testing to job seekers on behalf of an employer;
- Performing employer site recruitment;
- Job Fairs;
- Providing employer meeting or interview space;
- Providing customized or incumbent worker training;
- Entering into a subsidized/unpaid employer agreement;
- Providing Rapid Response;
- Job Development (if recorded with a valid UI Tax ID);
- Work Opportunity Tax Credit; or
- Other services provided to employers for a fee.

### The time frame is from October through September.

## Employer Workforce Assistance as of September 2020

In August 2019, TWC implemented a replacement for its WorkInTexas.com online labor exchange system. Unfortunately, TWC is currently unable to connect and unduplicate data across the old and new systems, which prevents us from accurately reporting performance for any period that involves August 2019 or later.



#### Employed/Enrolled Q2 Post Exit All Participants

Employed/Enrolled Q4 Post Exit All Participants Median Earnings Q2 Post Exit All Participants

This performance measure consists of the number of customers that were employed, according to TWC Tax Wages or supplemental wages (or in Post Secondary Education for Youth), in the 2<sup>nd</sup> calendar quarter after they exited from the any program.

The time frame is for customers exited from July through August.

This performance measure consists of the number of customers that were employed, according to TWC Tax Wages or supplemental wages (or in Post Secondary Education for Youth), in the 4th calendar quarter after they exited from any program

The time frame is for customers exited from January through December. This performance measure consists of the number of customers that were employed, according to TWC Tax Wages or supplemental wages in the 2nd calendar quarter after they exited from the all programs and what their median wages were.

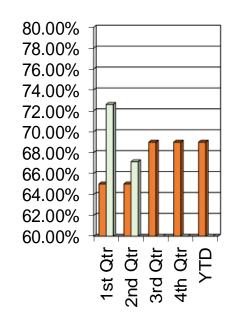
The time frame is for customers exited from July through August.

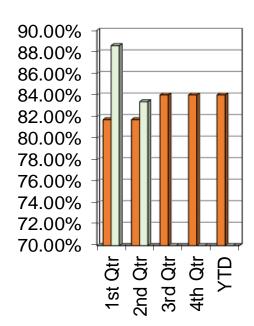


Employed/Enrolled Q2 Post Exit All Participants The Measure for All Participants is 65.00% Employed/Enrolled Q4 Post Exit All Participants The Measure for All Participants is 81%

### Target

🗆 Actual





Currently, we are at 102.33% of the measure

Currently, we are at 105.08% of the measure

## Employed/Enrolled Q2 Post Exit WIOA Adult, DW, Youth

This performance measure consists of the number of customers that were employed, according to TWC Tax Wages or supplemental wages (or in Post Secondary Education for Youth), in the 3rd calendar quarter after they exited from the WIOA Program.

The time frame is for customers exited from July through August.



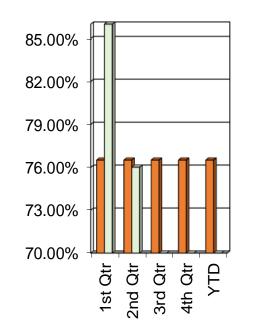
#### Employed Q2 Post Exit WIOA Adult, DW, Youth

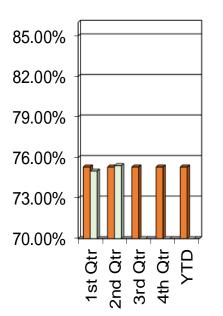
The Target Measure for WIOA Adults is 76.50% The Target Measure for WIOA DW is 75.30%

Target

Actual

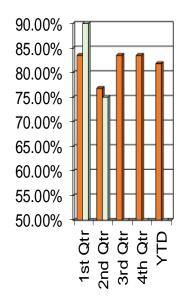
The Target Measure for WIOA Youth is 76.80%





Currently, we are at 99.35% of the target measure with 95 customers placed in employment.

Currently, we are at 100.13% of the target measure with 33 customers placed in employment.

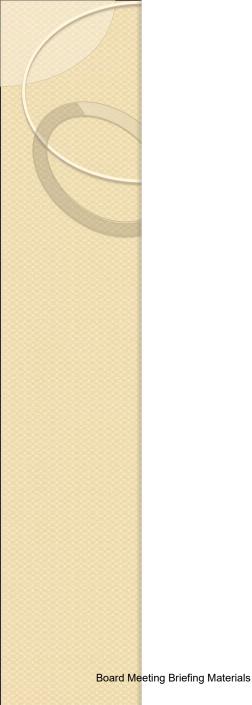


Currently, we are at 97.66% of the measure with 48 youth customers placed in employment.

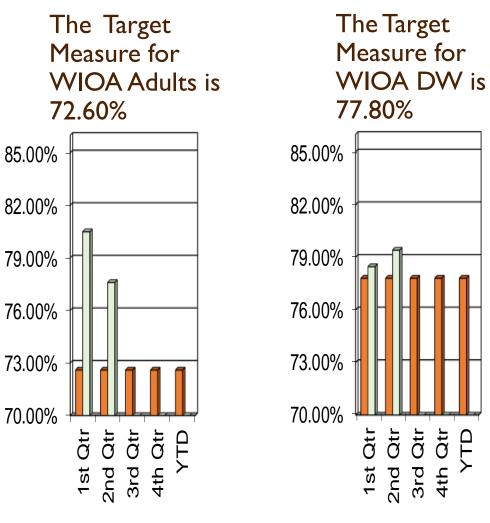
### Employed/Enrolled Q4 Post Exit WIOA Adult, DW, Youth

This performance measure consists of the number of customers that were employed, according to TWC Tax Wages or supplemental wages (or in Post Secondary Education for Youth), in the 4th calendar quarter after they exited from the WIOA Program.

The time frame is for customers exited from January through December.

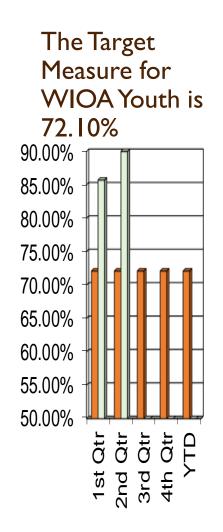


### Employed Q4 Post Exit WIOA Adult, DW, Youth



Currently, we are at 106.89% of the target measure with 52 customers placed in employment.

Currently, we are at 102.06% of the target measure with 81 customers placed in employment.



Currently, we are at 124.83% of the measure with 45 youth customers placed in employment.

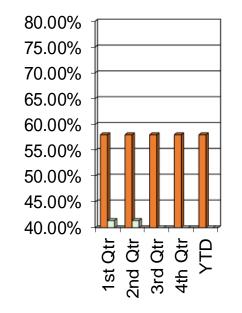
## Measurable Skill Gains WIOA Adult and Youth

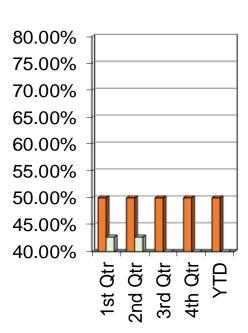
The measurable skill gains indicator is used to measure interim progress of participants who are enrolled in education or training services for a specified reporting period.



#### Measurable Skill Gains WIOA Adult and Youth

The Measure for WIAO Adult Participants is 58.00% The Measure for WIAO Youth Participants is 50.00%





■ Target □ Actual

Currently, we are at 71.38% of the measure

Currently, we are at 85.40% of the measure

#### Median Earnings Q2 Post Exit WIOA Adult and DW

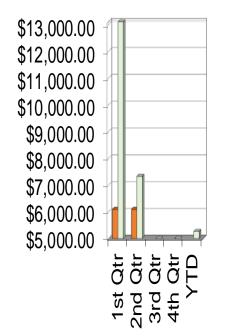
This performance measure consists of the number of customers that were employed, according to TWC Tax Wages or supplemental wages in the 3rd calendar quarter after they exited from the WIOA Program and what their median wages were.

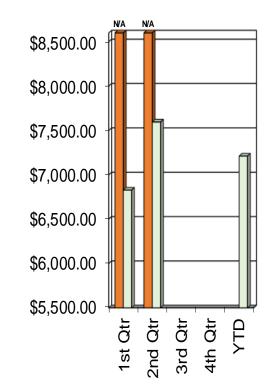
The time frame is for customers exited from July through September.

## Median Earning Q2 Post Exit WIOA Adult and DW

Actual

The Target Measure for WIOA Adult measure is \$6100.00. The Target Measure for WIOA DW is \$8600.00.



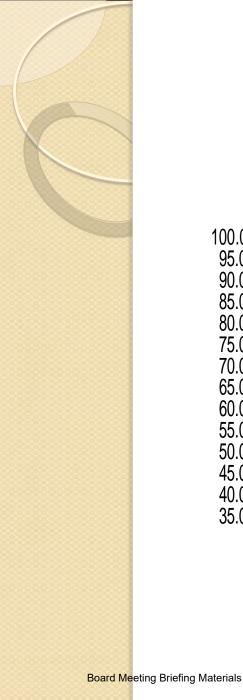




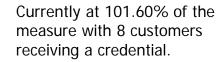
## Credential Rate WIOA Adult, DW, Youth

This performance measure consists of the number of customers that were provided a training service in WIOA that would lead to a recognized credential within on year after exit.

The time frame is for customers exited from January through December.



Currently at 115.72% of the measure with 22 customers receiving a credential.

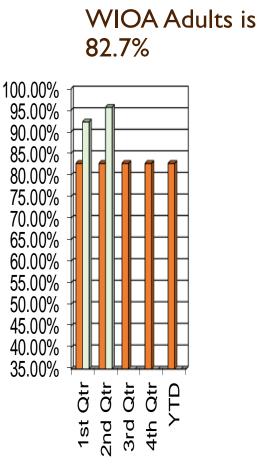


Currently at 137.12% of the measure with 12 customers receiving a credential.

## Credential Rate WIOA Adult, DW, Youth

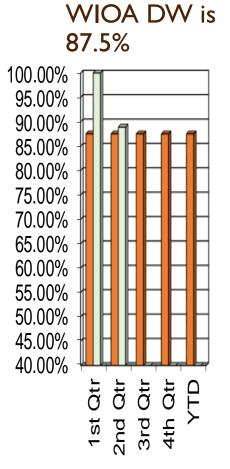
The Target

Measure for

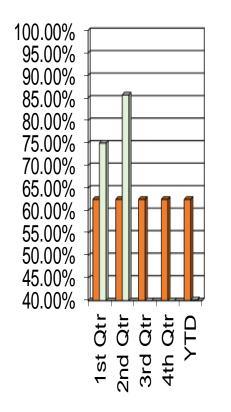


The Target

Measure for



#### The Target Measure for WIOA Youth is 62.50%





## Choices Full Work Rate – All Family Total

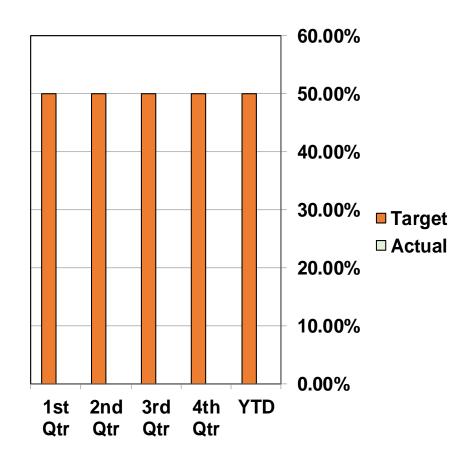
This performance measure consists of TANF recipients who are mandatory to participate in the Choices program (ie: search for and take permanent employment). The time frame for this is from October through September. In order to be considered as a meeting the full work rate, the customer must be participating their required minimal hours (depending on their status.... 20 or 30 hours per week) in one of the following activities:

Paid Employment (including unsubsidized/subsidized employment and on-the-job training), or High School/GED (only for teens without a High School Diploma or GED).

### Choices Full Work Rate All Family September 2020

The current target measure for Rural Capital Area is to ensure 50.00% of all TANF Customers are in a work activity each month.

We are currently at 0.00% of this target. 2 Families are in this measure YTD.



#### AT-A-GLANCE COMPARISON - BOARD CONTRACTED MEASURES

Percent of Target (Year-to-Date Performance Periods)

Green = +P White = MP Yellow = MP but At Risk Red = -P

#### FINAL RELEASE As Originally Published 4/6/2021

#### FEBRUARY 2021 REPORT

							WIOA	Outcome Me	easures								
	f		Adult					DW			Youth						
Board	Employed Q2 Post-Exit	Employed Q4 Post-Exit	Median Eamings Q2 Post-Exit	Credential Rate	Measurable Skills Gains (YTD-Only)	Employed Q2 Post-Exit	Employed Q4 Post-Exit	Median Earnings Q2 Post-Exit	Credential Rate	Measurable Skills Gains (YTD-Only)	Employed/ Enrolled Q2 Post-Exit	Employed/ Enrolled Q4 Post-Exit	Median Eamings Q2 Post-Exit	Credential Rate	Measurabl Skills Gain (YTD-Only		
Alamo	92.85%	109.86%	97.41%	106.83%	90.69%	80.26%	111.95%	116.97%	110.58%	92.41%	90.56%	113.12%	92.10%	128.77%	69.00%		
Borderplex	97.14%	120.79%	142.51%	109.02%	65.69%	110.75%	96.80%	115.91%	106.41%	116.72%	79.29%	98.26%	96.79%	69.31%	68.80%		
Brazos Valley	101.17%	89.25%	98.92%	55.66%	80.52%	79.03%	81.24%	118.32%	123.00%	79.66%	100.41%	132.87%	100.79%	205.23%	75.00%		
Cameron	93.20%	108.61%	106.92%	106.05%	101.72%	97.02%	106.81%	109.38%	113.50%	210.69%	97.98%	110.11%	135.70%	160.45%	101.209		
Capital Area	109.60%	112.73%	175.05%	113.42%	126.21%	92.04%	104.66%	153.24%	87.62%	106.38%	88.54%	122.59%	127.33%	135.36%	125.009		
Central Texas	101.05%	116.56%	182.71%	112.09%	43.97%	88.34%	112.06%	116.31%	96.62%	41.90%	92.97%	124.27%	63.12%	106.72%	33.40%		
Coastal Bend	101.24%	109.08%	131.20%	71.71%	47.24%	107.21%	100.52%	115.45%	42.86%	20.34%	96.35%	122.59%	90.98%	56.49%	19.20%		
Concho Valley	94.49%	107.44%	110.26%	94.65%	86.21%	81.59%	122.10%	169.92%	102.86%	115.00%	91.15%	126.38%	155.72%	87.72%	133.409		
Dallas	90.87%	98.70%	115.10%	95.88%	102.93%	91.95%	106.75%	107.20%	106.39%	96.90%	96.40%	115.05%	84.58%	157.14%	79.20%		
Deep East	116.96%	88.77%	99.39%	116.42%	77.07%	83.67%	100.93%	101.86%	89.42%	68.97%	109.78%	121.17%	105.49%	176.30%	36.40%		
East Texas	79.61%	103.51%	81.78%	95.44%	32.93%	86.37%	88.40%	64.24%	94.29%	38.28%	98.18%	105.58%	110.14%	150.53%	127.209		
Golden Crescent	119.15%	120.03%	114.61%	117.89%	73.97%	101.19%	106.05%	89.95%	133.71%	91.90%	81.38%	106.10%	149.17%	n/a	100.009		
Gulf Coast	99.28%	105.27%	82.56%	88.53%	63.45%	95.10%	96.13%	104.95%	90.71%	86.21%	89.88%	113.90%	97.01%	121.70%	96.20%		
Heart of Texas	101.05%	97.78%	122.25%	0.00%	82.07%	95.24%	121.80%	145.46%	71.43%	75.52%	88.04%	114.29%	96.61%	93.81%	52.00%		
Lower Rio	102.53%	104.58%	95.30%	102.30%	137.24%	99.87%	110.33%	143.43%	94.72%	72.76%	97.73%	102.39%	97.44%	70.18%	27.40%		
Middle Rio	117.65%	105.96%	114.64%	108.07%	57.41%	93.24%	110.72%	84.47%	120.29%	172.41%	100.13%	126.38%	100.21%	n/a	25.80%		
North Central	99.42%	103.81%	118.65%	110.86%	62.41%	91.50%	96.84%	119.19%	107.44%	70.17%	105.12%	116.38%	115.55%	107.53%	101.609		
North East	113.33%	121.12%	100.68%	60.46%	114.14%	106.17%	108.86%	105.41%	125.00%	118.28%	122.79%	127.09%	132.30%	126.43%	83.40%		
North Texas	114.38%	86.96%	37.47%	120.92%	93.45%	0.00%	80.11%	n/a	142.86%	65.34%	121.53%	95.29%	123.29%	162.07%	80.00%		
Panhandle	100.00%	105.99%	116.93%	110.40%	86.21%	121.80%	121.80%	84.30%	114.29%	113.62%	94.27%	119.69%	183.25%	126.40%	92.40%		
Permian Basin	100.29%	95.90%	128.93%	100.92%	65.52%	81.59%	103.20%	145.52%	86.85%	57.41%	70.18%	138.70%	170.14%	350,88%	75.00%		
Rural Capital	99.35%	106.89%	120.18%	115.72%	71.38%	100.13%	102.06%	88.32%	101.60%	99.66%	97.66%	124.83%	151.73%	137.12%	85.40%		
South Plains	93.04%	109.65%	135.41%	114.06%	86.21%	69.93%	121.80%	165.91%	114.29%	86.21%	90.76%	123.30%	168.83%	137.12%	42.40%		
South Texas	89.91%	91.26%	116.57%	116.45%	121.38%	124.07%	133.51%	90.95%	114.29%	94.14%	92.06%	125.52%	123.68%	121.56%	100.009		
Southeast	110.61%	100.27%	107.25%	145.57%	71.03%	102.04%	101.55%	136.82%	114.29%	55.17%	97.37%	102.66%	69.69%	206.32%	30.80%		
Tarrant	99.86%	110.25%	125.97%	100.28%	64.14%	103.95%	97.41%	109.49%	102.23%	79.14%	103.83%	114.81%	73.24%	199.65%	88.80%		
Texoma	113.46%	118.77%	134.02%	108.44%	91.72%	n/a	60.90%	n/a	114.29%	79.66%	83.31%	118.86%	124.62%	114.24%	72.80%		
West Central	99.09%	114.79%	176.40%	117.58%	60.00%	116.55%	93.67%	137.96%	76.23%	55.34%	115.88%	125.04%	121.50%	n/a	0.00%		
+P	7	8	18	12	4	4	9	14	12	6	3	22	15	18	3		
MP	19	17	7	11	5	14	15	7	10	6	18	6	9	3	6		
-P	2	3	3	5	19	9	4	5	6	16	7	0	4	4	19		
Briefing Materials	93%	89%	89%	82%	32%	67%	86%	81%	79%	43%	75%	100%	86%	84%	32%		
From	7/19	1/19	7/19	1/19	7/20	7/19	1/19	7/19	1/19	7/20	7/19	1/19	7/19	1/19	7/20		
То	12/19	6/19	12/19	6/19	2/21	12/19	6/19	12/19	6/19	2/21	12/19	6/19	12/19	6/19	2/21		

#### Percent of Target (Year-to-Date Performance Periods)

#### Green = +P White = MP Yellow = MP but At Risk Red = -P

	1.000	come Measu		Reemploy Empl		Participation	Total Measures					
	1	C&T Participants	S	Engag	ement	Contractor of						
Board	Employed/ Enrolled Q2 Post-Exit	Employed/ Enrolled Q2- Q4 Post-Exit	Credential Rate	Claimant ReEmploy- ment within 10 Weeks	Employers Receiving Workforce Assistance	Average # Children Served Per Day- Combined	+P	MP	-P	% Mi & +F		
Alamo	99.88%	101.36%	99.12%	n/a	113.63%	95.35%	6	12	2	909		
Borderplex	99.36%	100.69%	105.53%	n/a	114.61%	72.58%	7	8	5	759		
Brazos Valley	93.75%	96.66%	75.17%	n/a	136.64%	92.57%	5	5	10	509		
Cameron	101.22%	96.17%	122.26%	n/a	116.73%	89.58%	7	12	1	959		
Capital Area	102.77%	102.80%	101.79%	n/a	105.26%	76.76%	10	7	3	859		
Central Texas	94.28%	99.24%	111.30%	n/a	111.09%	79.85%	8	5	7	659		
Coastal Bend	93.23%	99.84%	44.34%	n/a	112.70%	86.05%	4	7	9	559		
Concho Valley	105.67%	99.30%	105.66%	n/a	109.12%	81.66%	10	6	4	80%		
Dallas	95.49%	100.02%	112.65%	n/a	117.75%	87.33%	5	12	3	859		
Deep East	93.38%	97.99%	110.37%	n/a	132.04%	86.31%	6	6	8	609		
East Texas	92.20%	99.88%	100.99%	n/a	116.14%	80.75%	4	7	9	559		
Golden Crescent	106.92%	102.26%	130.50%	n/a	100.00%	76.17%	8	7	4	799		
Gulf Coast	91.98%	96.38%	88.18%	n/a	126.12%	85.45%	3	9	8	609		
Heart of Texas	102.03%	97.49%	61.76%	n/a	112.50%	77.43%	5	7	8	609		
Lower Rio	105.18%	93.56%	111.01%	n/a	105.01%	79.67%	6	9	5	759		
Middle Rio	95.95%	90.73%	121.93%	n/a	119.56%	81.10%	8	6	5	749		
North Central	92.30%	102.94%	97.87%	n/a	115.57%	81.61%	6	10	4	809		
North East	101.14%	101.35%	97.69%	n/a	100.00%	98.74%	9	9	2	909		
North Texas	105.37%	100.13%	144.09%	n/a	106.52%	74.72%	9	3	7	639		
Panhandle	101.43%	99.89%	121.61%	n/a	104.43%	80.72%	10	7	3	859		
Permian Basin	99.71%	94.79%	104.80%	n/a	106.60%	74.96%	6	6	8	60%		
Rural Capital	102.33%	105.08%	117.33%	n/a	130.83%	97.13%	8	9	3	859		
South Plains	96.88%	97.74%	123.92%	n/a	117.17%	93.37%	10	5	5	759		
South Texas	94.83%	93.99%	139.97%	n/a	109.79%	68.52%	11	5	4	80%		
Southeast	100.34%	97.22%	105.30%	n/a	118.77%	98.31%	7	9	4	80%		
Tarrant	99.73%	102.08%	108.99%	n/a	105.47%	85.15%	6	9	5	759		
Texoma	99.60%	101.55%	119.57%	n/a	109.53%	100.84%	9	5	4	789		
West Central	93.87%	99.09%	101.71%	n/a	103.01%	91.75%	8	5	6	689		
+P	4	1	17	0	24	0		2	01			
MP	15	15 23 7		0	4	5		2	07			
-P	9	and the second s		0	0	23		1	46			
ing Briefing Materia	68%	86%	86%	N/A	100%	18%	-	7	4%			
From	7/19	1/19	1/19	1.000	10/20	10/20		F	rom			
То	12/19	6/19	6/19		2/21	2/21			То	-		

#### FINAL RELEASE As Originally Published 4/6/2021 FEBRUARY 2021 REPORT

#### AT-A-GLANCE COMPARISON - BOARD CONTRACTED MEASURES

Percent of Target (Year-to-Date Performance Periods)

#### FINAL RELEASE As Originally Published 1/12/2021

NOVEMBER 2020 REPORT

Green = +P White = MP Yellow = MP but At Risk Red = -P

Board Meeting

		Reemployment and Employer		Participation		WIOA Outcome Measures												10	To					
		1.	ipioyer jement	Choices	Avg #	C&T Participants				C	Ac	lult	1	1	D	W	10.11	1	Youth	1.1	11	Meas	ures	
	Board	Clmnt ReEmpl within 10 Weeks	Emplyrs Rovg Wkfc Assist	Full Work Rate-All Family Total	Children Svd Per Day- Combined	Empl/ Enrolled Q2 Post-Exit	Empl/ Enrolled Q2-Q4 Post-Exit	Median Earnings Q2 Post-Exit	Credential Rate	Employ- ed Q2 Post-Exit	- KC1 642	Post-Exit	Credential Rate	Employ- ed Q2 Post-Exit	Employ- ed Q4 Post-Exit	Median Earnings Q2 Post-Exit	Credential Rate	Empl/ Enrolled Q2 Post-Exit	Empl/ Enrolled Q4 Post-Exit	Credential Rate	+P	MP -	1	% MP & +P
	Alamo	n/a	101.20%	n/a	90.87%	n/a	n/a	n/a	n/a	112.15%	110.71%	242.11%	107.94%	85.77%	101.17%	116.97%	122.12%	100.50%	107.54%	146.21%	6	5	2 85	5%
	Borderplex	n/a	108.91%	n/a	73.81%	n/a	n/a	n/a	n/a	116.89%	118.16%	157.06%	100.87%	126.98%	108.08%	119.34%	98.17%	109.56%	131.64%	0.00%	7	4	2 85	5%
	Brazos Valley	n/a	129.08%	n/a	92.41%	n/a	n/a	n/a	n/a	113.71%	129.58%	199.50%	76.45%	94.79%	0.00%	118.32%	123.00%	99.63%	138.70%	307.69%	8	2	3 77	7%
	Cameron	n/a	107.90%	n/a	91.78%	n/a	n/a	n/a	n/a	111.49%	96.95%	119.71%	105.01%	110.81%	106.81%	106.48%	95.58%	97.76%	109.37%	165.85%	5	7	1 92	2%
	Capital Area	n/a	110.68%	n/a	76.76%	n/a	n/a	n/a	n/a	130.24%	118.94%	232.62%	114.20%	99.43%	103.63%	174.42%	88.40%	96.97%	128.95%	144.00%	8	3	2 85	5%
	Central Texas	n/a	108.97%	n/a	77.30%	n/a	n/a	n/a	n/a	121.59%	108.64%	206.03%	98.94%	99.42%	105.57%	132.47%	96.62%	103.58%	121.28%	0.00%	5	6	2 85	5%
	Coastal Bend	n/a	107.25%	n/a	83.62%	n/a	n/a	n/a	n/a	106.24%	107.88%	134.66%	66.90%	117.92%	88.43%	108.81%	63.49%	94.76%	125.29%	29.23%	4	4	5 62	2%
	Concho Valley	n/a	98.39%	n/a	78.56%	n/a	n/a	n/a	n/a	105.41%	93.68%	90.92%	122.32%	83.25%	122.10%	144.50%	0.00%	97.66%	157.98%	175.44%	5	5	3 71	7%
	Dallas	n/a	109.36%	n/a	88.03%	n/a	n/a	n/a	n/a	94.78%	91.83%	126.03%	108.49%	98.83%	113.66%	102.59%	110.75%	101.02%	103.81%	160.87%	5	7	1 92	2%
	Deep East	n/a	114.29%	n/a	86.94%	n/a	n/a	n/a	n/a	134.66%	104.55%	84.85%	133.87%	126.34%	120.16%	94.26%	87.21%	116.40%	108.61%	n/a	6	3	3 75	5%
	East Texas	n/a	128.49%	n/a	76.98%	n/a	n/a	n/a	n/a	89.87%	104.70%	90.05%	110.50%	94.41%	85.92%	61.53%	81.06%	99.08%	79.69%	116.95%	3	4	6 54	4%
	Golden Cresce	n/a	101.43%	n/a	72.14%	n/a	n/a	n/a	n/a	146.20%	143.06%	94.53%	110.96%	94.48%	80.97%	130.52%	130.96%	78.13%	69.35%	n/a	5	3	4 67	7%
	Gulf Coast	n/a	110.94%	n/a	86.15%	n/a	n/a	n/a	n/a	107.84%	103.46%	85.89%	102.48%	99.43%	91.76%	107.65%	92.06%	96.83%	105.56%	132.43%	2	9	2 85	5%
	Heart of Texas	n/a	111.91%	n/a	78.31%	n/a	n/a	n/a	n/a	110.61%	104.30%	131.45%	0.00%	108.84%	121.80%	117.33%	142.86%	111.92%	113.15%	187.62%	9	2	2 85	5%
	Lower Rio	n/a	99.79%	n/a	80.68%	n/a	n/a	n/a	n/a	126.01%	102.70%	205.46%	97.52%	110.62%	115.31%	187.41%	92.11%	118.06%	96.30%	140.35%	7	5	1 92	2%
	Middle Rio	n/a	101.84%	n/a	78.81%	n/a	n/a	n/a	n/a	120.67%	107.22%	127.00%	106.70%	87.41%	99.66%	99.53%	95.24%	130.21%	121.52%	n/a	4	6	2 83	3%
	North Central	n/a	100.30%	n/a	83.03%	n/a	n/a	n/a	n/a	115.19%	108.70%	146.00%	97.31%	86.73%	107.56%	120.75%	101.12%	107.35%	107.08%	136.99%	4	7	2 85	5%
	North East	n/a	104.06%	n/a	90.51%	n/a	n/a	n/a	n/a	116.20%	130.38%	103.52%	72.55%	118.65%	113.54%	105.41%	102.04%	122.07%	144.09%	n/a	6	4	2 83	3%
	North Texas	n/a	114.67%	n/a	74.45%	n/a	n/a	n/a	n/a	87.15%	n/a	31.59%	n/a	n/a	n/a	n/a	n/a	111.11%	142.86%	162.07%	4	0	3 57	7%
	Panhandle	n/a	106.92%	n/a	79.31%	n/a	n/a	n/a	n/a	95.65%	108.95%	106.44%	118.89%	121.80%	121.80%	84.04%	114.29%	106.54%	123.84%	145.46%	7	4	2 85	5%
	Permian Basin	n/a	101.97%	n/a	73.99%	n/a	n/a	n/a	n/a	116.96%	104.58%	103.64%	104.62%	87.41%	76.29%	236.24%	82.72%	74.40%	104.02%	350.88%	3	5	5 62	2%
	Rural Capital	n/a	107.97%	n/a	93.33%	n/a	n/a	n/a	n/a	118.63%	110.87%	225.04%	111.62%	99.60%	100.85%	79.39%	114.29%	91.91%	118.88%	120.00%	8	3	2 85	59
	South Plains	n/a	104.91%	n/a	91.40%	n/a	n/a	n/a	n/a	126.54%	108.64%	147.89%	121.21%	93.24%	121.80%	165.91%	114.29%	104.17%	83.22%	160.00%	7	4	2 85	59
	South Texas	n/a	90.97%	n/a	64.54%	n/a	n/a	n/a	n/a	134.96%	108.64%	107.03%	120.92%	124.07%	133.51%	130.21%	114.29%	104.17%	124.83%	162.07%	8	3	2 85	5%
	Southeast	n/a	106.58%	n/a	102.45%	n/a	n/a	n/a	n/a	117.85%	99.02%	93.65%	131.06%	108.84%	120.58%	128.45%	114.29%	106.53%	109.78%	350.88%	7	6	0 10	09
	Tarrant	n/a	101.54%	n/a	87.49%	n/a	n/a	n/a	n/a	112.42%	99.31%	126.34%	107.94%	114.33%	101.51%	104.64%	111.93%	106.09%	116.58%	174.83%	6	6	1 92	2%
	Texoma	n/a	109.37%	n/a	97.60%	n/a	n/a	n/a	n/a	130.72%	102.44%	105.34%	107.95%	n/a	n/a	n/a	n/a	91.57%	100.87%	106.67%	2	7	0 10	09
	West Central	n/a	101.45%	n/a	88.08%	n/a	n/a	n/a	n/a	99.59%	134.22%	176.10%	118.93%	108.23%	97.44%	102.94%	57.14%	104.05%	109.40%	n/a	3	7	2 83	3%
	+P	0	16	0	0	0	0	0	0	20	8	16	11	9	10	14	11	6	14	19	-	15	4	
	MP	0	11	0	2	0	0	0	0	6	19	9	12	12	11	9	8	20	11	1		13	1	
	_p	0	1	0	26	0	0	0	0	2	0	3	4	5	5	3	7	2	3	3	-	6	4	
Briefing M	ater Mars & +P	N/A	96%	N/A	7%	N/A	N/A	N/A	N/A	93%	100%	89%	85%	81%	81%	88%	73%	93%	89%	87%		82	% Р	a
ũ	From		10/20	-	10/20					7/19	1/19	7/19	1/19	7/19	1/19	7/19	1/19	7/19	1/19	1/19	1	Fro	m	
	То		11/20		11/20	-			11.000.000	9/19	3/19	9/19	3/19	9/19	3/19	9/19	3/19	9/19	3/19	3/19		Т	0	_

