

# TACHC



The Heartbeat of Texas Community Health Centers

Weekly Wrap-up - July 26,  
2012

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## Upcoming Events



### [TACHC General Membership Meeting](#)

*8am-5pm Monday, August 13th -Austin*

As President, Rachel Gonzales Hanson has requested this meeting to brief TACHC members on the Supreme Court decision on the Affordable Care Act and the Governor Rick Perry's recent announcement that Texas will not participate in the scheduled Medicaid expansion or health insurance exchanges. The meeting will also provide a forum for TACHC members to better understand the impact of these positions on the state, FQHCs and our patients and to determine how health centers can effectively respond as a group to these environmental factors.

#### **HILTON AUSTIN**

500 East 4th Street, Austin TX 78701

[www.hilton.com](http://www.hilton.com)

TEL: 1-512-482-8000

TACHC's group rate is \$149/night for Single/Double occupancy. **The reservation deadline is Wednesday, August 1st.** The hotel will offer complimentary self-parking for all registered guests staying overnight at the hotel. Attendees parking for the day will receive a discounted flat rate of \$10 for self-parking. To register for this event, click [HERE](#).

### [August CPI Webcast: Meaningful Use \(MU\) of the Health Center Electronic Health Record \(EHR\) Part 2 of 2](#)

*August 17, 2012, 9:00am to 11:00am CST*

Eligible healthcare professionals can receive as much as \$63,750 over a six-year period through the MU incentive program. Established under the provisions of the Health Information Technology for Economic and Clinical Health (HITECH) Act, the Texas Medicaid EHR Incentive Program started in 2011. It offers incentive



*Longview Wellness Center  
dba Wellness Pointe  
Longview, TX*

payments to eligible professionals at health centers as they adopt, implement, or upgrade (AIU) certified EHR technology in their first year of participation and demonstrate meaningful use for up to five remaining participation years. Learn more about the program background, eligibility, and how to participate over the next several years. Learn also how meaningfully using your EHR can help you achieve Patient Centered Medical Home recognition.

**NOTE: Registration for all CPI Webcast Trainings is for two webcasts, Parts 1 and 2, at once. Thus, please register for July and August 2012 CPI Webcasts by logging in on the TACHC website [Events](#) page, downloading the registration form, and paying for one registration covering both months. \*If you missed the July CPI training, you will be able to access it via the TACHC [Community Health Learning Network \(CHLN\)](#) website.**

Information regarding all upcoming events hosted by TACHC can be found [HERE](#).



**1. Texas PCO ARRA Funded NHSC Loan Repayors Retention Project:** The Texas Primary Care Office (PCO) and the East Texas Area Health Education Center (ETAHEC) are partnering on a retention project focusing on National Health Services Corps (NHSC) American Recovery & Reinvestment Act (ARRA) supported loan repayors. ETAHEC is administering a retention survey of both the loan repayors and the clinical sites where they are currently fulfilling their service obligations. If you have an NHSC ARRA loan repayor on site, your center should have already received the survey instrument and TACHC strongly encourages your participation. As part of the retention project, a series of webinars designed to increase clinical sites knowledge base on the importance of and ways to retain NHSC clinicians will be offered. Session 1 was held May 9th. Dates for the remaining webinar sessions are as follow:

- Session 2, **August 8, 2012:** Systems to Address Patient Care: The Power of Communities
- Session 3, **November 7, 2012:** Practice Management: Medical Communities as Support Systems

For questions regarding the survey or webinars, please contact Regina Devers: [rkdevers@UTMB.EDU](mailto:rkdevers@UTMB.EDU)

**2. HHSC Planning Summit for 1115 Transformation Waiver:** Right now, HHSC is negotiating with the Centers for Medicare and Medicaid Services (CMS) on the Program Funding and Mechanics Protocol (PFM) and the Delivery System Reform Incentive Payment (DSRIP) Planning Protocol. HHSC will host a

Regional Healthcare Partnership (RHP) Planning Summit in Austin on August 7 and 8. See below for details. For questions related to the 1115 Waiver, please contact [Laura Martin](#).

- **August 7-8 – Regional Healthcare Partnership (RHP) Planning Summit:** On Tuesday, August 7<sup>th</sup> and Wednesday, August 8<sup>th</sup>, HHSC will host an RHP Planning Summit at the Hilton in downtown Austin. Broad stakeholder input is needed for the success of each RHP plan.

Due to limited space, in-person attendance will be capped at approximately 250 attendees. Each RHP will have a minimum of seven in-person slots for the summit, so the anchor entity, along with key inter-governmental transfer (IGT) entities and performing providers will be able to attend to receive information on how to complete and submit the RHP plan. As the coordinating entity for each RHP, anchors should identify the appropriate people from their region that need to attend the planning summit, and no more than 50 percent of attendees allotted to each RHP may be from the anchor organization. HHSC also invited Executive Waiver Committee members and other organizations directly involved in the implementation of the 1115 Transformation waiver. Only those who have registered can attend the meeting in person.

**3. HRSA HCCN Funding Opportunity:** HRSA has released an RFP for additional Health Center Controlled Network (HCCN) funding. TACHC has been designated as an HCCN and currently is working with HRSA through an ARRA grant on a health information technology innovations project that is focusing on Meaningful Use and PCMH reporting, Clinical Quality reporting, and benchmarking across providers, clinics, centers, regions and state FQHCs. TACHC has extended an invitation to those centers not yet in the TACHC HCCN to join so that we can include you in this funding opportunity. Requirements to join are few. You must sign a MOA with TACHC in order to allow us to access your EHR data. The grant application is due **September 10th**, and grantees will be announced on or around December 11<sup>th</sup>. Below are a few highlights of the grant:

- Approximately \$20 million available
- Approximately 25 to 30 grants
- Project period is 3 years
- Annual Award limitations depend on how many members are in the HCCN (from \$400k - \$1mil.)
- Applicants are required to include a minimum of 10 health centers
- Health centers can only be a part of one HCCN application – this does not prohibit you from membership in more than one HCCN. Instead, you can only be included in one HCCN's project as the funding is dependent upon the number of centers included in each application.
- Project requirements:
  - EHR Adoption and Implementation
  - Meaningful Use Assistance
  - Quality Improvement

It is important to note that your health center can only be included in ONE HCCN funding application. There will not be another opportunity to add centers to the project during the 3 year project period. If you would like further information on joining the TAHCC HCCN please contact [Todd Radloff](#), TACHC Director of Information Technology.

**4. Texas DSHS Proposed Women's Health Program Rules:** On July 6<sup>th</sup> DSHS published [new proposed rules](#) for the Women's Health Program. The Texas Women's Health Program will largely mirror the Medicaid Women's Health Program. Here are a few highlights:

- The Texas WHP will be funded through the DSHS Primary Health Care Services program at a cost

of \$55.9 million in general revenue over the next 3 years (SFY 2012-2014).

- FQHCs *are* listed under the definition of “health care provider,” which is good news.
- The proposed rules are attached, with a yellow highlight of the section toward the end of the rules that outlines requirements for providers. There is language stating that Texas WHP providers can’t counsel clients on abortion as a method of family planning or within the continuum of family planning services.
- Please pay close attention to the covered, non-covered services and reimbursement sections of the rule (Sections 39.39-39.41)
- Comments should be submitted by **August 1**. TACHC will comment on the proposed rules.

**5. Henry Schein Health Fair Partnership Opportunity:** Each year, Henry Schein partners up with community health centers (CHCs) across the country to organize, promote and hold a local event called “[Healthy Lifestyles, Healthy Communities](#)”. This event promotes access to healthcare for underserved individuals and brings free medical services to people who otherwise might not be able to receive this care. Henry Schein would like to bring their expertise to Texas and partner up with one or two CHCs between now and the end of the year to hold an event. They begin the partnering process by finding out if any CHCs are planning a health fair or a community event where they could assist. The CHC would need to determine if it is equipped to support an effort that will require partnership with the local community, nursing school, dental school, or other resources, to obtain volunteers and staffing for the day of the event as well as securing local permits. The center’s relationship with the school board, local churches and community centers will help drive attendance and publicity around the event. The center will need to notify the police and fire departments concerning crowd control, parking and traffic flow. Planning for an event generally takes 2 months for a first time location. Attendance can range from 300 to 1000 guests if these events are staffed and set up correctly. If the CHC is getting a government flu vaccine grant / donation, that is also a terrific way to showcase the center and build the event. Interested centers should see the attached HLHC Application Overview and contact [RG Capron](#), Zone General Manager for Henry Schein for more information.

**6. TACHC Innovations in Leadership Conference:** On **August 24 – 25, 2012**, TACHC will convene a two day advanced leadership training for community health center executive leadership staff at the lovely San Luis Resort, Spa and Conference Center in Galveston. During this training, participants will gain the skills and competencies necessary to shift away from focusing on “individual experts” and departments to develop a culture in your health center that leverages cross-boundary groups and teams and spans disciplines, levels, functions, generations and professions. Both an internal and external focus in this training will allow participants to better understand how to improve overall leadership team functioning, staff productivity and workforce retention as well as how to more effectively collaborate with other community providers and stakeholders. This session will also showcase best practices in health centers across the state to highlight successful community partnerships, innovations in service delivery, service excellence, workforce recruitment and retention, and performance management. We have limited space available, so register today! Attached is an agenda, summary of showcased health centers and bios for all speakers. Click [HERE](#) to register for this event.

**7. TACHC 29th Annual & Clinical Conference: October 14-17, 2012,** TACHC will host its 29th Annual & Clinical Conference at The Worthington Renaissance Hotel, 200 Main Street in Fort Worth, TX. For reservations, call 1-800-433-5677 and reference the group name (TACHC) or click [HERE](#) to book rooms

online.

## Clinical Affairs

**1. AHRQ Spanish Language Resource Library:** When it comes to health care, information is power. Everyone deserves that power. The Agency for Healthcare Research and Quality (AHRQ) has expanded its library of resources to include many Spanish-language resources. Each of AHRQ's easy-to-read publications offers individuals evidence-based information to compare treatment options for specific conditions. AHRQ continues to demonstrate its ongoing and increasing commitment to improving the quality, safety, efficiency, and effectiveness of health care for all Americans and help them work with their doctor or health care provider to select the best treatment option for their situation. For more information please review the attached AHRQ Spanish Language Bundle or visit the AHRQ website at <http://www.ahrq.gov>.

**2. IAATP Infant Adoption Awareness Training:** This training by [IAATP](#) is designed for medical, clinical and educational professionals who could be working with a teen or woman experiencing an unplanned pregnancy as she is trying to decide which of the three options is best for her. The training provides participants with opportunities for self-reflection and open discussion about the issues that women facing unintended pregnancies experience. Hope Cottage Pregnancy and Adoption Center is the lead partner agency in Texas to receive federal funding to provide this training. Nurses, Social Workers, and Licensed Mental Health Counselors receive 4.5 CEU's for attending. The training can be provided at your agency or your staff can attend training at another site. For more information contact Julie Hames at [NETX@hopecottage.org](mailto:NETX@hopecottage.org).

## Other News

**TACHC Member News:** To learn what your fellow health centers are involved in or read news that may affect your health center, click [HERE](#) for news coverage. We also encourage you to post your news, questions and comments to each other on the TACHC members listserv ([members@tachc.org](mailto:members@tachc.org)), where only TACHC executives or their designees are recipients.



If you would like to be removed from this mailing, please send a message to [ccarson@tachc.org](mailto:ccarson@tachc.org), and we will remove your name from our list as soon as possible.

### **D.1- Long version**

AHRQ's Effective Health Care Program has added eight new Spanish-language consumer research summaries to its growing library of Spanish-language resources. The easy-to-read publications give patients and caregivers evidence-based information to compare treatment options and work with their health care provider to select the best treatment option for them.

These new Spanish-language resources include:

- [\*Tratamiento para la apnea del sueño: Revisión de la investigación para adultos\*](#) (Treating Sleep Apnea: A Review of the Research for Adults)
- [\*Opciones de tratamiento para la ERGE o enfermedad por reflujo del ácido estomacal: Revisión de la investigación para adultos\*](#) (Treatment Options for GERD or Acid Reflux Disease: A Review of the Research for Adults)
- [\*Cómo medir la presión arterial en casa: Revisión de la investigación para adultos\*](#) (Measuring Your Blood Pressure at Home: A Review of the Research for Adults)
- [\*Cómo escoger medicamentos para la presión arterial alta: Revisión de las investigaciones sobre IECA, BRA e IDR\*](#) (Choosing Medicines for High Blood Pressure: A Review of the Research on ACEIs, ARBs, and DRIs)
- [\*Medicamentos para la diabetes tipo 2: Revisión de la investigación para adultos\*](#) (Medicines for Type 2 Diabetes: A Review of the Research for Adults)
- [\*Tratamiento y prevención de las infecciones intestinales causadas por el microbio Clostridium difficile: Revisión de la investigación para adultos y personas que ayudan a su cuidado\*](#) (Treating and Preventing C-diff Infections: A Review of the Research for Adults and Their Caregivers)
- [\*Tratamientos para niños con trastornos del espectro autista: Revisión de la investigación para padres y personas que ayudan al cuidado\*](#) (Therapies for Children With Autism Spectrum Disorders: A Review of the Research for Parents and Caregivers)
- [\*Uso de medicamentos antirreumáticos DMARD para niños con artritis: Revisión de la investigación para padres y personas que ayudan al cuidado\*](#) (DMARDs for Juvenile Idiopathic Arthritis: A Review of the Research for Parents and Caregivers)

The new consumer publications and AHRQ's full list of Spanish-language resources, including videos, audio podcasts and editorial columns, that compare treatments for common chronic conditions such as heart disease, diabetes, cancer and others can be found at <http://www.ahrq.gov/clinic/partners/ptoolspanish.htm> for organizations and professionals to use and share with their Spanish-dominant patients.

### **D.2- Short Version**

AHRQ's Effective Health Care (EHC) Program released eight new Spanish-language consumer publications for common health conditions. These free and easy-to-read resources can help people compare treatments for conditions ranging from diabetes to autism and acid reflux. AHRQ has developed 28 publications in Spanish to help Hispanics take a greater role in their health care. Visit <http://www.ahrq.gov/clinic/partners/ptoolspanish.htm> to download or order these and other resources, including videos, audio podcasts and editorial columns.



## **TITLE 25.HEALTH SERVICES**

### **Part 1. DEPARTMENT OF STATE HEALTH SERVICES**

#### **Chapter 39. PRIMARY HEALTH CARE SERVICES PROGRAM**

##### **Subchapter B. TEXAS WOMEN'S HEALTH PROGRAM**

##### **25 TAC §§39.31 - 39.45**

The Executive Commissioner of the Texas Health and Human Services Commission (HHSC), on behalf of the Department of State Health Services (DSHS), proposes new §§39.31 - 39.45 concerning the Texas Women's Health Program (TWHP).

#### **BACKGROUND AND JUSTIFICATION**

In 2005, the Texas Legislature required HHSC to establish a five-year Medicaid demonstration project to expand access to preventive health and family planning services to certain women who were not eligible to receive Medicaid services but who, should they become pregnant, likely will be eligible for the Medicaid prenatal program and whose babies, should those women become pregnant, likely will be eligible to receive Medicaid services. In accordance with the statutory directive and with the approval of the federal Centers for Medicare and Medicaid Services (CMS), HHSC established the Medicaid Women's Health Program in accordance with the statutory requirements. CMS approved the original waiver for a five-year period beginning December 21, 2006. The statute adopted in 2005, Human Resources Code, §32.0248, expired by its terms on September 1, 2011.

While the Legislature did not, in 2011, reenact the 2005 legislation, the Legislature adopted a rider to the General Appropriations Act, Rider 62 to Article II, HHSC that authorizes the continuation of the program. The Legislature subsequently amended Human Resources Code, §32.024 to require HHSC to ensure that any funds spent for purposes of the Women's Health Program or a successor program not be used to perform or promote elective abortions or to contract with an entity that performs or promotes elective abortions or that affiliates with entities that perform or promote elective abortions. (Human Resources Code, §32.024(c-1).) Following the legislative reauthorization of the program, HHSC submitted a request to CMS to renew the demonstration project waiver in the fall of 2011.

In addition, to effectuate the legislative restriction on the use of Women's Health Program funds, HHSC adopted new rules barring from participation in the Women's Health Program any provider that performs or promotes elective abortions or that

affiliates with another entity that performs or promotes elective abortions. Citing the adoption of these rules, CMS denied extending the demonstration project.

Rather than completely end the vital services provided by the Medicaid Women's Health Program, Texas has chosen to operate the program using only state funds within the DSHS Preventive and Primary Care Unit's (PPCU) Primary Health Care Services Program, which is operated under Health and Safety Code, Chapter 31. Chapter 31 authorizes DSHS to establish a primary health care services program to provide to eligible individuals primary health care services, including family planning services and health screenings.

These rules are intended to transition the Medicaid Women's Health Program to the TWHP, operated by DSHS or its designee through the DSHS PPCU Primary Health Care Services Program. DSHS has determined that there is a need for the services that this program will provide across the state, as directed by Health and Safety Code, §31.003(d). DSHS further has determined that the classes of women who will be served may be, without the establishment of the TWHP, unable to obtain the preventive health care, contraceptives, and screenings this program provides.

#### SECTION-BY-SECTION SUMMARY

Section 39.31 introduces the purpose of the rules and describes the statutory authority for adopting the rules.

Section 39.32 states that these rules do not create an entitlement and that the services described in the rules are subject to appropriated funds.

Section 39.33 defines terms used in the rules.

Section 39.34 sets out client eligibility requirements. As proposed, a woman is eligible to receive services through the TWHP if, among other things, she is between the ages of 18 and 44 (inclusive), is not pregnant or sterile, is a United States citizen or qualified alien, is a Texas resident, and has a countable income of 185% or less of the Federal Poverty Level (FPL). The proposed rule also elaborates on the age requirement and permits an applicant with creditable coverage to receive services under the TWHP, despite the creditable coverage, if she affirms that she may be subject to retaliation if she files a claim for services like those the TWHP provides. And the rule specifies that, once approved to receive services, the client is eligible for twelve months, except in certain circumstances, which are set out in the rule. Finally, the rule provides that a woman who is deemed eligible to receive services under the Medicaid Women's Health Program at the time the TWHP begins operations is

essentially "grandfathered" in. The provisions of this proposed rule are consistent with the eligibility requirements for the Medicaid Women's Health Program.

Section 39.35 details the procedure a woman must follow to apply for TWHP services. The procedure, including procedures for the verification of the applicant's identity and status as a citizen or qualified alien, is similar to that currently used to apply for services through the Medicaid Women's Health Program.

Section 39.36 sets out financial eligibility requirements for a TWHP applicant. A woman may be eligible based on her countable income or by virtue of her membership in a budget group that receives benefits under the Women, Infants, and Children (WIC) supplemental nutrition program, Supplemental Nutrition Assistance Program (SNAP), Children's Health Insurance Program (CHIP), or Temporary Assistance for Needy Families (TANF). The requirements are consistent with those currently used to ascertain the eligibility of applicants for the Medicaid Women's Health Program.

Section 39.37 states that DSHS or its designee may deny, suspend, or terminate TWHP services to a client if DSHS or its designee determines that the client is ineligible. DSHS or its designee must notify the applicant or client and provide her with an opportunity for a fair hearing on the matter. Any appeal by an applicant or client is subject to Title 25, Chapter 1, Subchapter C. These provisions are consistent with an applicant's or client's opportunity to appeal under the Medicaid Women's Health Program.

Section 39.38 requires a health-care provider to follow procedures set out in Title 1, Chapter 354 of the Texas Administrative Code. The section also requires a TWHP provider to ensure that (1) outside the scope of TWHP, the provider does not perform or promote elective abortions and does not affiliate with an entity that performs or promotes elective abortions; and (2) within the scope of TWHP, the provider does not promote elective abortions, is physically separated from any abortion-providing or abortion-promoting entity, and does not operate under an identification mark that is registered to an entity that performs or promotes elective abortions. The term "promote" is defined for purposes of the rule. A TWHP provider must provide DSHS or its designee with information, as required by DSHS or its designee, to ensure that the provider complies with this section. Section 39.38 finally provides for provider disqualification, provider certification, and assistance to clients whose providers are disqualified.

Section 39.39 lists those services that a client may receive through the TWHP. The list of services is generalized; further detail is provided in the Texas Medicaid Provider Procedures Manual. With one exception, the list of services is identical to that

provided by the Medicaid Women's Health Program: specifically, the TWHP will cover treatment for certain sexually transmitted infections.

Section 39.40 lists services that TWHP will not cover. With the exception of allowing treatment for certain sexually transmitted infections, the list is the same as those services that were not covered by the Medicaid Women's Health Program.

Section 39.41 pertains to reimbursement for services covered by TWHP. Subsection (a) cross-references Title 1, Chapter 355 of the Texas Administrative Code, which sets out specific reimbursement rules. Subsection (b) cross-references rules to which a provider must refer for procedural guidance on filing claims. And subsection (c) bars a TWHP provider from using any funds received for providing TWHP services to pay any direct or indirect costs associated with elective abortions, consistently with Article II, Rider 17 of DSHS' portion of the current appropriations act. See General Appropriations Act, 82nd Legislature, Regular Session, 2011, Chapter 1355, Article II, II-57 (HHSC, DSHS).

Section 39.42 pertains to a TWHP provider's request to DSHS or its designee to review a denied claim. The appeal will be subject to procedures set out in Title 1, §354.2217 of the Texas Administrative Code.

Section 39.43 requires a TWHP provider to maintain the confidentiality of family planning information as required by law. Section 39.43 further bars a provider from releasing information that may identify a client unless the client authorizes the release in writing.

Section 39.44 provides for audits to verify compliance with applicable statutes and rules.

Finally, §39.45 provides that any rule in the subchapter that a court finds unconstitutional or unenforceable will be severed and the remaining rules will be enforced to the extent it is possible to do so consistently with the legislative intent and the subchapter's objectives.

#### FISCAL NOTE

Greta Rymal, Deputy Executive Commissioner for Financial Services, has projected the fiscal impact of this rule for three years, assuming that all clients will be eligible for Medicaid following the expansion of the Medicaid program in January 2014.

Ms. Rymal determined that during the three fiscal years this rule is to be in effect, there will be a fiscal impact to state government as a result of enforcing or

administering the sections as proposed. The effect on state government is an estimated cost to general revenue of \$936,199 for state fiscal year (SFY) 2012, \$39,132,223 for SFY 2013, and \$15,861,313 for SFY 2014. The proposed new rules will not result in any fiscal implications for local health and human services agencies. Local governments will not incur additional costs as a result of enforcing or administering the sections as proposed.

#### SMALL AND MICRO-BUSINESS IMPACT ANALYSIS

Greta Rymal has also determined that there will be no adverse economic effect on small or micro-businesses as a result of enforcing or administering these new rules. Providers will not be required to alter their business practices as a result of these rules.

#### ECONOMIC COSTS TO PERSONS AND IMPACT ON LOCAL EMPLOYMENT

There are no anticipated economic costs to persons who are required to comply with these rules. There is no anticipated negative effect on local employment in geographic areas affected by these new rules.

#### PUBLIC BENEFIT

The public benefit, similar to the fiscal impact, has been projected for three years, assuming that all clients will be eligible for Medicaid beginning in January 2014.

HHSC has determined that for each of the three years these new rules are in effect, the public will benefit from the adoption of these rules. The anticipated public benefit of adopting the proposed new rules will be continued access to essential Women's Health Services. In addition maintaining a state-funded Women's Health Program would generate cost avoidance in the Medicaid program, resulting in a net projected savings of \$4.4 million general revenue over the 14 months the program would operate.

#### REGULATORY ANALYSIS

DSHS has determined that this proposal is not a "major environmental rule" as defined by Government Code, §2001.0225. A "major environmental rule" is defined to mean a rule the specific intent of which is to protect the environment or reduce risk to human health from environmental exposure and that may adversely affect, in a material way, the economy, a sector of the economy, productivity, competition, jobs, the environment, or the public health and safety of the state or a sector of the state. This proposal is not specifically intended to protect the environment or reduce risks to human health from environmental exposure.

## TAKINGS IMPACT ASSESSMENT

DSHS has determined that his proposal does not restrict or limit an owner's right to his or her private real property that would otherwise exist in the absence of the government action and, therefore, does not constitute a taking under Government Code, §2007.043.

## PUBLIC COMMENT

Comments on the proposal may be submitted to Imelda M. Garcia, Department of State Health Services, Division of Family and Community Health Services, Community Health Services Section, Mail Code 1923, P.O. Box 149347, Austin, Texas 78714-9347, by phone at 1-800-322-1305 or by email to [CHSS@dshs.state.tx.us](mailto:CHSS@dshs.state.tx.us). Comments will be accepted for 30 days following publication of the proposal in the Texas Register.

## PUBLIC HEARING

No public hearing is currently scheduled.

## LEGAL CERTIFICATION

The Department of State Health Services General Counsel, Lisa Hernandez, certifies that the proposed rules have been reviewed by legal counsel and found to be within the state agencies' authority to adopt.

## STATUTORY AUTHORITY

The new sections are authorized generally by Health and Safety Code, §12.001 and §1001.071, and more specifically by Health and Safety Code, §§31.002(a)(4)(C) and (H), 31.003, and 31.004, under which DSHS may establish a program providing primary health care services, including family planning services and health screenings, and to adopt rules governing the type of services to be provided, the eligibility of recipients, and administration of the program. In addition, Government Code, §531.0055, authorizes the Executive Commissioner of the Health and Human Services Commission to adopt rules for the operation and provision of health and human services by the health and human services agencies.

No other statutes, articles, or codes are affected by this proposal.

*§39.31.Introduction.*

(a) Governing rules. Notwithstanding any contrary provision in Subchapter A of this chapter, this subchapter sets out rules governing the administration of the Texas Women's Health Program (TWHP) within the DSHS's Primary Health Care Services Program.

(b) Authority. This subchapter is authorized generally by Health and Safety Code, §12.001 and §1001.071, and more specifically by Health and Safety Code, §31.002(a)(4)(C) and (H), §31.003, and §31.004, under which DSHS may establish a program providing primary health care services, including family planning services and health screenings, and to adopt rules governing the type of services to be provided, the eligibility of recipients, and administration of the program.

(c) Objectives. As reflected in several enactments of the Texas Legislature (including, but not limited to, Human Resources Code, §32.024(c-1)), the TWHP is established to achieve the following overarching objectives:

(1) to implement the state policy to favor childbirth and family planning services that do not include elective abortion or the promotion of elective abortion within the continuum of care or services;

(2) to ensure the efficient and effective use of state funds in support of these objectives and to avoid the direct or indirect use of state funds to promote or support elective abortion;

(3) to reduce the overall cost of publicly-funded health care (including federally-funded health care) by providing low-income Texans access to safe, effective services that are consistent with these objectives; and

(4) to the extent permitted by the Constitution of the United States and in addition to the restrictions imposed by this subchapter, to enforce Human Resources Code, §32.024(c-1), and any other state law that regulates delivery of non-federally funded family planning services.

#### §39.32. Non-entitlement and Availability.

(a) No entitlement. This subchapter does not establish an entitlement to the services described in this subchapter.

(b) Fund availability. The services described in this subchapter are subject to the availability of appropriated funds.

#### §39.33. Definitions.

The following terms, when used in this subchapter, have the following meanings unless the context clearly indicates otherwise.

(1) Affiliate--

(A) An individual or entity that has a legal relationship with another entity, which relationship is created or governed by at least one written instrument that demonstrates:

(i) common ownership, management, or control;

(ii) a franchise; or

(iii) the granting or extension of a license or other agreement that authorizes the affiliate to use the other entity's brand name, trademark, service mark, or other registered identification mark.

(B) The written instruments referenced in subparagraph (A) of this paragraph may include a certificate of formation, a franchise agreement, standards of affiliation, bylaws, or a license.

(2) Applicant--A woman applying to receive services under TWHP, including a current recipient who is applying to renew.

(3) Budget group--Members of a household whose needs, income, resources, and expenses are considered in determining eligibility.

(4) Client--A woman who receives services through TWHP.

(5) Corporate entity--A foreign or domestic non-natural person, including a for-profit or nonprofit corporation, a partnership, and a sole proprietorship.

(6) Covered service--A medical procedure for which TWHP will reimburse an enrolled health-care provider, as listed in §39.39 of this title (relating to Covered Services).

(7) DSHS--The Department of State Health Services.

(8) Elective abortion--The intentional termination of a pregnancy by an attending physician who knows that the female is pregnant, using any means that is reasonably likely to cause the death of the fetus. The term does not include the use of any such means:



(A) to terminate a pregnancy that resulted from an act of rape or incest; or

(B) in a case in which a woman suffers from a physical disorder, physical disability, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy, that would, as certified by a physician, place the woman in danger of death unless an abortion is performed.

(9) Family planning services--Educational or comprehensive medical activities that enable individuals to determine freely the number and spacing of their children and to select the means by which this may be achieved.

(10) Health-care provider--A physician, physician assistant, nurse practitioner, clinical nurse specialist, certified nurse midwife, federally qualified health center, family planning agency, health clinic, ambulatory surgical center, hospital ambulatory surgical center, laboratory, or rural health center.

(11) Health clinic--A corporate entity that provides comprehensive preventive and primary health care services to outpatient clients, which must include both family planning services and diagnosis and treatment of both acute and chronic illnesses and conditions in three or more organ systems. The term does not include a clinic specializing in family planning services.

(12) TWHP--Texas Women's Health Program.

(13) TWHP provider--A health-care provider that performs covered services.

§39.34. Client Eligibility.

(a) Criteria. A woman is eligible to receive services through TWHP if she:

(1) is 18 through 44 years of age, inclusive;

(2) is not pregnant;

(3) is not sterile, infertile, or unable to get pregnant because of medical reasons;

(4) has countable income (as calculated under §39.36 of this title (relating to Financial Eligibility Requirements)) that does not exceed 185 percent of the Federal Poverty Level, as published annually in the Federal Register by the United States Department of Health and Human Services;

(5) is a United States citizen, a United States national, or an alien who qualifies under §39.35(h) of this title (relating to Application Procedures);

(6) resides in Texas;

(7) does not currently receive benefits through a Medicaid program, Children's Health Insurance Program, or Medicare Part A or B;

(8) does not have creditable health coverage that covers the services TWHP provides, except as specified in subsection (d) of this section;

(9) is not a patient at a State mental hospital as defined in Health and Safety Code, §571.003(21); and

(10) is not incarcerated in any penal facility maintained under governmental authority. The term "incarcerated" means the involuntary physical restraint of a woman who has been arrested for or convicted of a crime.

(b) Age. For purposes of subsection (a)(1) of this section, an applicant is considered 18 years of age the month of her 18th birthday and 44 years of age through the month of her 45th birthday. A woman is ineligible for TWHP if her application is received the month before her 18th birthday or the month after she turns 45 years of age.

(c) Resources. DSHS or its designee does not request or verify resources for TWHP.

(d) Third-party resources. An applicant with creditable health coverage that would pay for all or part of the costs of covered services may be eligible to receive covered services if she affirms, in a manner satisfactory to DSHS or its designee, her belief that a liable third party may retaliate against her or cause physical or emotional harm if she assists DSHS or its designee (by providing information or by any other means) in pursuing claims against that third party. An applicant with such creditable health coverage who does not comply with this requirement is ineligible to receive TWHP benefits.

(e) Period of eligibility. A client is deemed eligible to receive covered services for 12 continuous months after her application is approved, unless:

(1) the client dies;

(2) the client voluntarily withdraws;

(3) the client no longer satisfies criteria set out in subsection (a) of this section;

(4) state law no longer allows the woman to be covered; or

(5) DSHS or its designee determines the client provided information affecting her eligibility that was false at the time of application.

(f) Transfer of eligibility. A woman who, when these rules becomes effective, receives services through the Medicaid Women's Health Program is automatically enrolled as a TWHP client and is eligible to receive covered services for as long as she would have been eligible for the Medicaid Women's Health Program.

*§39.35.Application Procedures.*

(a) Application. A woman, or an individual acting on the woman's behalf, may apply for TWHP services by completing an application form and providing documentation as required by DSHS or its designee.

(1) An applicant may obtain a paper application in the following ways:

(A) from a local benefits office of the Health and Human Services Commission, a TWHP provider's office, or any other location that makes TWHP applications available;

(B) from the TWHP website; or

(C) by calling 2-1-1.

(2) DSHS or its designee accepts and processes every application received through the following means:

(A) in person at a local benefits office of the Health and Human Services Commission;

(B) by fax; or

(C) by mail.

(b) Processing timeline. DSHS or its designee processes a TWHP application by the 45th day after the date DSHS or its designee receives the application.

(c) Start of coverage. Program coverage begins on the first day of the month in which DSHS or its designee receives a valid application. A valid application has, at a minimum, the applicant's name, address, and signature.

(d) Exclusive application. The TWHP application form may not be used to apply for any other programs.

(e) Social security number (SSN) required. In accordance with 42 U.S.C. §405(c)(2)(C)(i), DSHS or its designee requires an applicant to provide or apply for a social security number. DSHS or its designee requests, but does not require, budget group members who are not applying for TWHP to provide or apply for an SSN.

(f) Face-to-face interviews. In general, DSHS or its designee does not require an applicant to attend a face-to-face interview unless DSHS or its designee has received conflicting information related to the household membership or income that affects eligibility. An applicant may, however, request a face-to-face or telephone interview for an initial or a renewal application.

(g) Identity. An applicant must verify her identity the first time she applies to receive covered services.

(h) Citizenship. If an applicant is a citizen, she must provide proof of citizenship. If the applicant, who is otherwise eligible to receive TWHP services, is not a citizen, DSHS or its designee determines her eligibility in accordance with 1 TAC §366.513 (relating to Citizenship).

#### §39.36.Financial Eligibility Requirements.

(a) Calculating countable income. Unless an applicant is adjunctively eligible as described in subsection (b) of this section, DSHS or its designee determines an applicant's financial eligibility by calculating the applicant's countable income. To determine countable income, DSHS or its designee adds the incomes listed in paragraph (1) of this subsection, less any deductions listed in paragraph (2) of this subsection, and exempting any amounts listed in paragraph (3) of this subsection.

(1) DSHS or its designee determines countable income in accordance with 1 TAC §366.531(a) (relating to Determining Whose Income Counts).

(2) In determining countable income, DSHS or its designee deducts the items set forth in 1 TAC §366.533 (relating to Allowable Income Deductions).

(3) DSHS or its designee exempts from the determination of countable income the items set out in 1 TAC §366.535 (relating to Exempt Income).

(b) Adjunctive eligibility. An applicant or client is considered adjunctively eligible at an initial or renewal application, and therefore financially eligible, if:

(1) a member in her budget group receives benefits under the Women, Infants, and Children (WIC) supplemental nutrition program;

(2) she is a member of a certified Supplemental Nutrition Assistance Program (SNAP) household;

(3) she is in a Children's Medicaid budget group for someone receiving Medicaid; or

(4) she is receiving Temporary Assistance for Needy Families (TANF) cash or is in a TANF budget group for someone receiving TANF cash.

*§39.37.Denial, Suspension, or Termination of Services; Client Appeals.*

(a) Notice and opportunity for hearing. DSHS or its designee may deny, suspend, or terminate services to an applicant or client if it determines that the applicant or client is ineligible to participate.

(b) Notice and opportunity for a fair hearing. Before DSHS or its designee finalizes the denial, suspension, or termination under subsection (a) of this section, the applicant or client will be notified and provided an opportunity for a fair hearing.

(c) Appeal procedures. An applicant or client who is aggrieved by the denial, suspension, or termination of services under subsection (a) of this section may appeal the decision in accordance with Chapter 1, Subchapter C of this title (relating to Fair Hearing Procedures). An applicant or client may not appeal a decision to deny, suspend, or terminate services if the decision is the result of a decision by the State to reduce or stop funding the program.

§39.38.Health-Care Providers.

(a) Procedures. A TWHP provider must comply with the requirements set out in 1 TAC Chapter 354, Subchapter A, Division 1 (relating to Medicaid Procedures for Providers).

(b) Qualifications. A TWHP provider must ensure that:

(1) the provider does not perform or promote elective abortions outside the scope of the TWHP and is not an affiliate of an entity that performs or promotes elective abortions; and

(2) in offering or performing a TWHP service, the provider:

(A) does not promote elective abortion within the scope of the TWHP;

(B) maintains physical separation between its TWHP activities and any abortion-performing or abortion-promoting activity by, for example, providing TWHP services

at a physical address that differs from the address at which elective abortions are performed, even if those abortions are performed by a different corporate entity, and not sharing employees or volunteer personnel with an entity that performs elective abortions; and

(C) does not use, display, or operate under a brand name, trademark, service mark, or registered identification mark of an organization that performs or promotes elective abortions.

(c) Defining "promote." For purposes of subsection (b) of this section, the term "promote" includes, but is not necessarily limited to:

(1) providing to a TWHP client counseling concerning the use of abortion as a method of family planning or within the continuum of family planning services;

(2) providing to a TWHP client a referral for an elective abortion as a method of family planning or within the continuum of family planning services;

(3) furnishing or displaying to a TWHP client information that publicizes or advertises an abortion service or provider; and

(4) using, displaying, or operating under a brand name, trademark, service mark, or registered identification mark of an organization that performs or promotes elective abortions.

(d) Compliance information. Upon request, a TWHP provider must provide DSHS or its designee with all information DSHS or its designee requires to determine the provider's compliance with this section.

(e) Provider disqualification. If, after the effective date of this section, DSHS or its designee determines that a TWHP provider fails to comply with subsection (b) of this section, DSHS or its designee will disqualify the provider from TWHP.

(f) Client assistance and recoupment. If a TWHP provider is disqualified, DSHS or its designee will take appropriate action to:

(1) assist a TWHP client to find an alternate provider; and

(2) recoup any funds paid to a disqualified provider for TWHP services performed during the period of disqualification.

(g) Certification. Upon initial application for enrollment in the TWHP, a provider must certify its compliance with subsection (b) of this section and any other requirement specified by DSHS or its designee. Each provider enrolled in TWHP must annually certify that the provider complies with subsection (b) of this section.

(h) Exemption from initial certification. The initial application requirement of subsection (g) of this section does not apply to a provider that certified and was determined to be in compliance with the requirements of the Women's Health Program administered by the Health and Human Services Commission pursuant to Human Resources Code, §32.024(c-1).

*§39.39.Covered Services.*

A client may receive the following services through TWHP:

- (1) annual family planning exam and Pap test;
- (2) follow-up visits related to the chosen contraceptive method;
- (3) counseling on specific methods and use of contraception (as part of evaluation and management services), including natural family planning and excluding emergency contraception;
- (4) female sterilization;
- (5) follow-up visits related to sterilization, including procedures to confirm sterilization;
- (6) family-planning services as listed in the Texas Medicaid Provider Procedures Manual, including:
  - (A) pregnancy tests;
  - (B) sexually transmitted infection (STI) screenings;
  - (C) treatment of certain STIs;
  - (D) contraceptive methods; and
- (7) lab services related to a service listed in paragraphs (1) - (6) of this section.

*§39.40.Non-covered Services.*

TWHP does not cover:

- (1) counseling on and provision of abortion services;
- (2) mammography and diagnostic services for breast cancer;
- (3) treatment for any condition diagnosed during a TWHP visit, other than a sexually transmitted infection for which treatment is a covered service;
- (4) a visit for a pregnancy test only;
- (5) a visit for a sexually transmitted infection test only;
- (6) a follow-up after an abnormal Pap test;
- (7) counseling on and provision of emergency contraceptives; or
- (8) other visits that cannot be appropriately billed with a permissible procedure code.

§39.41.Reimbursement.

(a) Fee for service reimbursement. Services provided through TWHP will be reimbursed on a fee-for-service basis in accordance with 1 TAC Chapter 355 (relating to Reimbursement Rates).

(b) Claims procedures. A TWHP provider must comply with 1 TAC Chapter 354, Subchapter A, Division 1 (relating to Medicaid Procedures for Providers) and Division 5 (relating to Physician and Physician Assistant Services).

(c) Improper use of reimbursement. A TWHP provider may not use any funds received for providing a covered service to pay the direct or indirect costs (including overhead, rent, phones, equipment, and utilities) of elective abortions.

§39.42.Provider's Request for Review of Claim Denial.

(a) Review of denied claim. A TWHP provider may request a review of a denied claim. The request must be submitted as an administrative appeal under 1 TAC §354.2217 (relating to Provider Appeals and Reviews).

(b) Appeal procedures. The administrative appeal will be subject to the timelines and procedures set out in 1 TAC §354.2217 and all other procedures and timelines applicable to a provider's appeal of a Medicaid claim denial.



§39.43. Confidentiality.

(a) Confidentiality required. A TWHP provider must maintain all family planning information as confidential to the extent required by law.

(b) Written release authorization. Before a TWHP provider may release any information that might identify a client, the client must authorize the release in writing.

(c) Confidentiality training. A TWHP provider's staff (paid and unpaid) must be informed during orientation of the importance of keeping client information confidential.

(d) Records monitoring. A TWHP provider must monitor client records to ensure that only appropriate staff and DSHS or its designee may access the records.

(e) Assurance of confidentiality. A TWHP provider verbally must assure each client that her records are confidential and must explain the meaning of confidentiality.

§39.44. Audits; Reports.

(a) Compliance audits. DSHS or the Health and Human Services Commission's Office of Inspector General may audit any TWHP provider to verify compliance with any applicable law or regulation.

(b) Reporting duties. A TWHP provider must submit information to DSHS or its designee as DSHS or its designee requires.

§39.45. Severability.

To the extent any part of this subchapter is determined by a court of competent jurisdiction to be unconstitutional or unenforceable, or to the degree an official or employee of DSHS, the Health and Human Services Commission, or the State of Texas is enjoined from enforcing any part of this subchapter, DSHS or its designee shall enforce the parts of this subchapter not affected by such injunctive relief to the extent DSHS or its designee determines it can do so consistently with legislative intent and the objectives of this subchapter, and to this end the provisions and application of this subchapter are severable.

This agency hereby certifies that the proposal has been reviewed by legal counsel and found to be within the agency's legal authority to adopt.

Filed with the Office of the Secretary of State on June 25, 2012.

TRD-201203355

Lisa Hernandez

General Counsel

Department of State Health Services

Earliest possible date of adoption: August 5, 2012

For further information, please call: (512) 776-6972

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## **Healthy Lifestyles Healthy Communities 2012 Application Process**

This outline mirrors the online application process for our 2012 HLHC Events. Please review these questions/key areas with your CHC Partner/Primary Care Association. The CHC/Primary Care Association should complete the application online for the Committee to review. We appreciate your partnership as we look to explore new opportunities for the HLHC events.

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### **About HEALTHY LIFESTYLES HEALTHY COMMUNITIES EVENTS**

- The HLHC program is designed to promote access to health care, wellness, and prevention for underserved communities by providing free medical and dental screenings.
  - The program addresses diseases and risk factors that commonly afflict children and their care givers, including hypertension, asthma, diabetes, obesity and poor oral health.
  - Physicians, nurses, dentists and community volunteers screen children and their caregivers for these five diseases and associated risk factors.
  - In addition, participating children and their parents / care givers receive educational materials about ways to prevent and treat these problems, as well as assistance in finding a local community health center where they may receive health care on a regular basis. Access to care and follow up is key to the success of these programs.
- 

#### **I) Eligibility Requirements**

- Events must include screenings for common health conditions including blood pressure, cholesterol, glucose, height and weight, body mass index, dental, vision, glaucoma, and other issues based on the CHC.
- CHC must have the necessary equipment to conduct the screening.
- Events should provide participants with educational materials about ways to prevent and treat common health problems, as well as assistance in finding local community health centers where they may receive health care on a regular basis.
- Applicants should demonstrate that the target population is underserved and/or unlikely otherwise to access screenings.
- Applicants must be public entities (e.g. state or city health departments) or non-profit 501(c)3 organizations.
- Events must be supervised by state certified medical, dental, or animal health personnel.
- Providers must have all necessary insurance and liability coverage.
- Volunteers must supply the majority of services provided.

#### **II) Criteria for Decision Making**

- Events that include a combination of multi-generational medical and oral screenings as well as animal health screenings will be given preference.
- Geographic diversity

- Possibility of raising the profile of indigent care in community, generating community will, and strengthening HSC's reputation and relationships/opportunities for media coverage
- Capacity of organization
- Quality of program
- Henry Schein Review Committee will apply all criteria for decision making to ensure the event is in line with the Henry Schein Cares Social Responsibility Mission.

### III) Application

#### Organizational Information

1. Organization Name  
Address Line 1  
Address Line 2  
City  
State  
Zip Code  
Web Site  
Tax ID
2. Organization Type & Service
  - Health Clinic within Host Organization
  - Multi-service Community Health Clinic
  - Federally Qualified Community Health Clinic
  - Other
3. If other, please describe your organization type.
4. How many days a week does the organization provide service?
5. Organization Services
  - Dental and Medical
  - Dental
  - Medical
6. Please provide the number and type of health personnel in your clinic.
7. What type of health services are offered?
8. Is there a charge for services, including sliding scale?
9. If your organization is a customer of Henry Schein, Inc., please provide your customer account number in order to help us better understand your organizational profile and licensure.

#### Referral Source

10. Please tell us who referred you to our program.

#### Contacts

##### Application Contact

11. Prefix  
First Name  
Middle Initial  
Last Name  
Suffix  
Title
  - Chief Executive Officer

- Chief Financial Officer
- Dental Director
- Medical Director
- Development Officer
- Executive Director
- Fiscal Officer
- Other
- Program Officer
- President
- Vice President

If other, please provide your title.

Phone

E-mail

Please provide additional comment regarding the Application Contact Person if any

Organization Primary Contact (Please provide the name of the individual who is considered the head of the organization i.e. Executive Director or CEO)

12. Prefix

First Name

Middle Initial

Last Name

Suffix

Title

- Chief Executive Officer
- Chief Financial Officer
- Dental Director
- Medical Director
- Development Officer
- Executive Director
- Fiscal Officer
- Other
- Program Officer
- President
- Vice President

If other, please provide your title.

Phone

Fax

E-mail Address

Shipping Contact (Please provide the contact person who is going to be receiving donated product)

13. Prefix

First Name

Middle Initial

Last Name

Suffix

Title

- Chief Executive Officer

- Chief Financial Officer
- Dental Director
- Medical Director
- Development Officer
- Executive Director
- Fiscal Officer
- Other
- Program Officer
- President
- Vice President

If other, please provide your title.

Phone

Fax

E-mail Address

Licensed Health Care Professional (Please provide the name of the licensed health care professional who will be responsible for supervising the screening of the donated product)

14. Prefix

First Name

Middle Initial

Last Name

Suffix

License Number

Specialty

#### Program & Target Population

15. Provide an example of one of your organization's program that you would consider cutting-edge or a best practice in its field.

16. Provide an example of how surveys or other evaluation tools have translated into program improvement, adaptation, or change.

17. Please select the population target.

- General Public
- Children
- Adults
- Older Adults
- Animal Health
- Not Applicable

18. Please describe any specific characteristics of your target population, i.e. specific ethnicity, economic group or age group

19. Number of patients to be served annually

#### Trusteeship and Good Governance

20. How many board members does your organization have?

21. How are they chosen?

22. Does the board reflect the diversity of the community being served?

#### Mission, Goals, and Strategic Planning

23. Please state your agency's mission.
24. Please state your agency's goals.

#### Engaging Volunteers

25. Please detail how you use volunteers in extending the reach of the agency.

#### Professional Leadership

26. Who composes (by title) your agency's professional leadership team?
27. Describe the most important issue your senior management addressed this past year, and include a result of which you are most proud.

#### Marketing

28. What is your organization's overall marketing message?
29. How do you deliver this message?
30. How has/will your agency help to strengthen Henry Schein Cares's reputation and relationships within the public, governmental, and/or philanthropic sectors?
31. In what professional/industry associations does your agency participate?

#### Financial Sustainability and Capacity

32. Please provide your agency's total budget in the last three fiscal years including a breakdown of funds raised among government, foundations/corporations, individuals, and other.
33. What do you see as your best potential new funding- and income-generating opportunities over the next three years? What steps have you taken or are planning to take to actualize these opportunities?
34. What anticipated financial challenges are you planning for, and how?

#### Facilities Management

35. Describe the overall condition of your facilities. Summarize your continuing repair and capital replacement needs. Over what period of time do you forecast capital replacement needs, and how are priorities established?
36. Provide examples of your agency's commitment to environmental awareness by incorporating green practices into the organization's daily operations.

#### Risk Management

37. What internal controls exist to sustain the agency's short- and long-term reputation?
38. Describe the disaster recovery program for your organization's data. How often is it tested?

#### Requested Attachments

- Operating Budget
- IRS Determination Letter
- Most Recent Tax Return (Form 990 or equivalent)
- Copy of Organizational Letterhead with Board Members
- Recommendation Letter
- Annual Report

**Innovations in Leadership**  
**San Luis Resort and Spa Conference Center**  
**Galveston, Texas**

**August 24 – 25, 2012**

**Friday, August 24, 2012**

- 8:30 AM**      **Welcome and Introductions**  
*Jana Blasi, Deputy Director*  
*TACHC*
- 8:40 AM**      **Forces Shaping the Future**  
*Jim Crupi, PhD*  
*Strategic Leadership Solutions*
- 10:00 AM**      **BREAK**
- 10:15 AM**      **Collaborative Leadership: Building a Highly Effective and Productive Staff**  
*Dr. Crupi, PhD*
- 12:30 PM**      **Working Lunch (Sponsored by TACHC)**
- 1:30 PM**      **Collaborative Leadership: Leveraging Community Resources and Partnerships**  
*Dr. Crupi*
- 2:30 PM**      **BREAK**
- 2:45 PM**      **Showcase #1 – Leveraging Community Partnerships**  
*Katy Caldwell, Executive Director*  
*Legacy Community Health Services*  
*Houston, TX*
- 3:45 PM**      **Collaborative Leadership: Building Trust as the Foundation of Partnerships**  
*Karl Krumm, PhD*
- 5:00 PM**      **Recap and Adjourn for the Day**

**Saturday, August 25, 2012**

- 8:30 AM**      **Welcome and Recap**
- 8:40 AM**      **Employee Engagement**  
*Dr. Krumm, PhD*



- 9:40 AM**      **Showcase #2: Effective Staff Retention and Performance Management Strategies**  
*Jill Cooley, CEO*  
*Mount Enterprise Community Health Center*  
*Henderson, TX*
- 10:30 AM**      **BREAK**
- 10:45 AM**      **Clinical Leadership based on Collaboration**  
*Dr. Krumm, PhD*
- 11:30 AM**      **Lunch on Your Own**
- 1:00 PM**      **Showcase #3 – Utilizing Quality Outcomes in the Performance Management of Providers**  
*Lindsay Farrell, President and CEO*  
*Open Doors Family Medical Centers*  
*Ossining, NY*
- 2:00 PM**      **BREAK**
- 2:15 PM**      **Professional Peer Forums on Collaborative Leadership**
- 3:30 PM**      **Showcase #4 – Improving Patient Retention and Customer Satisfaction**  
  
*Susan McManus, President and CEO*  
*David Pump, VP for Business Development and Ancillary Support*  
*Peak Vista Community Health Centers*  
*Colorado Springs, CO*
- 5:00 PM**      **Recap and Adjourn Session**

**TACHC INNOVATIONS IN LEADERSHIP CONFERENCE:  
"SHOWCASED" COMMUNITY HEALTH CENTERS**

**Legacy Community Health Services, Houston, TX**

Legacy Community Health Services is a full-service, Federally Qualified Health Center that provides comprehensive, primary healthcare services to all Houstonians in a culturally sensitive, judgment-free and confidential environment. Legacy has specialized in HIV/AIDS testing, education, treatment and social services since the early 1980s. Legacy also provides care for other chronic health conditions like diabetes and high blood pressure. Generous financial support from individuals, businesses and charitable foundations allows Legacy to provide no-cost or low-cost healthcare services to nearly 40,000 men, women and children in Houston each year.

Legacy Community Health Services was created by a merger of the Montrose Clinic and The Assistance Fund in 2005. Montrose Clinic was founded in 1978 and incorporated in 1981 as a 501(c)3 nonprofit organization. Originally started to provide STD testing and treatment services to gay and bisexual men, the Clinic quickly grew to provide prevention education, social services and, eventually, medical care for HIV/AIDS to men and women living with the disease.

The Assistance Fund was founded in 1987 as a 501(c)3 nonprofit organization to provide financial assistance to people living with HIV/AIDS. The agency created several programs, including a medication assistance program to cover the growing cost of treatment for HIV/AIDS and an insurance co-pay program to cover the costs of insurance co-pays and later to cover the cost of COBRA payments.

Both organizations served Houston side-by-side for years and shared many common clients. By joining forces, these organizations were able to expand their programs and reach even more people. In 2007, BPHC granted Legacy full status as a Federally Qualified Health Center, giving the center the ability to provide primary healthcare services to all Houstonians, not just those living with HIV/AIDS or STDs.

**Mount Enterprise Community Health Centers, Henderson, TX**

In 2003 Tenet Hospital closed four area Rural Health Clinics, creating a gap in access to primary health care in East Texas. Through the generosity of a local individual, a low interest loan was provided to open the Mt. Enterprise Community Health Clinic (MEHC), located in Mt. Enterprise, Rusk County, Texas. In 2003 MEHC opened its doors as a non-profit, 501-C3 Rural Health Clinic and in 2006 received its FQHC Look Alike status with support of the Texas PCA and PCO. In 2009 MEHC was awarded a NAP grant under the ARRA funding for full FQHC status and also allowed for an additional site project in Henderson, Texas which opened its doors in September of 2009. The new site was an immediate success and in 2010 Dental services were

also added. In May of this year MEHC was able to add mental health services by adding an LCSW to the provider staff.

MEHC has been through two full and one partial federal site visits with much appreciated assistance and participation from TACHC for our initial site visit. MEHC was recently selected by CMS to participate in the PCMH demonstration and have made it through the second reporting phase for this project. The organization has had many adjustments in managing the rapid growth, not only in patient numbers but in moving the organization from a FQHC-Look Alike with one provider and a total of 5 employees, to over 30 employees and much added reporting requirements, all within a two year period.

### **Open Door Family Medical Centers, Ossining, NY**

Open Door Family Medical Centers has operated for over 39 years and has grown by leaps and bounds to serve the underserved and reach the uninsured and underinsured in Westchester County in New York. The center's mission has remained constant since the Center's humble beginnings in the basement of the First Baptist Church four decades ago: to provide quality primary health care and human services at affordable prices to the entire community, particularly the economically disadvantaged. Today Open Doors Family Medical Center is among the largest and highest quality health care providers in Westchester County, with over 40,000 patients making over 170,000 visits. The center leadership believes that health care is a right, not a privilege. They celebrate diversity and respect cultural and linguistic differences. They believe that healthy individuals and families are the foundation of a civil society, and that those empowered to lead healthy lives contribute significantly to the community's success.

Open Doors work is gaining attention across the country. After remaining a long standing recipient of The Joint Commission accreditation, they recently announced their status as a [Level 3 Patient-Centered Medical Home](#), the highest distinction from the National Committee for Quality Assurance, and one that only a fraction of practices nationwide have achieved. By placing value on prevention and primary care, treating the patient as a whole person, and coordinating their care, health centers like Open Door are demonstrating through actions and results how to provide efficient, quality and affordable care to those who need it most. Their health information technology investments are serving them well; reducing errors, supporting clinical decision making, and placing the center in a leadership role among other providers and specialists with whom they collaborate, both locally and nationally. Open Doors Family Medical Centers has created a safety net of the highest standards for the lowest of costs.

### **Peak Vista Health Centers, Colorado Springs, CO**

Peak Vista Community Health Centers is a Federally Qualified Health Center, whose mission is to provide exceptional healthcare for people facing access barriers. Established in 1971, Peak Vista offers outpatient medical, dental, and behavioral healthcare to over 60,000 people,

mostly from working families of the Pikes Peak Region, through nineteen centers in Colorado. In 2005, Peak Vista established its Foundation to help sustain healthcare services for those without access. Peak Vista is accredited by the Accreditation Association for Ambulatory Health Care. In 2011, Peak Vista was able to:

- Serve just over 60,000 people, of which over 27,000 were children. Each person was treated individually, with the highest possible quality of care.
- Contribute to the community's economic future by employing over 550 people.
- Open 3 additional service sites to see an additional 5,000 patients.
- Create or expand our collaboration with over 185 community partners.

Peak Vista Community Health Centers continues to expand services and has plans for continued and sustainable growth in 2012. The center recently purchased a new facility near the corner of North Academy and North Carefree in order to increase their reach within the community. Through collaboration with the Falcon Independent School District, Peak Vista will be able to serve the families in Falcon through a School Based Health Center at Falcon Elementary School. Peak Vista is also moving forward with their partnership with UCCS and the Beth-El School of Nursing in senior-focused care through the Lane Family Senior Health Center within the Lane Center for Academic Sciences.

#### **TACHC INNOVATIONS IN LEADERSHIP CONFERENCE: PRESENTERS**

##### **James Crupi, PhD, Strategic Leadership Solutions, Plano, TX**

Dr. James A. (Jim) Crupi is President and founder of Strategic Leadership Solutions, Inc. Jim is a recognized authority in international business, future trends, and leadership development and is an internationally popular speaker. His leadership workshops are world renowned. Jim works with executives for the purpose of aligning strategy, enhancing productivity and competitiveness, and training of the management team. Jim has been featured on CNN, Fox Business Network with Neil Cavuto, National Public Radio, served as a TED speaker and quoted in many publications throughout the world.

He received his B.S. degree from North Georgia College, M.S. from the University of Southern California, and Ph.D. from the University of Florida. He has completed advanced work at the London Business School, Oxford University, and the International Management Institute in Geneva.

Jim has served as a consultant to the Office of the President of the United States and does work for many Fortune 1000 corporations, including Coca Cola, Turner Broadcasting Corporation, AT&T, HP, Siemens, Intel, Phelps Dodge, Motorola, and IBM among others. He served in the armed forces as a company commander and instructor at the elite Army Ranger School and founded the International Business Fellows [SIBF].

Jim serves on the following boards: Docvia; Global Network Foundation, Admiral Finance, North Georgia College and State University Foundation; and Triad - Dallas Foundation, Central Eurasia Leadership Academy [CELA], Middle East Leadership Academy [MELA].

**Katy Caldwell, CEO, Legacy Community Health Services, Houston, TX**

Katy Caldwell is executive director of the Legacy Community Health Services, Inc., Houston, a not-for-profit community health care clinic. Katy has expanded the agency from an exclusively HIV clinic to the largest federally qualified health center in the Houston area. Prior to her joining Legacy, Ms. Caldwell served as the elected treasurer of Harris County and as a partner in a government relations and political consulting firm.

Katy currently serves on the board of directors for Aids Action Council, Harris County Health Care Alliance, National Coalition for LGBT Health and is an alumna of American Leadership Forum, Leadership Houston, Texas Lyceum.

Katy received a bachelor of science from the University of Houston and completed her post-graduate studies at Temple University in Philadelphia, PA.

**Jill Cooley, CEO, Mount Enterprise Community Health Centers, Henderson, TX**

Jill Cooley began her career in Health Care in 1983 at Newborn Memorial Hospital in Jacksonville, Texas in the business office handling insurance verifications and filings. In 1984 she was asked to take over as office manager for an ophthalmologist who was moving his practice from Tyler, Texas to Jacksonville. Her duties there included Insurance, medical transcription, setting up a new computer, practice specific system after training in California with company, patient education prior to surgery and patient relations. While expecting her first child in 1987, Jill was asked by her OB/GYN to take over as office manager for his practice in Nacogdoches, Texas after the delivery of her child. Three weeks post partum the transition was made to the OB/GYN practice in Nacogdoches. Duties included management of all staff, transitioning from paper charts to computer, scheduling of surgery, insurance verification and filing and medical transcription. She and her husband opened their own corporation in 1990 where Jill took care of all of the paperwork including customer financial applications, payroll and state reporting, while continuing to work part time in the medical field with medical transcription and support for the prominently used medical software company for most of the medical community in Nacogdoches at the time. In 2000 Jill went back full time to specialty care where she spent seven years in podiatry. In December of 2008, the board of directors for Mt. Enterprise Community Health Clinic, asked her to come in and assess the problems present in the clinic there and within three months she was asked to take over the CEO position for the clinic.

**Lindsay C. Farrell, MBA, FACMPE, President and CEO, Open Door Family Medical Center, Ossining, NY**

Lindsay Farrell, MBA, FACMPE was appointed President and Chief Executive Officer by the Board of Directors in October 1998. Since that time, Open Door has grown significantly adding new sites, programs and technologies to more than double the number of low-income people served. Home-grown at Open Door where she volunteered initially and has worked since 1986, Ms. Farrell has been Open Door's Director of Operations and Director of Development. As Director of Development, she was responsible for capital fund drives for major facility expansions. As the Director of Operations, she led the center's first JCAHO accreditation.

At the request of the Bureau of Primary Health Care, Ms. Farrell was a member of the expert panel initiating the patient visit redesign collaborative directed by the Bureau's Quality Center; she has significant experience and a commitment to efficient health center operations and population health management. Ms. Farrell is a member of the Board of Directors of the Community Health Care Association of New York State, Hudson Health Plan, Bronx/Westchester Area Health Education Center and of the Port Chester Council of Community Services. She is also Chair of the Westchester Women's Agenda.

Ms. Farrell is a graduate of St. Lawrence University and received her Masters in Business Administration from the Lubin School of Business at Pace University. She is a Fellow in the American College of Medical Practice Executives and is a professional papers grader. She has received the Betsey Cook Grassroots Advocacy Award from the National Association of Community Health Centers, the Paul Ramos Memorial Award from the Community Health Care Association and New York State and the Sol Feinstone Humanitarian Award from St. Lawrence University. In December 2008, Westchester Magazine selected Ms. Farrell as one of Westchester County's most influential residents.

**Karl Krumm, PhD, Organizational Design with People in Mind, Austin, TX**

Karl J. Krumm, Ph.D. is an Organizational Consultant with 25 years of experience working with individuals, teams and organizations in their pursuit of higher performance. Over that time he has been engaged in designing numerous organizational projects ranging from Individual leadership, team management, performance management systems to process improvement efforts. He has consulted with both corporate and non-profit organizations and serves as an executive coach to senior leaders. Karl has been intimately involved in organizational improvement, working in a broad range of industries including high-tech, finance, health care, professional services, and utilities. He has designed and delivered high-quality programs from leadership initiatives to Six Sigma projects. Since 2000, Karl has served as the lead consultant for the TACHC Executive Leadership Initiative and has worked with over 43 health centers throughout Texas in to assist with leadership team development, improving performance management systems in health centers and assisting center leadership improve overall health center staff retention, engagement and satisfaction. He has a PhD in Psychology from Louisiana State University and served three years of active duty with the United States Air Force as a

psychologist in the areas of stress management and performance enhancement. After leaving the service, he set up the highly successful professional service firm of Clinical and Consulting Psychology.

**Susan McManus, President and CEO, Peak Vista Community Health Centers, Colorado Springs, CO**

A native of Colorado, Pamela McManus was promoted to President & CEO of Peak Vista Community Health Centers in 2011. Associated with Peak Vista for 19 years, Pam has served in a variety of positions, most recently as Senior Vice President. Under her leadership, new programs and services have been established to enhance quality of life and provide a medical home for more than 60,000 patients in the Pikes Peak Region.

Pam received her Bachelor's degree in accounting from Fort Lewis College and her Master's in Business Administration, with an emphasis in human resources, from the University of Colorado. She is also a Certified Public Accountant. Pam is devoted to eliminating access barriers to healthcare, building collaborative initiatives in the community and assuring staff have the resources to provide exceptional healthcare.

Pam has been recognized by the Colorado Springs Business Journal as a "Top 40 Leader Under 40" and recipient of their "Women of Influence" award. She is a graduate of Leadership Pikes Peak and the Johnson & Johnson-UCLA Healthcare Executive Program. She is certified in Corporate Compliance and is designated in Managed Care Negotiations and Contracts. In addition, she currently serves on numerous not-for-profit boards and committees surrounding her passion; human services interests.

**David Pump, Vice President of Business Development and Ancillary Support, Peak Vista Community Health Centers, Colorado Springs, CO**

A native of Texas, Dave Pump has been with Peak Vista since 2003, serving in various roles including Manager of Enrollment Services and Director of Operations before being promoted to Assistant Vice President of Business Development and Ancillary Support in 2011. Dave is passionate about reducing barriers to healthcare, collaboration, improving processes, and empowering others their own excellence.

During Dave's time at Peak Vista he has launched the Collaborative Clinic at Union which utilizes a collaborative healthcare approach for people diagnosed with AIDS/ HIV, the Ronald McDonald Care Mobile, and most recently, the Developmental Disability Health Center which has been recognized internationally for its unique and innovative healthcare platform.

Currently Dave serves as the Chair of the Colorado Operations Directors Advisory Network and is on the Board of Directors for the Colorado Community Health Network which is a statewide association for community health centers, and also serves as the Chair for CCHN Ventures, Inc. Additionally Dave is the Vice Chair for the Coordinated Access To Community Health

(CATCH) committee with the goal of ensuring the stability of the Pikes Peak Region's safety net, and was recently selected to serve on the Colorado Health Benefit Exchange Health Plan Advisory Group.

Dave received his Bachelor's degree from Jones University in Denver, majoring in Business Communication. He is a graduate of the Johnson and Johnson-UCLA Healthcare Executive Program and the year-long Leadership Pikes Peak's Signature Program where he was recognized with the Community Trustee Award. In addition, the *Colorado Springs Business Journal* has honored him as a "Rising Star."