

Family and Community Health Services (FCHS) Division

Evelyn Delgado, Assistant Commissioner

FTEs: 399.6

The FCHS Division provides oversight, monitoring, and strategic direction for programs that increase access to health care through community collaboration, with a focus on prevention. The division provides healthcare safety net services and population-based services across the state. Services include women and children's health services, family planning, primary healthcare services, specialized health services, nutrition and obesity prevention services, and community capacity building. Detailed information about each of these services is included in a separate Section VII description.

DSHS organizes the division into the three sections and one office that report to the Assistant Commissioner.

- Community Health Services Section coordinates development of policies and procedures for programs, and reviews and approves quality assurance plans, strategies for monitoring service delivery, and statewide objectives to improve access to community-based care.
- Specialized Health Services Section directs multiple programs that provide for preventive and acute health care; health screening; and case management services to targeted populations, including children with certain conditions, high-risk pregnant women, and adults with kidney disease or hemophilia.
- Nutrition Services Section provides overall direction, policy development, and policy enforcement for the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). The section also serves as the state liaison to the U.S. Department of Agriculture (USDA).
- Office of Title V and Family Health is responsible for the Title V Maternal and Child Health Block Grant and the Promotor(a) or Community Health Worker Training and Certification Program.

Note: The Nutrition, Physical Activity and Obesity Prevention Program, included in the Section VII description for Nutrition and Obesity Prevention Services, is funded through an FCHS strategy, but is administered by the Disease Control and Prevention Services Division.

VII. GUIDE TO AGENCY PROGRAMS - CONTINUED

A. Provide the following information at the beginning of each program description.

Name of Program or Function	Women and Children’s Health Services
Location/Division	1701 North Congress - Family and Community Health Services (FCHS) Division
Contact Name	Evelyn Delgado, Assistant Commissioner, FCHS Division
Actual Expenditures, FY 2012	\$78,310,359
Number of Actual FTEs as of June 1, 2013	464.4
Statutory Citation for Program	Chapter 32, 33, 36, 37, 43, 47, and 48, Texas Health and Safety Code; Chapter 264, Family Code; 42 U.S.C. Chapter 7, Subchapter V

B. What is the objective of this program or function? Describe the major activities performed under this program.

The Women and Children’s Health Services (WCHS) Program has the primary objective to develop and support primary healthcare and nutrition services to children, women, families, and other qualified individuals through community-based providers. Major activities include the following.

Breast and Cervical Cancer Services (BCCS) Program

The BCCS Program provides screening and diagnostic services for breast and cervical cancer to women at or below 200 percent federal poverty level (FPL) that do not have access to these services through other programs or resources. Services include clinical breast and pelvic exams, mammograms, biopsies, pap smears, colposcopies, case management, and client education. The major functions of this program follow.

- Screen and diagnose women, with priority given to low-income women.
- Provide appropriate referrals for medical treatment.
- Develop and disseminate public information and education programs.
- Improve the education, training, and skills of health professionals.
- Monitor the quality and interpretation of screening procedures.
- Evaluate the above activities.

Title V Maternal and Child Health Fee-for-Service (MCH FFS) Program

The MCH FFS Program provides prenatal medical and dental care and case management services for pregnant women, and preventive and primary health care, dental care, and case management services for children and adolescents. Clients must have an income at or below

185 percent FPL and must not have access to these services through other programs or resources. The MCH FFS Program provides limited coverage for direct care while clients complete the eligibility process for Medicaid and Children's Health Insurance Program (CHIP).

School Health Services

School Health Services support the development of coordinated school health programs statewide with emphasis on school health promotion. The program provides funding to establish, expand, or operate school-based health centers to deliver primary and preventive services to children and adolescents in the school setting with additional focus on chronic disease management.

Population-Based Screening Services

- The Newborn Screening (NBS) Program follows up on all abnormal screens for 29 genetic disorders detected by blood tests to ensure notification of newborn primary care providers or pediatricians. Staff continues follow-up until a medical specialist makes a diagnosis or clears the newborn of an abnormal result.
- The Newborn Hearing Screening (NBHS) Program:
 - certifies birth facilities required to offer screening of infants to detect a potential hearing loss;
 - ensures that infants who fail the screening are referred for a follow-up screen as an outpatient, and that babies failing the outpatient screen are referred to Early Childhood Intervention; and
 - contracts with a vendor to maintain the Texas Early Hearing Detection Intervention system, into which hospitals and birthing centers enter hearing screen results.
- The Vision and Hearing Program identifies, at as early an age as possible, children who have special senses and communication disorders and who need remedial vision and hearing services.
- The Spinal Screening Program trains and certifies individuals to identify children with abnormal spinal curvature and refers them for further evaluation.

Texas Health Steps (THSteps)

Under authority of Title XIX of the Social Security Act and through an interagency contract with HHSC, THSteps provides for administrative functions related to periodic medical and dental checkups for Medicaid children birth through age 20. The program provides outreach to ensure client awareness of existing benefits and services; and works to assist in recruiting, retaining, training, educating, and providing technical assistance to existing and potential THSteps providers as well as others who work with recipients. The program participates in activities associated with compliance for the *Frew, et al. vs. Janek, et al.* consent decree, and provides children with severe or complex health problems case management services to assure optimum access to medical and dental services. Additionally, the program recruits and trains case management providers to enhance eligible client access to needed services and resources.

Oral Health Program (OHP)

OHP provides preventive oral health services to eligible preschool and school age children, and conducts oral health surveillance activities in order to obtain baseline data on the oral health of Texans.

Administration of Medicaid Services

- The Case Management for Children and Pregnant Women Program provides health-related case management services to eligible children and pregnant women. Case Management for Children and Pregnant Women services include assessing the needs of eligible clients, formulating a service plan, making referrals, problem-solving, advocacy, and follow up regarding client and family needs.
- The Personal Care Services Program is a Medicaid benefit that provides assistance with activities of daily living (ADLs) or instrumental activities of daily living (IADLs) to clients, age birth through age 20. ADLs and IADLs may include toileting, dressing, transfers, and other approved tasks. Consumers must have physical, cognitive, or behavioral functional limitations related to a disability, physical or mental illness, or chronic condition. DSHS regional staff determines eligibility and authorizes services that Medicaid-enrolled providers deliver.

C. What evidence can you provide that shows the effectiveness and efficiency of this program or function? Provide a summary of key statistics and performance measures that best convey the effectiveness and efficiency of this function or program.

The WCHS Program uses key statistics and performance measures to evaluate effectiveness and efficiency of the program activities.

Breast and Cervical Cancer Services Program

The Centers for Disease Control and Prevention (CDC) requires monitoring and reporting on program effectiveness and efficiency. The BCCS Program maintains a clinical database with client information that the program must submit to the CDC. The following table shows some of the key CDC-required performance indicators.

CDC Program Performance Indicator	CDC Standard	Texas BCCS Results (July 2011 - June 2012)
Percentage of women screened for cervical cancer that have never or rarely been screened	≥ 20 percent	20%
Percentage of women receiving mammograms that are ≥ 50 years of age	≥ 75 percent	100%
Percentage of women diagnosed with cervical cancer who began treatment more than 60 days after diagnosis	≤ 20 percent	4.4%

CDC Program Performance Indicator	CDC Standard	Texas BCCS Results (July 2011 - June 2012)
Percentage of women diagnosed with breast cancer who began treatment more than 60 days after diagnosis	≤ 20 percent	3.1%

CDC also requires reporting on financial expenditure data with the expectation that the program spends at least 95 percent of funds by the end of the budget period. The BCCS Program consistently expends approximately 96 percent of awarded funds.

Newborn Hearing Screening Program

The NBHS Program has screened approximately four million infants during the 11 years it has been in place. The program performance continues to align with the nationally established benchmark for screening. The NBHS Program screens more than 98 percent of babies, with less than 4 percent of the babies failing the birth screen. In fiscal year 2012, the program completed hearing screens on 369,424 newborns.

Texas Health Steps

CMS issues an annual report (CMS 416) that measures the state’s performance in THSteps in comparison with federal goals of participation rates. The Omnibus Budget Reconciliation Act of 1989 required state-specific goals for children’s participation in Early and Periodic Screening, Diagnosis and Treatment. To fulfill this requirement, in 1990, the Health Care Financing Administration (renamed CMS) set a participation goal of 80 percent by 1995 for every state as measured by the CMS 416 report. Per the 2012 CMS 416 report, THSteps reported a participation rate in Texas of 62 percent.

Oral Health Program

OHP obtains statistically valid baseline data through surveillance activities and other nationally recognized surveillance tools. OHP uses this data to identify opportunities for preventive interventions and for comparison to additional surveillance activities undertaken, based on the OHP Surveillance Plan. Data show that 33 percent of preschool and elementary children have untreated dental disease and approximately 7 percent of preschool children have urgent dental needs. In 2012, OHP provided 10,489 children with preventive dental health services.

D. Describe any important history regarding this program not included in the general agency history section, including how the services or functions have changed from the original intent.

1990 – Public Health Service Act, Title XV, 42 U.S.C. Section 300k, *et seq.*, authorizes CDC’s National Breast and Cervical Cancer Early Detection Program (NBCCEDP) and Public Law 101-354 “Breast and Cervical Cancer Mortality Prevention Act of 1990” establishes the early detection program.

1991 – Texas Department of Health (now DSHS) is one of four states first awarded funds, under a cooperative agreement from CDC, to provide breast and cervical cancer screening services to low-income women. In subsequent years, Texas is the first state to conduct diagnostic and case management services, in addition to screening services. Subsequently, Texas receives federal funding to expand and continue diagnostic and case management services.

1998 – Public Law 105-340, the “Women’s Health Research and Prevention Amendments of 1998,” amends NBCCEDP services to include case management in the BCCS Program.

1998 – DSHS implements Targeted Case Management for Pregnant Women and Infants to comply with the *Frew, et al. v Suehs, et al.* consent decree.

2000 – Congress passes the Breast and Cervical Cancer Prevention and Treatment Act (Public Law 106-354), which gave states the option to offer women receiving services from NBCCEDP access to cancer treatment through Medicaid. Texas Medicaid provides this option to eligible women diagnosed with a breast or cervical cancer by any Texas provider. Medicaid for Breast and Cervical Cancer (MBCC) is the name of this program.

2001 – CMS offers states three options for the manner in which eligible woman enter the Medicaid treatment program. Texas implements Option 1 in 2002. Option 1 is the most restrictive option and requires that, in order to qualify for MBCC, a healthcare provider must diagnose a woman within the BCCS Program using federal Title XV funds.

2003 – The Legislature transfers state funding for THSteps client services to HHSC.

2005 - The Legislature transfers state funding for administrative costs to HHSC. DSHS continues to conduct day-to-day services for THSteps medical, dental, and case management. The *Frew, et al. vs. Suehs, et al.* lawsuit and subsequent consent decree and corrective action orders continues to guide program activities.

2005 – As a result of H.B. 790, DSHS expands the panel of disorders screened by the NBS Program from 7 to 27 disorders detectable by blood tests.

2007 – Senate Bill 10 directs DSHS to define the Texas BCCS Program as CMS Option 3. Option 3 provides that, regardless of the funding source, a woman screened and diagnosed under the BCCS Program who meets additional MBCC eligibility criteria will be eligible for MBCC.

2007 – HHSC begins implementation of a new expanded perinatal benefit of CHIP. DSHS works closely with HHSC to ensure that Title V-funded prenatal care does not duplicate the new benefit package. Since income eligibility requirements for Title V prenatal services are more restrictive than those of the newly expanded CHIP Perinatal, ineligible women previously served by Title V could be served under the new program’s eligibility guidelines. Policy requires that Title V contractors assist clients in the application process for CHIP Perinatal and allows the

providers to seek reimbursement for up to two prenatal visits if occurring during the program application time.

2009 – Through exceptional item funding approved by the Legislature, the NBS Program begins screening for cystic fibrosis, the final disorder that the American College of Medical Genetics recommends for newborn screening, bringing the total to 28 disorders.

2010 – DSHS works to implement all components of the 2007 *Frew, et al. vs. Suehs, et al.* Corrective Action Order. HHSC contracts with a vendor to conduct an independent study in fiscal year 2009 to determine effective strategies for outreach to potential clients, informing healthcare professionals about Case Management for Children and Pregnant Women, and recruiting and retaining providers for Case Management for Children and Pregnant Women.

2012 – The NBS Program begins screening for severe combined immunodeficiency, bringing the total number of screened genetic disorders detected by blood tests to 29.

2013 – House Bill 740 adds screening for critical congenital heart disease, a disorder not detected by a blood test. The NBS Program plans to implement this point-of-service testing at birthing facilities in 2014.

E. Describe who or what this program or function affects. List any qualifications or eligibility requirements for persons or entities affected. Provide a statistical breakdown of persons or entities affected.

Breast and Cervical Cancer Services Program

Affected populations are uninsured, low-income women at or below 200 percent FPL who are most at risk for developing breast or cervical cancers and who are not eligible for other resources or programs. Priority populations are women ages 50-64 for breast cancer screening and women over age 21 never or rarely screened for cervical cancer. In fiscal year 2012, 44 BCCS contractors provided services to 42,901 clients (66 percent Hispanic, 33 percent non-Hispanic, and 1 percent unknown; 41 percent 0-39 years, 24 percent 40-49 years, 33 percent 50-64 years, and 2 percent over 65 years).

Title V Maternal and Child Health Fee-for-Service Program

The population served is low-income women and children with incomes at or below 185 percent FPL, that are Texas residents, and that are not eligible for other programs or services.

School Health Services

The School Health Program provides technical assistance to all public and private schools and school health advisory councils in the state on school health programs, practices, and policies. In addition, the School Nurse Consultant provides training and technical assistance to school administrators and school nurses related to school nursing practice. In the 2010-11 biennium,

DSHS funded 10 school-based health centers (SBHCs). Over 90,000 students across 448 campuses had access to DSHS-funded SBHCs. The centers reported 39,855 visits and enrolled 12,849 students and 2,468 non-students, including siblings and community members in programs.

Population-Based Screening Services

This program provides screening for 29 genetic disorders detected by blood tests to all children born in Texas. Legislation in 2013 mandates a screen for an additional disorder not detectable by a blood test. All children born in Texas birthing facilities (as defined in statute) receive newborn hearing screenings. In fiscal year 2012, 2.7 million children in school and day care received vision screenings; 2.6 million received hearing screenings. Additionally, 751,352 adolescents in schools received spinal screenings. Of these, 368,640 were females and 382,712 were males.

Texas Health Steps

Medicaid recipients, 0-21 years old, are eligible for the THSteps Program. Preschool and school age children in schools where 85 percent or more of the population is eligible for the free and/or reduced lunch program receive oral health services. In fiscal year 2012, 3.1 million children received medical check-ups and 1.7 million children received dental check-ups through the THSteps Program. The table below provides the number of children receiving services by age group.

Age	Medical Check-Ups	Dental Check-Ups
Less than 1 year	697,000	800
1-2 years	906,000	39,000
3-5 years	505,000	403,000
6-9 years	396,000	504,000
10-14 years	387,000	470,000
15-18 years	175,000	232,000
19-20 years	13,000	38,000

Administration of Medicaid Services

The Case Management for Children and Pregnant Women Program has the following eligibility criteria: Medicaid recipients, 0-21 years old, with a health condition or health risk who need help accessing services and desire program services; or Medicaid recipients experiencing a high-risk pregnancy, who need help accessing services and desire case management services.

The Personal Care Services Program has the following eligibility criteria: Medicaid recipients, 0-21 years with physical, cognitive, or behavioral limitations related to a disability or a chronic health condition. The disability or condition must inhibit the client’s ability to accomplish ADLs or IADL.

F. Describe how your program or function is administered. Include flowcharts, timelines, or other illustrations as necessary to describe agency policies and procedures. Indicate how field/regional services are used, if applicable.

Breast and Cervical Cancer Services Program

The FCHS Division, Community Health Services Section, Primary and Preventive Care Unit administers the BCCS Program. The BCCS policy/procedure manual is available for review at <http://www.bccstexas.com>.

Program and contract support staff are located at DSHS central office in Austin and at the health service regional offices statewide. Central office staff is responsible for administering the BCCS cooperative agreement with CDC; collecting data required by CDC; developing program rules, policies, and procedures; and providing contract development, management, support, and oversight. Regional office staff provides technical assistance and training to contractors.

Title V Maternal and Child Health Fee-for-Service Program

The FCHS Division, Office of Title V and Family Health (OTVFH) provides policy oversight for the MCH FFS Program. The MCH FFS policy/procedure manual is available for review at <http://www.dshs.state.tx.us/mch/>.

Program and contract support staff are located in OTVFH and Community Health Services Section at DSHS central office in Austin and at the health service regional offices statewide. Central office staff is responsible for administering MCH FFS; developing program rules, policies, and procedures; and providing contract development, management, support, and oversight. Regional office staff provides technical assistance and training to contractors.

Population-Based Screening Services

The FCHS Division, Specialized Health Services Section, Newborn Screening Unit administers the NBS Program and the NBHS Program. NBS nurses and public health and prevention specialists coordinate with providers, families, and specialists for timely clinical care, diagnosis confirmation, and treatment. The NBHS Program provides software and technical assistance to birth facilities and hospitals, certifies birthing facilities, monitors hospital and birthing centers certification standards, oversees the Texas Early **Hearing** Detection and Intervention information system, and ensures follow-up services and intervention for newborns identified with hearing loss.

The FCHS Division, Specialized Health Services Section, Health Screening and Case Management Unit administers the Vision and Hearing and Spinal Screening Programs. Both programs provide trainings to certify individuals as vision, hearing, and spinal screeners and collect statistical data from required reporting facilities.

Title V Maternal and Child Health Population Based Services

The FCHS Division, OTVFH oversees the planning and coordination of statewide activities addressing maternal and child health national and state performance measures. Staff members collaborate with other program areas within the agency and oversee the work of contractors and staff in DSHS health service regions. These activities include child fatality review and injury prevention, improved birth outcomes, childhood obesity prevention, healthy adolescent development, and prevention of teen pregnancy.

Texas Health Steps

The FCHS Division, Specialized Health Services Section, Health Screening and Case Management Unit administers the THSteps Program collaboratively with HHSC. THSteps works with the HHSC Office of the Medical Director, Medicaid CHIP, and multiple other HHSC program areas to establish both medical and dental policy, as well as work with the current claims administrator to address provider concerns and encourage both new and existing provider participation. THSteps central office staff works in collaboration with regional THSteps staff to ensure day-to-day THSteps provider-based activities occur. DSHS THSteps staff participates in activities that include policy development; collaboration with internal public health partners; stakeholder engagement, outreach, and informing; community collaborations; and improving access to care by working with providers to encourage their new or existing participation in program services.

Oral Health Program

The FCHS Division, Specialized Health Services Section, Health Screening and Case Management Unit administers OHP. The OHP manager/state dental director provides programmatic and professional guidance and direction to other central office and regional program staff. OHP responsibilities include updating dental-related Medicaid/CHIP policies and materials, implementing the Medicaid Dental Frew Strategic Initiatives, and reporting to the court on *Frew, et al. vs. Janek, et al.* lawsuit dental activities. The Frew lawsuit activity report includes the corrective action order on dental assessment. OHP coordinates these activities with counterparts at HHSC and their various Medicaid contractors.

Administration of Medicaid Services

The FCHS Division, Specialized Health Services Section, Health Screening and Case Management Unit administers the Case Management for Children and Pregnant Women Program and the Personal Care Services Program. Case Management for Children and Pregnant Women Program staff in central office works closely with DSHS regional specialized health/social services staff to ensure consistent implementation of case management and Personal Care Services eligibility and service authorizations.

School Health Services

The Disease Prevention and Control Services Division, Health Promotion and Chronic Disease Prevention Section administers the School Health Services Program. Program staff is located at DSHS central office in Austin. The staff of the School Health Program serves as a central resource and clearinghouse for regional, statewide, and national materials and information for

communities to meet the health services, education and program needs of children in Texas schools.

G. Identify all funding sources and amounts for the program or function, including federal grants and pass-through monies. Describe any funding formulas or funding conventions. For state funding sources, please specify (e.g., general revenue, appropriations rider, budget strategy, fees/dues).

Funding Source	Amount
Federal	\$45,616,772
General Revenue	\$21,562,700
General Revenue-Dedicated	\$0
Other	\$11,130,887

H. Identify any programs, internal or external to your agency, that provide identical or similar services or functions to the target population. Describe the similarities and differences.

Breast and Cervical Cancer Services Program - Internal Programs

Name	Similarities	Differences
Title V MCH FFS	MCH FFS provides dysplasia services that screen for cervical cancer.	MCH FFS does not provide advanced screening or diagnostic services. The program serves clients up to 185 percent FPL, whereas BCCS serves up to 200 percent FPL.
DSHS Family Planning	DSHS Family Planning may provide clinical breast exams and pap smears to preliminarily screen for breast and cervical cancer.	DSHS Family Planning does not provide advanced screening or diagnostic services. DSHS Family Planning serves clients up to 250 percent FPL, whereas BCCS serves up to 200 percent FPL.
Primary Health Care	Primary Health Care may provide clinical breast exams and pap smears to preliminarily screen for breast and cervical cancer.	Traditional Primary Health Care does not provide advanced screening or diagnostic services conducted outside of the clinic setting. In fiscal year 2014, Primary Health Care will serve clients up to 200 percent FPL.

Breast and Cervical Cancer Services Program - External Programs

Name	Similarities	Differences
Medicaid	Medicaid provides breast and cervical cancer screening and	Medicaid provides coverage for treatment of breast and cervical cancer

Name	Similarities	Differences
	diagnostic services to women.	to eligible women. Medicaid serves Medicaid-eligible women, whereas BCCS serves non-Medicaid eligible women up to 200 percent FPL.

Title V Maternal and Child Health Fee-for-Service - Internal Programs

Name	Similarities	Differences
THSteps	MCH FFS and THSteps covered child health benefits are similar.	THSteps serves Medicaid-eligible children, whereas MCH FFS serves children not eligible for Medicaid up to 185 percent FPL.
Primary Health Care	MCH FFS and Primary Health Care covered child health and prenatal benefits are similar.	MCH FFS serves up to 185 percent FPL. In fiscal year 2014, Primary Health Care will serve clients up to 200 percent FPL.
OHP	OHP and MCH FFS both provide dental benefits to low-income children.	OHP covered benefits for low-income children are limited to sealants.

Title V Maternal and Child Health Fee-for-Service - External Programs

Name	Similarities	Differences
Medicaid	Medicaid provides prenatal, dysplasia, and child health services.	Medicaid serves Medicaid-eligible women and children, whereas MCH FFS serves non-Medicaid eligible women and children up to 185 percent FPL.
CHIP	CHIP provides child health services.	CHIP serves CHIP-eligible children, whereas MCH FFS serves non-CHIP eligible children up to 185 percent FPL.

- I. Discuss how the program or function is coordinating its activities to avoid duplication or conflict with the other programs listed in Question H and with the agency's customers. If applicable, briefly discuss any memorandums of understanding (MOUs), interagency agreements, or interagency contracts.**

Medicaid and CHIP are available statewide; however, the BCCS Program does not currently serve anyone under 18 years of age. Traditional Medicaid has significantly different eligibility requirements than BCCS. The eligibility determination process for each of the programs helps contractors and providers direct clients to the available and most appropriate services in their respective communities. DSHS promotes collaboration among contractors of all funding sources to minimize duplication of services. DSHS requires contractors to identify other potential resources or programs that may serve clients to ensure that clients only utilize DSHS programs as safety net programs.

OHP has conducted a statewide survey of community and academic programs that offer preventive dental services in Texas to identify potential partners and/or collaborative opportunities. OHP has used survey results to identify the various entities' operational limitations and avoid duplication and/or conflict with these programs and their activities. OHP has established memoranda of understanding and interagency agreements with community and academic partners in order to ensure written understanding of the scope of collaboration and activities undertaken between the parties.

The Case Management for Children and Pregnant Women Program coordinates services with all Health and Human Services System agencies including the Department of Family and Protective Services, the Department of Aging and Disability Services, and the Department of Assistive and Rehabilitative Services. The *Analysis of Case Management Report* conducted by Navigant Consulting through a contract with HHSC is available online at:

http://www.hhsc.state.tx.us/about_hhsc/reports/CaseManagement_Analysis.pdf

J. If the program or function works with local, regional, or federal units of government include a brief description of these entities and their relationship to the agency.

Local Units of Government

Name	Description	Relationship to DSHS
Local health departments, public hospitals, and hospital districts	Local agencies that provide healthcare services to their respective constituents.	These local agencies contract with DSHS to provide BCCS Program and MCH FFS services.

Federal Units of Government

Name	Description	Relationship to DSHS
CDC	CDC is responsible for protecting the health and safety of all Americans and for providing essential human services, especially for those people who are least able to help themselves.	A cooperative agreement with CDC provides guidance and funding to carry out breast and cervical cancer early detection activities in Texas.
Health Resources and Services Administration (HRSA)	HRSA is responsible for improving access to healthcare services for people who are uninsured, isolated, or medically vulnerable.	The Title V Block Grant administered by HRSA provides guidance and funding to carry out maternal and child health services.

K. If contracted expenditures are made through this program please provide:

- a short summary of the general purpose of those contracts overall;
- the amount of those expenditures in fiscal year 2012;
- the number of contracts accounting for those expenditures;
- top five contracts by dollar amount, including contractor and purpose;
- the methods used to ensure accountability for funding and performance; and
- a short description of any current contracting problems.

DSHS established contracts in this program for the following:

- prenatal care;
- preventive and primary child care;
- dental care for children and adolescents;
- comprehensive local system for health and well-being of youth;
- community health worker study;
- community-level, evidence-based interventions to decrease infant mortality and improve birth outcomes;
- curriculum for prenatal health care;
- policy development to support worksite breastfeeding;
- sexual violence prevention activities;
- assessments and evaluations;
- breast and cervical cancer screening, diagnosis, and referral;
- case management;
- client and healthcare professional education;
- internship program;
- improvement of assessment, diagnosis, and treatment of child abuse;
- newborn hearing screening reporting and tracking;
- evaluation of newborn hearing screening equipment; and
- follow-up for positive newborn screenings.

Amount of contracted expenditures in fiscal year 2012: \$38,393,095

Number of program contracts: 326 (includes contracts with no expenditures)

The top five contracts for the program are as follows.

Amount Expended FY 12	Contractor	Purpose
\$3,025,306	Sherry Matthews, Inc.	Public service announcements for THSteps
\$1,806,627	Optimization Zorn Corporation	Newborn hearing services
\$1,683,058	Office of the Attorney General	Rape prevention and education

Amount Expended FY 12	Contractor	Purpose
\$1,299,704	Dallas County Hospital District	Prenatal health services
\$1,014,039	Ibn Sina Foundation, Inc.	Child health and dental services

To ensure accountability, the assigned contract manager monitors contract performance and takes action to resolve performance and compliance issues as needed. Additionally, staff in the Chief Financial Office audits each invoice to confirm accuracy. The accounting system includes edits to match invoices with purchase orders and verification of receipt of goods and services. Staff in the Chief Operating Office performs target financial compliance reviews and provides consultative services and technical assistance on financial management of contracts. DSHS uses an automated contract management system, SOURCE.Net, to document contractor information, contract management activities, and monitoring reports. The program has no known contracting problems.

L. Provide information on any grants awarded by the program.

DSHS awards grants in this program for the following services:

- prenatal care;
- preventive and primary child care;
- dental care for children and adolescents;
- comprehensive local system for health and well-being of youth;
- community health worker study;
- community-level, evidence-based interventions to decrease infant mortality and improve birth outcomes;
- curriculum for prenatal health care;
- policy development to support worksite breastfeeding;
- sexual violence prevention activities;
- assessments and evaluations;
- breast and cervical cancer screening, diagnosis, and referral;
- case management;
- client and healthcare professional education;
- internship program;
- improvement of assessment, diagnosis, and treatment of child abuse; and
- comprehensive genetic services to support newborn screening activities.

Using sub-recipient contracts, the program awards grants in the following manner:

- through competitive solicitations;
- through open enrollment;
- on an emergency or sole source basis when an approved emergency or sole source justification waives competition;

- to a state or local governmental entity through direct negotiation and grant contract execution to a state or local governmental entity (these entities are exempt from competition); and
- through a specific legislative mandate that requires DSHS to directly negotiate and execute a grant contract with a prescribed entity (MEDCARES – S.B. 2080, 81st Legislature, Regular Session, 2009).

M. What statutory changes could be made to assist this program in performing its functions? Explain.

DSHS suggests the following statutory changes to assist the program in performing its functions.

Section 32.024(s)(2), Texas Human Resources Code – The program recommends a revision to the statute to allow governmental entities and the three public dental schools to bill Medicaid for treatment or screening services provided without the parental accompaniment requirement. The revision would facilitate the provision of additional dental services without having to forego Medicaid reimbursement for the provision of those services.

Section 37, Texas Health and Safety Code – The program recommends repeal of this statute, which requires screening students in grades 6 and 9 in public and private schools for abnormal spinal curvature. The U.S. Preventive Services Task Force *Guide to Clinical Preventive Services, 2012*, recommends against screening for asymptomatic adolescents, as research has not found sufficient evidence to support that screening detects idiopathic scoliosis at an earlier stage.

N. Provide any additional information needed to gain a preliminary understanding of the program or function.

More information is available at the following program websites:

Breast and Cervical Cancer Services website: <http://www.bccstexas.com>

Case Management for Children and Pregnant Women website:

<http://www.dshs.state.tx.us/caseman/default.shtm>

Maternal and Child Health Fee-for-Service website: <http://www.dshs.state.tx.us/mch/>

Newborn Screening website: <http://www.dshs.state.tx.us/newborn/default.shtm>

Oral Health Program website: <http://www.dshs.state.tx.us/dental/default.shtm>

Spinal Screening website: <http://www.dshs.state.tx.us/spinal/default.shtm>

Texas Health Steps website: <http://www.dshs.state.tx.us/thsteps/default.shtm>

Vision and Hearing website: <http://www.dshs.state.tx.us/vhs/default.shtm>

O. Regulatory programs relate to the licensing, registration, certification, or permitting of a person, business, or other entity. For each regulatory program, if applicable, describe:

- **why the regulation is needed;**
- **the scope of, and procedures for, inspections or audits of regulated entities;**
- **follow-up activities conducted when non-compliance is identified;**
- **sanctions available to the agency to ensure compliance; and**
- **procedures for handling consumer/public complaints against regulated entities.**

Not applicable.

P. For each regulatory program, if applicable, provide the following complaint information. The chart headings may be changed if needed to better reflect your agency's practices.

Not applicable.

VII. GUIDE TO AGENCY PROGRAMS - CONTINUED

A. Provide the following information at the beginning of each program description.

Name of Program or Function	Family Planning Services
Location/Division	1701 North Congress - Family and Community Health Services (FCHS) Division
Contact Name	Evelyn Delgado, Assistant Commissioner, FCHS Division
Actual Expenditures, FY 2012	\$23,935,952
Number of Actual FTEs as of June 1, 2013	12.7
Statutory Citation for Program	Senate Bill 1, 83 rd Legislature, Regular Session, 2013, DSHS Riders 65 and 91

B. What is the objective of this program or function? Describe the major activities performed under this program.

Family Planning Services has the primary objective to provide quality, comprehensive, low-cost, and easily accessible reproductive health care to women and men in order to reduce unintended pregnancies, improve health status, and positively affect future pregnancies.

Major activities of DSHS Family Planning Services include medical exams; laboratory tests; and provision of contraceptive methods, counseling, and education. Family Planning Services may also reimburse DSHS Family Planning contractors for infrastructure costs for family planning service delivery to clients. These allowable costs include salaries, supplies, equipment, travel, and professional development.

C. What evidence can you provide that shows the effectiveness and efficiency of this program or function? Provide a summary of key statistics and performance measures that best convey the effectiveness and efficiency of this function or program.

DSHS Family Planning measures effectiveness by the number of clients served. In fiscal year 2012, DSHS Family Planning served 75,160 clients. DSHS Family Planning measures efficiency by average cost per client. The average cost per client in fiscal year 2012 was \$237.

D. Describe any important history regarding this program not included in the general agency history section, including how the services or functions have changed from the original intent.

1990 – The Legislature, in the early 1990s, mandates that Title XX Family Planning services transfer from the former Texas Department of Human Services to the Texas Department of Health (TDH) to improve coordination of statewide Family Planning services. Title XX Family Planning is the only medical service funded under Title XX.

2003-2004 – TDH Family Planning Program includes Medicaid Family Planning. Legislation in 2003 transfers Medicaid Family Planning, including the funds and performance targets, to HHSC. DSHS begins operations, and DSHS Family Planning continues to consult on family planning policy.

2006 – With Legislative Budget Board approval, DSHS moves Title V Family Planning from Women and Children’s Services budget strategy to Family Planning Services strategy.

2011 – DSHS implements funding reductions resulting from the 82nd Legislature. DSHS pools remaining funds (Title X and Title XX) to create one funding source, and directs the majority of Title XX funds elsewhere in the state. DSHS rebrands the program as DSHS Family Planning, and DSHS Family Planning awards contractors one contract, as opposed to multiple contracts for different types of funding.

2011 – The Legislature passes new requirements that require Family Planning funds to be allocated using a methodology that prioritizes distribution and reallocation first to public entities and Baylor College of Medicine clinics; second to non-public entities that provide comprehensive primary and preventive care; and, lastly, to non-public entities without comprehensive primary and preventive care.

2013 – The Office of Population Affairs does not award DSHS Title X funds. Approximately half (19 of 37) of the current DSHS Family Planning contractors opt to continue receiving Title X funds through the new grantee. DSHS renews contracts with DSHS family planning entities with no other funding source. With the loss of Title X, DSHS contractors lose access to steeply discounted drug pricing through the federal 340B drug-pricing program. To mitigate the loss of Title X funds, DSHS Contingency Rider 91, S.B. 1, authorizes an appropriation of \$16,057,982 in General Revenue funds for Family Planning in the 2014-15 biennium. In addition, DSHS Rider 96, S.B. 1, directs DSHS to locate improved pharmaceutical pricing or reduced pharmaceutical costs in order to address the loss of federal 340B drug pricing by DSHS family planning contractors. To comply with the rider, DSHS Family Planning creates a mechanism for the remaining family planning contractors to purchase discounted pharmaceuticals through the DSHS pharmacy.

E. Describe who or what this program or function affects. List any qualifications or eligibility requirements for persons or entities affected. Provide a statistical breakdown of persons or entities affected.

The target population for DSHS Family Planning Services is individuals seeking services who are low-income females of childbearing age and males without sterilization. Texas residents with income at or below 250 percent federal poverty level (FPL) are eligible.

F. Describe how your program or function is administered. Include flowcharts, timelines, or other illustrations as necessary to describe agency policies and procedures. Indicate how field/regional services are used, if applicable.

The FCHS Division, Community Health Services Section, Primary and Preventive Care Unit administers the Family Planning Program. The Family Planning policy/procedure manual is available for review at <http://www.dshs.state.tx.us/famplan/>.

Contracted entities, such as local health departments (LHDs), FQHCs, universities, and other community-based agencies, deliver the family planning services. Program and contract support staff is located at DSHS central office in Austin and at the health service regional offices statewide. Central office staff develops Family Planning Program rules, policies, and procedures; and provide contract development, management, support, and oversight. Regional staff provides technical assistance and training to Family Planning contractors.

The program has organizational charts and descriptions of units for review located at: <http://www.dshs.state.tx.us/orgchart/fchs.shtm>.

G. Identify all funding sources and amounts for the program or function, including federal grants and pass-through monies. Describe any funding formulas or funding conventions. For state funding sources, please specify (e.g., general revenue, appropriations rider, budget strategy, fees/dues).

Funding Source	Amount
Federal	\$23,437,971
General Revenue	\$425,326
General Revenue-Dedicated	\$0
Other	\$72,655

H. Identify any programs, internal or external to your agency, that provide identical or similar services or functions to the target population. Describe the similarities and differences.

Internal Programs

Name	Similarities	Differences
Primary Health Care	Family Planning and Primary Health Care both provide basic	In fiscal year 2014, Primary Health Care will serve clients up to 200

Name	Similarities	Differences
	family planning services.	percent FPL, whereas Family Planning serves clients up to 250 percent FPL.
Breast and Cervical Cancer Services (BCCS)	Family Planning and BCCS both provide breast and cervical cancer screenings, such as pap smears and clinical breast exams.	BCCS uses 200 percent FPL for eligibility and covers diagnostic services and case management. Family Planning serves clients up to 250 percent FPL.

External Programs

Name	Similarities	Differences
Medicaid (traditional)	Medicaid also provides family planning services.	Medicaid does not serve noncitizen population.
Texas Women’s Health Program (TWHP)	TWHP also provides family planning services.	TWHP serves only women ages 18-44 and does not serve the noncitizen population. Some covered services differ between the two programs. For example, TWHP does not cover follow-up pap smears, pregnancy testing, and sexually transmitted disease testing-only visits.

I. Discuss how the program or function is coordinating its activities to avoid duplication or conflict with the other programs listed in Question H and with the agency’s customers. If applicable, briefly discuss any memorandums of understanding (MOUs), interagency agreements, or interagency contracts.

HHSC Medicaid and TWHP are statewide; however, their eligibility requirements are significantly different from the DSHS Family Planning Program. The eligibility determination process for each of the programs helps contractors and providers direct clients to the available and most appropriate services in their respective communities. DSHS promotes collaboration among contractors of all funding sources to minimize duplication of services. DSHS requires contractors to screen for TWHP eligibility, as well as other potential resources or programs that may serve clients, to ensure clients only utilize DSHS programs as safety net programs.

J. If the program or function works with local, regional, or federal units of government include a brief description of these entities and their relationship to the agency.

Local Units of Government

Name	Description	Relationship to DSHS
LHDs and hospital districts	Local agencies that provide healthcare services to their respective constituents.	These entities contract with DSHS to provide family planning services.

Federal Units of Government

Name	Description	Relationship to DSHS
Office of Family Assistance, Administration for Children and Families	The Office of Family Assistance is responsible for federal programs that promote the economic and social well-being of families, children, individuals, and communities.	The Office of Family Assistance is a Title XX grantor to DSHS.

K. If contracted expenditures are made through this program please provide:

- a short summary of the general purpose of those contracts overall;
- the amount of those expenditures in fiscal year 2012;
- the number of contracts accounting for those expenditures;
- top five contracts by dollar amount, including contractor and purpose;
- the methods used to ensure accountability for funding and performance; and
- a short description of any current contracting problems.

DSHS established contracts in this program for the following:

- medical exams,
- laboratory tests,
- provision of contraception,
- counseling, and
- education.

Amount of contracted expenditures in fiscal year 2012: \$9,474,682

Number of program contracts: 186 (includes contracts with no expenditures)

The top five contracts for the program are as follows.

Amount Expended FY 12	Contractor	Purpose
\$1,069,057	Planned Parenthood of Greater Texas, Inc.	Family planning services education and referral
\$733,802	University of Texas Medical Branch at Galveston	Family planning services education and referral

Amount Expended FY 12	Contractor	Purpose
\$696,005	Dallas County Hospital District	Family planning services education and referral
\$452,378	Planned Parenthood Association of Hidalgo	Family planning services education and referral
\$324,862	Baylor College of Medicine	Family planning services education and referral

To ensure accountability, the assigned contract manager monitors contract performance and takes action to resolve performance and compliance issues as needed. Additionally, staff in the Chief Financial Office audits each invoice to confirm accuracy. The accounting system includes edits to match invoices with purchase orders and verification of receipt of goods and services. Staff in the Chief Operating Office performs target financial compliance reviews and provides consultative services and technical assistance on financial management of contracts. DSHS uses an automated contract management system, SOURCE.Net, to document contractor information, contract management activities, and monitoring reports. The program has no known contracting problems.

L. Provide information on any grants awarded by the program.

DSHS awards grants in this program for the following services:

- medical exams,
- laboratory tests,
- provision of contraception,
- counseling, and
- education.

Using sub-recipient contracts, the program awards grants in the following manner:

- through a specific legislative mandate that requires DSHS to directly negotiate and execute a grant contract with a prescribed entity or entities – 2014-15 General Appropriations Act, S.B. 1, 83rd Legislature, Regular Session, 2013, (Article II, DSHS, Rider 65); and
- through competitive solicitations.

M. What statutory changes could be made to assist this program in performing its functions? Explain.

The program does not have any statutory changes to suggest.

N. Provide any additional information needed to gain a preliminary understanding of the program or function.

Several riders attached to the appropriations bill each legislative session guide Family Planning Services. The 2014-15 General Appropriations Act, S.B. 1, 83rd Legislature, Regular Session, 2013 (Article II, DSHS) has the following riders:

- Rider 17 prohibits DSHS from using state funds to pay for the direct and indirect costs of abortion procedures and prohibits DSHS from funding contractors that perform elective abortion procedures or that subcontract with or provide funds to individuals or entities that provide abortion procedures.
- Rider 18 prohibits the use of state funds to dispense prescription drugs to minors without parental consent.
- Rider 19 requires DSHS family planning services providers to comply with all child abuse reporting guidelines and requirements.
- Rider 23 prohibits distributing funds for medical, dental, psychological, or surgical treatment provided to a minor, unless providers obtain parental consent for these services. The Governor and the Legislative Budget Board may modify or suspend this requirement if compliance would result in the loss of federal funds to the state.
- Rider 50 outlines the legal requirements for a “family planning affiliate” and directs that an entity otherwise eligible to receive funds will not be disqualified because of its affiliation with an entity that performs elective abortions, provided that the affiliation meets certain requirements. The rider directs DSHS to conduct an annual audit of family planning services providers and directs HHSC to conduct an audit of each family planning affiliate every two years.
- Rider 65 requires Family Planning funds to be allocated using a methodology that prioritizes distribution and reallocation first to public entities that provide family planning services, including state, county, local community health clinics, federally qualified health clinics, and clinics under the Baylor College of Medicine; second to non-public entities that provide comprehensive primary and preventive care as a part of their family planning services; and third to non-public entities that provide family planning services, but do not provide comprehensive primary and preventive care. Up to \$1,000,000 per year may be awarded to Baylor College of Medicine.
- Rider 91 provides contingency funds from General Revenue in the case of the loss of Title X funding and prohibits DSHS from contracting with any providers that would be ineligible to participate in the TWHP.
- Rider 96 requires DSHS to attempt to locate improved pharmaceutical pricing or reduced pharmaceutical costs to address the loss of 340B drug pricing for family planning providers.
- HHSC Special Provisions, Section 51, provides for the transfer of remaining funds in the TWHP to DSHS Family Planning in the instance that TWHP is directed to cease operations.

O. Regulatory programs relate to the licensing, registration, certification, or permitting of a person, business, or other entity. For each regulatory program, if applicable, describe:

- **why the regulation is needed;**
- **the scope of, and procedures for, inspections or audits of regulated entities;**

- **follow-up activities conducted when non-compliance is identified;**
- **sanctions available to the agency to ensure compliance; and**
- **procedures for handling consumer/public complaints against regulated entities.**

Not applicable.

P. For each regulatory program, if applicable, provide the following complaint information. The chart headings may be changed if needed to better reflect your agency's practices.

Not applicable.

VII. GUIDE TO AGENCY PROGRAMS – CONTINUED

A. Provide the following information at the beginning of each program description.

Name of Program or Function	Primary Health Care Services
Location/Division	1701 North Congress - Family and Community Health Services (FCHS) Division
Contact Name	Evelyn Delgado, Assistant Commissioner, FCHS Division
Actual Expenditures, FY 2012	\$14,207,006
Number of Actual FTEs as of June 1, 2013	16.0
Statutory Citation for Program	Chapter 31, Texas Health and Safety Code

B. What is the objective of this program or function? Describe the major activities performed under this program.

Primary Health Care (PHC) has as its primary objective to develop and support primary healthcare and nutrition services to children, women, families, and other qualified individuals through community-based providers.

The PHC Program provides prevention-oriented, education-based primary healthcare services to Texas residents unable to access the same care through other funding sources or programs. The following basic healthcare services are priority services for PHC:

- diagnosis and treatment;
- emergency services;
- family planning services;
- preventive health services, including immunizations;
- health education; and
- laboratory, x-ray, nuclear medicine, or other appropriate diagnostic services.

The 83rd Legislature, Regular Session, 2013, appropriated funds for the expansion of women's primary and preventive services through PHC Program. The expansion of the program will allow DSHS to provide additional services, including:

- breast and cervical screening;
- prenatal medical and dental services;
- an emphasis on family planning services, including contraception; and
- comprehensive treatment of chronic conditions, such as high blood pressure and high cholesterol.

The expansion also allows DSHS to incentivize the use of community health workers to provide outreach and direct women to services indicated, as necessary, through screening visits.

C. What evidence can you provide that shows the effectiveness and efficiency of this program or function? Provide a summary of key statistics and performance measures that best convey the effectiveness and efficiency of this function or program.

The PHC Program uses key statistics and performance measures to evaluate program effectiveness and efficiency. In addition to the Legislative Budget Board performance measures, state statute mandates the following information in annual reports to the Legislature.

Primary Health Care Program – Fiscal Year 2012	
Health Service Region	Number Clients Served
HSR 1	17,072
HSR 2/3	9,087
HSR 4/5N	10,805
HSR 6/5S	12,755
HSR7	3,184
HSR 8	4,736
HSR 9/10	8,807
HSR 11	7,892
Total	64,338
Total Cost for Each Service Authorized Under the Law	
Service	Amount
Emergency Services	\$227
Nutrition	\$24,363
Transportation	\$87,804
Screening and Eligibility	\$89,331
Family Planning	\$129,936
Other Optional Services	\$222,748
Counseling/Case Management/Social Services	\$302,238
Dental Services	\$451,296
Pharmacy	\$475,659
Health Education	\$529,025
Preventive Health	\$585,872

Service	Amount
Laboratory/X-ray/Other Diagnostic Tests	\$1,781,980
Diagnosis and Treatment	\$5,636,918
Total Administrative Costs of Program	\$1,435,089
Total Cost of Program	\$11,752,486

Source: DSHS calculated regional expenditures by applying regional percentages from the contractor-reported client numbers in the PHC FY 2012 Annual Report to the total number of clients served as reported in the FY 2012 Key Performance Measures. The total cost for each service authorized under law is from the PHC FY 2012 Annual Report.

D. Describe any important history regarding this program not included in the general agency history section, including how the services or functions have changed from the original intent.

1980 – During the early 1980s, economic recession and cost containment measures on the part of employers and government agencies led to a decrease in the availability and accessibility of healthcare services for many Texans. A gubernatorial and legislative task force identified the provision of primary health care to the medically indigent as a major priority. The task force recommended the following.

- The medically indigent residing in Texas should have access to a range of primary healthcare services.
- The former Texas Department of Health (TDH), now known as DSHS, should provide or contract to provide primary healthcare services to the medically indigent. These services should complement existing services and/or TDH should provide the services where scarce.
- TDH should ensure that health education is an integral component of all primary care services delivered to the medically indigent population. TDH should market preventive services and make them accessible, to reduce the use of more expensive emergency room services.

These recommendations became the basis of the indigent healthcare legislative package implemented as part of the Primary Health Care Services Act, Chapter 31, Texas Health and Safety Code, which is the statutory authority for the PHC Program administered by DSHS. The act delineates the specific target population, eligibility, reporting, and coordination requirements for PHC.

2013 – The Legislature approved DSHS’ exceptional item request to expand women’s preventive and primary care through the PHC Program. The expanded PHC Program will serve women age 18 and above and increase eligibility from 150 FPL to 200 percent FPL.

E. Describe who or what this program or function affects. List any qualifications or eligibility requirements for persons or entities affected. Provide a statistical breakdown of persons or entities affected.

The population eligible for the PHC Program is Texas residents at or below 150 percent FPL who do not have access to other programs or resources providing similar benefits. In fiscal year 2014, PHC will serve clients up to 200 percent FPL. In fiscal year 2012, 59 PHC contractors provided basic healthcare services to 64,338 unduplicated clients (72 percent female and 28 percent male; 67 percent Hispanic and 33 percent non-Hispanic; 4 percent 0-17 years, 93 percent 18-64 years, and 3 percent 65 years and older).

F. Describe how your program or function is administered. Include flowcharts, timelines, or other illustrations as necessary to describe agency policies and procedures. Indicate how field/regional services are used, if applicable.

The FCHS Services Division, Community Health Services Section, Primary and Preventive Care Unit administers the PHC Program. The PHC policy/procedure manual is available for review at: <http://www.dshs.state.tx.us/phc/pandp.shtm>.

Contracted entities such as local health departments (LHDs), federally qualified health centers, hospital districts, universities, and community-based organizations deliver PHC services. Program and contract support staff is located at DSHS central office in Austin and at the HSR offices statewide. Central office staff is responsible for administering the PHC Program; collecting data, as required by statute; developing PHC rules, policies, and procedures; and providing contract development, management, support, and oversight. HSR staff provides technical assistance and training to PHC contractors, and, in the case of HSR 9/10, staff directly provides PHC services.

The program has organizational charts and descriptions of units for review located at: <http://www.dshs.state.tx.us/orgchart/fchs.shtm>.

G. Identify all funding sources and amounts for the program or function, including federal grants and pass-through monies. Describe any funding formulas or funding conventions. For state funding sources, please specify (e.g., general revenue, appropriations rider, budget strategy, fees/dues).

Funding Source	Amount
Federal	\$688,893
General Revenue	\$13,448,723
General Revenue-Dedicated	\$69,390
Other	\$0

H. Identify any programs, internal or external to your agency, that provide identical or similar services or functions to the target population. Describe the similarities and differences.

Internal Programs

Name	Similarities	Differences
Texas Health Steps (THSteps)	PHC Program and THSteps both cover child health benefits.	THSteps provides services to Medicaid-eligible children, whereas PHC will provide service to children not eligible for Medicaid up to 200 percent FPL in fiscal year 2014.
Oral Health Program (OHP)	PHC Program and OHP both provide dental benefits to low-income children.	OHP limits services for low-income children to sealants, whereas PHC services provide basic dental care, such as fillings, cleanings, and extractions.
DSHS Family Planning Services	PHC Program and Family Planning Services both cover family planning benefits.	PHC will serve up to 200 percent FPL, whereas DSHS Family Planning serves up to 250 percent FPL. Family planning services are limited in scope, whereas PHC services cover a broader array of services.
Breast and Cervical Cancer Services (BCCS)	PHC Program and BCCS both provide basic screenings for breast and cervical cancer such as a clinical breast exams and pap smears.	BCCS provides a wider range of breast and cervical cancer screening and diagnosis services for clients up to 200 percent FPL. BCCS services are limited in scope, whereas PHC services cover a broader array of services.
County Indigent Health Care Program (CIHCP)	PHC Program and CIHCP both provide primary healthcare benefits.	PHC will serve up to 200 percent FPL in fiscal year 2014, whereas CIHCP serves residents of certain counties whose incomes are at or below 21 percent FPL and who are not eligible for Medicaid. Counties may choose to increase the monthly income standard to a maximum of 50 percent FPL.

Name	Similarities	Differences
Title V Maternal and Child Health (Title V MCH)	PHC Program and Title V MCH both provide maternal and child health benefits.	PHC will serve up to 200 percent FPL, whereas Title V serves up to 185 percent FPL. Title V MCH services are limited in scope, whereas PHC services cover a broader array of services.

External Programs

Name	Similarities	Differences
Medicaid	PHC Program and Medicaid both provide similar primary healthcare services.	Medicaid serves a Medicaid-eligible population whereas PHC will serve non-Medicaid eligible people up to 200 percent FPL.
Children’s Health Insurance Program (CHIP)	PHC Program and CHIP both provide similar child health services.	CHIP serves CHIP-eligible children whereas PHC will serve non-CHIP eligible children up to 200 percent FPL.
Texas Women’s Health Program (TWHP)	PHC Program and TWHP both provide women’s health-related benefits.	TWHP serves only Medicaid waiver eligible women ages 18-44. TWHP services are limited to family planning services whereas PHC services cover a broader array of services.

I. Discuss how the program or function is coordinating its activities to avoid duplication or conflict with the other programs listed in Question H and with the agency’s customers. If applicable, briefly discuss any memorandums of understanding (MOUs), interagency agreements, or interagency contracts.

The eligibility determination process for the PHC Program helps contractors and providers direct clients to the available and most appropriate services in their respective communities. DSHS promotes collaboration among contractors of all funding sources to minimize duplication of services. Annual meetings attended by all Community Health Services contractors provide a forum for contractors to discuss and implement collaborative service delivery plans. DSHS requires contractors to identify other potential resources or programs that may serve clients to ensure that clients only use DSHS programs as safety net programs.

J. If the program or function works with local, regional, or federal units of government include a brief description of these entities and their relationship to the agency.

Local Units of Government

Name	Description	Relationship to DSHS
LHDs, public hospitals, and hospital districts	These entities are local agencies that provide healthcare services to their respective constituents.	These entities contract with DSHS to provide PHC services.
County-run indigent healthcare programs	These programs are local services provided to eligible county residents in counties (or areas of counties) not covered by a public hospital or hospital district.	County-run indigent healthcare programs coordinate services with PHC contractors in order to serve clients efficiently.

K. If contracted expenditures are made through this program please provide:

- a short summary of the general purpose of those contracts overall;
- the amount of those expenditures in fiscal year 2012;
- the number of contracts accounting for those expenditures;
- top five contracts by dollar amount, including contractor and purpose;
- the methods used to ensure accountability for funding and performance; and
- a short description of any current contracting problems.

DSHS established contracts in this program for the following:

- diagnosis and treatment;
- emergency services;
- family planning services
- preventive health services, including immunizations;
- health education; and
- laboratory, x-ray, nuclear medicine, or other appropriate diagnostic services.

Amount of contracted expenditures in fiscal year 2012: \$12,454,573

Number of program contracts: 59 (includes contracts with no expenditures)

The top five contracts for the program are as follows.

Amount Expended FY 12	Contractor	Purpose
\$700,000	Community Action Corporation of South Texas	Health care to eligible low-income individuals
\$517,354	North Central Texas Community Health Care	Health care to eligible low-income individuals
\$450,723	Fort Bend Family Health Center, Inc.	Health care to eligible low-income individuals

Amount Expended FY 12	Contractor	Purpose
\$401,801	Brazos Valley Community Action Agency	Health care to eligible low-income individuals
\$382,249	South Plains Rural Health Services, Inc.	Health care to eligible low-income individuals

To ensure accountability, the assigned contract manager monitors contract performance and takes action to resolve performance and compliance issues as needed. Additionally, staff in the Chief Financial Office audits each invoice to confirm accuracy. The accounting system includes edits to match invoices with purchase orders and verification of receipt of goods and services. Staff in the Chief Operating Office performs target financial compliance reviews and provides consultative services and technical assistance on financial management of contracts. DSHS uses an automated contract management system, SOURCE.Net, to document contractor information, contract management activities, and monitoring reports. The program has no known contracting problems.

L. Provide information on any grants awarded by the program.

DSHS awards grants in this program for the following services:

- diagnosis and treatment;
- emergency services;
- family planning services;
- preventive health services, including immunizations;
- health education; and
- laboratory, x-ray, nuclear medicine, or other appropriate diagnostic services.

Using sub-recipient contracts, the program awards grants in the following manner:

- through a specific legislative mandate that requires DSHS to directly negotiate and execute a grant contract with a prescribed entity or entities – 2014-15 General Appropriations Act, S.B. 1, 83rd Legislature, Regular Session, 2013, (Article II, DSHS, Rider 62); and
- through competitive solicitations.

M. What statutory changes could be made to assist this program in performing its functions? Explain.

The program does not have any statutory changes to suggest.

N. Provide any additional information needed to gain a preliminary understanding of the program or function.

More information is available at the program website for PHC Services:
<http://www.dshs.state.tx.us/phc/>

- O. Regulatory programs relate to the licensing, registration, certification, or permitting of a person, business, or other entity. For each regulatory program, if applicable, describe:**
- **why the regulation is needed;**
 - **the scope of, and procedures for, inspections or audits of regulated entities;**
 - **follow-up activities conducted when non-compliance is identified;**
 - **sanctions available to the agency to ensure compliance; and**
 - **procedures for handling consumer/public complaints against regulated entities.**

Not applicable.

- P. For each regulatory program, if applicable, provide the following complaint information. The chart headings may be changed if needed to better reflect your agency's practices.**

Not applicable.

VII. GUIDE TO AGENCY PROGRAMS - CONTINUED

A. Provide the following information at the beginning of each program description.

Name of Program or Function	Specialized Health Services
Location/Division	1701 North Congress - Family and Community Health Services (FCHS) Division
Contact Name	Evelyn Delgado, Assistant Commissioner, FCHS Division
Actual Expenditures, FY 2012	\$59,917,025
Number of Actual FTEs as of June 1, 2013	148.4
Statutory Citation for Program	Chapter 35, 41, and 42, Texas Health and Safety Code

B. What is the objective of this program or function? Describe the major activities performed under this program.

Specialized Health Services has the following primary objectives.

- Use health promotion for reducing the prevalence of preventable chronic diseases and injury.
- Administer service care programs related to certain chronic health conditions.

Major activities include the following.

Children with Special Health Care Needs (CSHCN) Services Program

The CSHCN Services Program provides eligible children with early identification, diagnosis and evaluation, and rehabilitation services. Medical services include inpatient and outpatient care, physician services, therapies, durable medical equipment and supplies, drugs, home health, skilled nursing, lab, radiology, and dental services. The CSHCN Services Program is not an entitlement program. Due to budgetary limitations, the program has a waiting list.

The CSHCN Services Program staff provides information and referral, completes family needs assessments, develops individual service plans, coordinates services, marshals available assistance, and serves as a liaison between the child and the child's family and various service providers. Through these activities, the program seeks to attain services needed to improve the well-being of the child and the child's family.

Enabling services provide access to healthcare benefits, such as assistance with private insurance (premiums and co-pays), meals, lodging, and transportation. Family support services include disability-related support, resources, or assistance to families with children eligible for the CSHCN Services Program, such as respite care, minor home modifications, and van lifts. Infrastructure building services facilitate the development of effective service delivery systems

for children with special healthcare needs. Program services include needs assessment, evaluation, policy and service system development and coordination, and promoting standards of care and quality assurance.

Epilepsy Services

Epilepsy Services provides services to persons who have epilepsy and/or seizure-like symptoms. The statewide program contracts with nonprofit and governmental entities to provide comprehensive outpatient care, including medical and non-medical services, for persons with epilepsy or seizure disorders. Contractors may subcontract with neurologists and epileptologists to provide clinical services such as diagnostic tests, including electroencephalograms (EEGs) and magnetic resonance imaging (MRIs), prescription medications, and medication management of the patient. Contractors provide outpatient care, including non-clinical services such as case management, counseling, health education, referral services, and community outreach. The program also provides information and referral to providers for services such as transportation, mental health, dental, patient assistance, and prescription medication programs.

Hemophilia Assistance Program (HAP)

HAP provides limited financial assistance to persons diagnosed with hemophilia who meet eligibility requirements for blood derivatives, blood concentrates, and manufactured pharmaceutical products through program-approved providers.

Kidney Health Care (KHC) Program

The KHC Program provides limited assistance to, or on behalf of, individuals with end-stage renal disease (ESRD), the final and most severe stage of renal impairment. ESRD is usually irreversible and requires dialysis and/or kidney transplant to reduce uremic symptoms (characterized by a buildup of nitrogen waste products) and/or prevent death.

C. What evidence can you provide that shows the effectiveness and efficiency of this program or function? Provide a summary of key statistics and performance measures that best convey the effectiveness and efficiency of this function or program.

Specialized Health Services uses the following measures to evaluate the effectiveness and efficiency of program activities:

- average monthly caseload of CSHCN clients receiving healthcare benefits;
- average monthly cost per CSHCN client receiving healthcare benefits;
- number of CSHCN clients provided healthcare benefits at end of year;
- number of KHC clients provided services;
- average cost per chronic disease for KHC clients;
- number of Hemophilia Assistance Program clients provided services; and
- number of Epilepsy Program clients provided services.

D. Describe any important history regarding this program not included in the general agency history section, including how the services or functions have changed from the original intent.

1999 – Senate Bill 374 renames CSHCN Services and expands program medical eligibility criteria from diagnosis-specific to a broader, functional definition of a child with special healthcare needs. In addition, the Senate bill also makes the program healthcare benefits comprehensive. The Texas Department of Health implemented these changes in July 2001.

2001 – The CSHCN Services Program implements a waiting list. The program removes clients from the waiting list in priority order as funds become available.

2013 – Senate Bill 1815 amends Section 692A, Texas Health and Safety Code to remove the responsibility of administering the Glenda Dawson Donate Life - Texas Registry from DSHS.

E. Describe who or what this program or function affects. List any qualifications or eligibility requirements for persons or entities affected. Provide a statistical breakdown of persons or entities affected.

Children with Special Health Care Needs Services Program

Eligibility criteria include:

- age younger than 21 years and a chronic physical or developmental condition that is expected to last a minimum of 12 months; or cystic fibrosis, regardless of age;
- Texas resident;
- family income at or below 200 percent federal poverty level (FPL); and
- renews eligibility annually.

In fiscal year 2012, the CSHCN Services Program determined 1,926 persons eligible to receive services and served 1,906 of those deemed eligible. Of those served, 81 percent were Hispanic, approximately 18 percent were White and/or Other, and less than one percent were Black. In fiscal year 2012, regional staff and CSHCN Services Program contractors provided case management services to 4,562 children with special healthcare needs, including those with Medicaid. In fiscal year 2012, CSHCN Services Program contractors provided respite or other family support services for 2,091 children with special healthcare needs and their families.

Epilepsy Services

Eligibility criteria include:

- age younger than 21 years and ineligible for benefits from the CSHCN Services Program;
- income level 200 percent or below FPL,
- Texas resident,
- presence of seizures or related symptoms; and
- ineligible for other programs or services.

An individual on the CSHCN Services Program waiting list can receive services until accepted into the CSHCN Services Program.

In fiscal year 2012, five Epilepsy Services contractors provided services to 8,876 unduplicated clients.

Hemophilia Assistance Program

Eligibility criteria include:

- age of 21 years or older;
- income level at or below 200 percent FPL;
- Texas resident;
- diagnosis of hemophilia;
- uninsured or underinsured status and ineligible for other publicly funded programs; and
- ineligible for Medicare or Medicaid benefits.

In fiscal year 2012, seven clients received benefits.

Kidney Health Care Program

Eligibility criteria include:

- diagnosis of ESRD;
- Texas resident;
- submits an application for benefits through a participating facility;
- receives a regular course of chronic renal dialysis treatments or a kidney transplant;
- meets Medicare criteria for ESRD met;
- ineligible for full Medicaid benefits (medical, drug, or travel benefits); and
- income of less than \$60,000 per year.

In fiscal year 2012, the KHC Program provided benefits to 19,375 active recipients. (The program defines active recipients as those people who received any program benefits.) Of active recipients, approximately 44 percent were Hispanic, 29 percent were Black, and 27 percent were White and/or Other. Also in fiscal year 2012, the KHC Program approved 3,552 new program beneficiaries. (The program defines approved applicants as those people with ESRD who became newly eligible for KHC Program benefits.)

F. Describe how your program or function is administered. Include flowcharts, timelines, or other illustrations as necessary to describe agency policies and procedures. Indicate how field/regional services are used, if applicable.

The FCHS Division, Specialized Health Services Section, Purchased Health Services Unit administers the CSHCN Services Program, KHC Program, and HAP. The CSHCN Services Program is a comprehensive health benefits program while the KHC Program and HAP provide limited

benefits. The FCHS Division, Community Health Services Section, Primary and Preventive Care Unit administers the Epilepsy Program, which also provides limited benefits.

The CSHCN Services Program supports case management services across Texas through the DSHS regional offices, as well as through community-based contractors, including nonprofit organizations, local health departments, hospitals, and university-based programs. Additionally, contracted services provide clinical services, family support, and referrals to community resources. The CSHCN Program's client handbook is located at:

http://www.tmhp.com/TMHP_File_Library/CSHCN/CSHCN%20Client%20Handbook/2007-CSHCN-Client-Handbook_English.pdf. The provider manual is located on the Texas Medicaid and Healthcare Partnership website at:

http://www.tmhp.com/Pages/CSHCN/CSHCN_Publications_Provider_Manual.aspx.

Contracted providers provide Epilepsy, HAP, and KHC services. Epilepsy Services program and contract support staff are located at DSHS central office in Austin and at DSHS regional offices statewide. Five DSHS contractors provide the services to clients. DSHS central office staff is responsible for administrating the collection of data; developing program rules, policies, and procedures; and providing contract development, management, support, and oversight. The Epilepsy Services policy/procedure manual is available at:

http://www.dshs.state.tx.us/epilepsy/pol_man.shtm.

HAP contractors (hemophilia treatment centers and home care agencies) receive prior authorization to ship blood factor as prescribed by the physician to the client. The program provides benefits for blood products to approved HAP recipients on a first-come, first-served basis, as long as funds are available. Potential clients submit applications by mail or fax directly to HAP for eligibility determination.

The KHC Program contracts with dialysis, hospital, and physician providers throughout the state. The KHC Program's automated system determines client eligibility and processes travel and medical claims. Contracted providers submit applications for eligibility and the Medicaid Vendor Drug Program contractor processes drug claims. The KHC Program has a recipient's handbook found at: <http://www.dshs.state.tx.us/kidney/pdf/recipienthandbook2006.pdf>.

The program has organizational charts and descriptions of units for review located at: <http://www.dshs.state.tx.us/orgchart/fchs.shtm>.

G. Identify all funding sources and amounts for the program or function, including federal grants and pass-through monies. Describe any funding formulas or funding conventions. For state funding sources, please specify (e.g., general revenue, appropriations rider, budget strategy, fees/dues).

Funding Source	Amount
Federal	\$11,373,684
General Revenue	\$48,168,986
General Revenue-Dedicated	\$0
Other	\$374,355

H. Identify any programs, internal or external to your agency, that provide identical or similar services or functions to the target population. Describe the similarities and differences.

Children with Special Health Care Needs Services Program - Internal Programs

Name	Similarities	Differences
Case Management for Children and Pregnant Women	The same DSHS staff provides case management services through the CSHCN Services Program and Case Management for Children and Pregnant Women.	Medicaid Case Management for Children and Pregnant Women is an entitlement program, and CSHCN Services Program case management is not. Case Management for Children and Pregnant Women covers pregnant women with high risks, and CSHCN Services Program case management does not.

Children with Special Health Care Needs Services Program - External Programs

Name	Similarities	Differences
Children’s Health Insurance Program (CHIP)	CSHCN Services Program and CHIP both provide healthcare benefits to children.	CHIP does not provide family support services or a transportation benefit. CHIP does not assume lead responsibility for facilitating Title V systems development for children and youth with special healthcare needs. Specialized Health Services may not use Title V funds to pay for services available through CHIP.
Medicaid	CSHCN Services Program and Medicaid both provide healthcare benefits and case management services.	Medicaid does not provide family support services (see “Medicaid waiver programs” below). There are certain differences in eligibility criteria for healthcare benefits, and Medicaid is an

Name	Similarities	Differences
		entitlement program. Medicaid does not assume lead responsibility for facilitating Title V systems development for children and youth with special healthcare needs. Specialized Health Services may not use Title V funds to pay for services for children eligible for Medicaid.
Medicaid waiver programs	CSHCN Services Program and Medicaid waiver programs both provide family support services.	Children receiving services through a Medicaid waiver program are not eligible for family support services through the CSHCN Services Program healthcare benefits. There are some differences in scope and array of family support services for CSHCN and Medicaid waiver programs.
In-home Family Supports, Department of Aging and Disability Services	CSHCN Services Program and In-home Family Supports both provide limited family support services.	The CSHCN Services Program family support services may supplement but not duplicate In-home Family Supports. There are some differences in scope and array of family support services for CSHCN and In-home Family Supports.

Epilepsy Services - Internal Programs

Name	Similarities	Differences
CSHCN Services Program	CSHCN Services Program and Epilepsy Services both provide epilepsy services until the age of 21.	CSHCN Services Program does not provide services to adults over 21. The Epilepsy Services Program primarily serves adults, but also serves children that are not eligible for CSHCN.

Epilepsy Services - External Programs

Name	Similarities	Differences
Early Childhood Intervention (ECI) Services, Department of Assistive and Rehabilitative Services	Epilepsy and ECI Services both provide epilepsy services, depending on the individual needs of the child, such as assistive technology; audiology; developmental services; family counseling; nutrition education; occupation, physical, and speech therapies; psychological and social work; and vision services.	ECI Services only provides services for children up to the age of three. Families with children enrolled in Medicaid or CHIP, or whose income is below 250 percent FPL, do not pay for any ECI services. Epilepsy Services determine client co-pays according to a sliding fee scale based on family size and net income after allowable deductions. Epilepsy Services income eligibility is 200 percent or below FPL.

Hemophilia Assistance Program - Internal Programs

Name	Similarities	Differences
CSHCN Services Program	HAP and CSHCN Services Program provide coverage for blood factor products.	CSHCN provides coverage for a different age group (up to 21 years old) and full healthcare benefits. HAP provides coverage for 21 years or older and limited benefits.

Hemophilia Assistance Program - External Programs

Name	Similarities	Differences
Medicaid	HAP and Medicaid both provide coverage for blood factor products.	The FPL coverage levels are different for both children and adults in HAP and Medicaid. The range of provided healthcare benefits is also different.
CHIP	HAP and CHIP both provide coverage for blood factor products.	CHIP provides coverage up to age 21 and a range of healthcare benefits. HAP provides coverage for 21 years or older and limited benefits.
Pre-Existing Condition Insurance Plan: Texas (PCIP)	HAP and PCIP both provide coverage for blood factor products.	PCIP provides a broad range of health benefits, including primary and specialty care, hospital care, and prescription drugs. However, PCIP requires that clients have

Name	Similarities	Differences
		been uninsured for at least the last six months before they may apply. HAP provides limited benefits.

Kidney Health Care Program - External Programs

Name	Similarities	Differences
Medicaid	KHC Program and Medicaid both provide medical benefits, drug benefits, and travel benefits.	If eligible for Medicaid, individuals are not eligible for KHC.
Medicare Parts B and D	KHC Program and Medicare Parts B and D both provide prescription drug coverage.	Medicare has coverage limitations, including deductibles, premiums, and the donut hole gap. KHC Program is secondary payer to Medicare for drug benefits.
Medicare Parts A and B	KHC Program and Medicare Parts A and B both provide medical benefits.	Individuals eligible for Medicare A and B are not eligible for KHC Program medical benefits.

I. Discuss how the program or function is coordinating its activities to avoid duplication or conflict with the other programs listed in Question H and with the agency’s customers. If applicable, briefly discuss any memorandums of understanding (MOUs), interagency agreements, or interagency contracts.

The CSHCN Services Program coordinates with other state programs serving children with disabilities through participation in such forums as the Texas Council for Developmental Disabilities, Texas Interagency Council on Early Childhood Intervention, Children’s Policy Council, Promoting Independence Advisory Committee, Money Follows the Person Demonstration Project, Consumer Direction Workgroup, and Texas Integrated Funding Initiative.

The CSHCN Services Program obtains eligibility information from CHIP and Medicaid on applicants for the CSHCN Services Program healthcare benefits, since applicants are to access all available insurance before using these benefits. The KHC Program shares data enrollment information with Medicaid and Medicare Part D. The KHC Program does not exchange Part A or B data with Medicare. Medicare files identifying Part D clients indicate those clients having Medicare Part A, Part B, or both. HAP screens for Medicaid eligibility using the Medicaid **System for Application, Verification, Eligibility, Referrals, and Reporting** system and the Texas Integrated Eligibility Redesign System.

On July 1, 2010, U.S. Department of Health and Human Services opened enrollment to eligible residents of Texas for coverage through the state’s PCIP program. PCIP covers a broad range of health benefits, including primary and specialty care, hospital care, and prescription drugs, even if used to treat a pre-existing condition. Eligibility criteria require that clients are uninsured for at least six months before they apply. PCIP does not consider HAP “creditable coverage” under the law; therefore, HAP clients are potentially eligible for PCIP.

The eligibility determination process for Epilepsy Services helps contractors and providers direct clients to the available and most appropriate services in their respective communities. DSHS promotes collaboration among contractors of all funding sources to minimize duplication of services. DSHS requires contractors to identify other potential resources or programs that may serve clients to minimize duplication and to ensure that clients only use Epilepsy Services as a safety net program.

J. If the program or function works with local, regional, or federal units of government include a brief description of these entities and their relationship to the agency.

Children with Special Health Care Needs Services Program - Local Units of Government

Name	Description	Relationship to DSHS
Cameron County Department of Health and Human Services, Harris County Hospital District, Jasper-Newton County Public Health District, and Williamson County and Cities Health District	These four local units of government are local public health agencies that provide healthcare services to their respective areas.	The four local units of government are contracted providers to the CSHCN Services Program for case management services to children and youth with special healthcare needs.

Children with Special Health Care Needs Services Program - Federal Units of Government

Name	Description	Relationship to DSHS
Maternal and Child Health Bureau	The federal Maternal and Child Health Services programs provide a foundation and structure for assuring the health of American mothers and children.	The CSHCN Services Program submits reports, plans, and needs assessment information to the Maternal and Child Health Bureau annually in the Title V application.

Epilepsy Services - Local Units of Government

Name	Description	Relationship to DSHS
Dallas County Hospital District	Dallas County Hospital District is a public hospital district with seven clinics, serving Dallas and surrounding counties.	Dallas County Hospital District contracts with DSHS to provide epilepsy services.
Harris County Hospital District	The Harris County Hospital District is a public hospital district with one clinic, serving one county.	The Harris County Hospital District contracts with DSHS to provide epilepsy services.

K. If contracted expenditures are made through this program please provide:

- a short summary of the general purpose of those contracts overall;
- the amount of those expenditures in fiscal year 2012;
- the number of contracts accounting for those expenditures;
- top five contracts by dollar amount, including contractor and purpose;
- the methods used to ensure accountability for funding and performance; and
- a short description of any current contracting problems.

DSHS established contracts with nonprofit and governmental entities in this program to perform the services described below:

- actuarial consulting services provided to Children with Special Health Care Needs Services Program and Texas Human Immunodeficiency Virus (HIV) Medication Program;
- kidney dialysis, access surgery, and limited hospitalization services;
- hemophilia blood factor, respite care services, and Medicare Part D premium providers;
- diagnosis and treatment for medical condition;
- case management system for continuity of care;
- integration of personal, social, and vocational support services; and
- public awareness and educational services.

Amount of contracted expenditures in fiscal year 2012: \$3,853,300

Number of program contracts: 1,000 (includes contracts with no expenditures)

The top five contracts for the program are as follows.

Amount Expended FY 12	Contractor	Purpose
\$623,496	Epilepsy Foundation of Texas	Outpatient epilepsy services
\$576,019	United Healthcare Insurance Company	Kidney health services
\$359,776	Coalition of Health Services, Inc.	Case management services

Amount Expended FY 12	Contractor	Purpose
\$354,000	Any Baby Can of San Antonio, Inc.	Case management services
\$298,249	Epilepsy Foundation of Central and South Texas	Outpatient epilepsy services

To ensure accountability, the assigned contract manager monitors contract performance and takes action to resolve performance and compliance issues as needed. Additionally, staff in the Chief Financial Office audits each invoice to confirm accuracy. The accounting system includes edits to match invoices with purchase orders and verification of receipt of goods and services. Staff in the Chief Operating Office performs target financial compliance reviews and provides consultative services and technical assistance on financial management of contracts. DSHS uses an automated contract management system, SOURCE.Net, to document contractor information, contract management activities, and monitoring reports. The program has no known contracting problems.

L. Provide information on any grants awarded by the program.

DSHS awards grants in this program for the following services:

- case management services;
- comprehensive outpatient services for coordination of care at a community clinic site to children under 21 years old;
- family support and community resources services to or on behalf of individuals who are under 21 years old;
- training program to build capacity to improve transition services and processes for youth and young adults with special healthcare needs and their families;
- diagnosis and treatment for epilepsy;
- case management system for continuity of care;
- integration of personal, social, and vocational support services; and
- public awareness and educational services.

Using sub-recipient contracts, the program awards grants in the following manner:

- through competitive solicitation, and
- through open enrollment process.

M. What statutory changes could be made to assist this program in performing its functions? Explain.

The program does not have any statutory changes to suggest.

N . Provide any additional information needed to gain a preliminary understanding of the program or function.

The CSHCN Services Program provides clients with comprehensive healthcare benefits, along with case management, family support, and community resource services. All General Revenue dollars for Epilepsy Services are in contracts for direct client services; the program does not use funds for administrative costs. Both the KHC Program and HAP provide limited benefits to ease the financial burden of obtaining essential medical treatment. The KHC Program provides limited financial assistance to Texas residents with ESRD who are approved for KHC benefits; HAP helps people with hemophilia pay for their blood factor products.

More information is available at the following program websites:

CSHCN Services Program: <http://www.dshs.state.tx.us/cshcn/default.shtm>

Epilepsy Services: <http://www.dshs.state.tx.us/epilepsy/>

HAP: <http://www.dshs.state.tx.us/hemophilia/default.shtm>

KHC Program: <http://www.dshs.state.tx.us/kidney/default.shtm>

O. Regulatory programs relate to the licensing, registration, certification, or permitting of a person, business, or other entity. For each regulatory program, if applicable, describe:

- why the regulation is needed;
- the scope of, and procedures for, inspections or audits of regulated entities;
- follow-up activities conducted when non-compliance is identified;
- sanctions available to the agency to ensure compliance; and
- procedures for handling consumer/public complaints against regulated entities.

Not applicable.

P. For each regulatory program, if applicable, provide the following complaint information. The chart headings may be changed if needed to better reflect your agency's practices.

Not applicable.

VII. GUIDE TO AGENCY PROGRAMS – CONTINUED

A. Provide the following information at the beginning of each program description.

Name of Program or Function	Nutrition Services and Obesity Prevention
Location/Division	4616 West Howard Lane, Suite 840, Austin - Family and Community Health Services (FCHS) Division; 1100 W. 49 th Street, Austin - Disease Control and Prevention Services (DCP) Services Division
Contact Name	Evelyn Delgado, Assistant Commissioner, FCHS Division; Janna Zumbrun, Assistant Commissioner, DCP Services Division
Actual Expenditures, FY 2012	\$755,301,635
Number of Actual FTEs as of June 1, 2013	239.7
Statutory Citation for Program	42 U.S.C. 1786, Child Nutrition Act of 1966, as amended, Section 17; Public Law 111-296, 7 U.S.C. 1746, Healthy, Hunger-Free Kids Act of 2010

B. What is the objective of this program or function? Describe the major activities performed under this program.

The Nutrition Services and Obesity Prevention (NSOP) Program has as its primary objective to develop and support nutrition services to qualified individuals including children, women, and families, through community-based providers. Major activities include the following.

Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

WIC provides nutrition services to eligible low-income pregnant, postpartum, and breastfeeding women; infants; and children under age five. Services include breastfeeding promotion and support (including provision of breast pumps), nutrition education and counseling, referrals to other health and human services, and provision of healthy nutritious foods (including infant formula).

Nutrition, Physical Activity and Obesity Prevention (NPAOP) Program

The NPAOP Program works to reduce the burden of death and disease related to overweight and obesity through evidence-based, community interventions that promote policy and environmental changes in order to make healthy eating and physical activity the easy choice for individuals. NPAOP provides activities to communities and statewide populations with no requirements for eligibility. The program funds 19 community-based obesity prevention

activities to accomplish the outcomes described below.

- Increase physical activity, consumption of fruits and vegetables, and breastfeeding.
- Decrease television viewing, consumption of sugar-sweetened beverages, and consumption of high-energy dense foods (high calorie/low nutrient foods).

Community-based obesity prevention activities include:

- coalition building – facilitates state and local coalitions to promote nutrition and physical activity;
- partnerships – collaborates with state and local partners to plan, implement, and evaluate community-based nutrition and physical activity interventions; and
- training, consultation, and technical assistance – provides nutrition training and consultation; and technical assistance to health and human service professionals in agencies and organizations such as local health departments (LHDs), schools, daycare facilities, Head Start, community health agencies, and worksites.

C. What evidence can you provide that shows the effectiveness and efficiency of this program or function? Provide a summary of key statistics and performance measures that best convey the effectiveness and efficiency of this function or program.

Key statistics and performance measures show the effectiveness and efficiency of NSOP activities.

Special Supplemental Nutrition Program for Women, Infants, and Children

WIC utilizes statewide performance measures to analyze the effectiveness and efficiency of the program. For example, WIC measures the average food cost per person of supplemental allowable foods purchased as part of the services to eligible WIC program participants. The target goal for fiscal year 2012 was \$30.50. The actual average food cost per person in fiscal year 2012 was \$29.25.

WIC requires contractors who provide WIC services to submit performance measures, such as the following:

- number of nutrition education encounters provided,
- percent of WIC participants who indicate that they have no source of health care that are referred to a healthcare source, and
- percent of WIC participants who are enrolled and receive WIC benefits each quarter.

Nutrition, Physical Activity and Obesity Prevention Program

The NPAOP Program evaluates progress toward performance measures through:

- annual surveys, such as the Centers for Disease Control and Prevention’s Behavioral Risk Factor Surveillance System, Youth Risk Behavior Surveillance System, community point-in-time surveys related to nutrition and physical activity, and internal partner and stakeholder surveys; and

- staff and contractor reports generated through the Program Monitoring and Tracking system.

NPAOP organizes evaluation data on progress and subsequent recommendations into a strategic plan for stakeholders, partners, and communities to use as a guide for planning activities and implementing nutrition and physical activity-related interventions. The goal of interventions is to impact and improve health status in the populations served.

D. Describe any important history regarding this program not included in the general agency history section, including how the services or functions have changed from the original intent.

1989 – Public Law 101-147 requires the state WIC to use a competitive bidding system to secure rebates on the purchase of infant formula. Today, rebates from the contracted formula company provide 26 percent of WIC funding, approximately \$210,000,000.

1998 – Congress authorizes WIC to utilize food funds for breast pumps. Congress had not previously authorized the use of funds from the food dollars for anything other than foods. Since initiation of the breast pump program, breastfeeding rates increase from 54 percent to 76.6 percent.

2001 – DSHS implements the School Physical Activity and Nutrition (SPAN I-II) Survey, the first such surveillance conducted on a representative statewide sample of 4th-, 8th-, and 11th-graders in the nation.

2003 – The legacy Texas Department of Health and other agencies form the Goal A workgroup to direct and advise statewide activities through a strategic action plan for the prevention and control of obesity and related chronic diseases. The plan includes nutrition-related services, and educational and training efforts to improve nutrition health status as it relates to obesity prevention. In 2005, the workgroup updates the evaluation methods and refines indicators to improve the tracking of progress at the state level.

2004 – DSHS conducts the SPAN III survey in 2004-2005 to repeat and compare the measures of nutrition, physical activity, and weight status in Texas schoolchildren.

2004 – DSHS successfully pilots an Electronic Benefits Transfer (EBT) food delivery system to replace WIC paper food vouchers, followed by federal and state approvals to implement the system statewide. EBT is more convenient for WIC participants and offers a more efficient payment of vendors. Statewide implementation occurs in April 2009.

2004 – As part of the 2004 WIC reauthorization, Congress expands the definition of WIC nutrition education to include education designed to achieve positive changes in physical activity

habits. Congress makes the revision recognizing that successful efforts to reduce overweight and obesity require both nutrition and activity education.

2007 – U.S. Department of Agriculture (USDA) develops a new interactive participatory approach to nutrition assessment called Value Enhanced Nutrition Assessment (VENA). The VENA philosophy improves nutrition services in WIC by establishing standards for the assessment process used to determine WIC eligibility and to individualize nutrition education, referrals, and food package tailoring. DSHS WIC implements VENA in October 2007.

2009 – DSHS WIC implements a USDA interim final rule revising the WIC food packages. Revisions include less milk and cheese offered overall with reduced fat milk required for all clients over age two; fruits and vegetables; new whole grain foods such as bread, tortillas, and brown rice; jarred infant foods; and incentives for breastfeeding mothers.

2012 – DSHS WIC ceases to administer the Farmers’ Market Nutrition Program (FMNP), due to funding constraints. FMNP provides fresh fruits and vegetables to WIC clients and promotes the use and awareness of local farmers’ markets. The Texas Department of Agriculture (TDA) now administers FMNP.

E. Describe who or what this program or function affects. List any qualifications or eligibility requirements for persons or entities affected. Provide a statistical breakdown of persons or entities affected.

Special Supplemental Nutrition Program for Women, Infants, and Children

WIC serves low-income pregnant, postpartum, and breastfeeding women; infants; and children under age five who live in Texas and are at nutrition risk as determined by a health professional. Income must be at or below 185 percent FPL. A person who participates or has family members who participate in Medicaid, Supplemental Nutrition Assistance Program, and/or Temporary Assistance for Needy Families automatically meets the income eligibility requirement.

WIC is serving an average of 960,000 clients monthly in fiscal year 2013, with approximately 60 percent of the infants born in Texas participating in WIC. An estimated 1.4 million Texans are potentially eligible for services.

Nutrition, Physical Activity and Obesity Prevention Program

Services affect general community and statewide population groups with no requirements for qualifying or eligibility. In cooperation with the University of Texas, School of Public Health at Houston, the School Physical Activity and Nutrition Survey Project has collected data to monitor the nutritional health status of Texas children since 2004.

F. Describe how your program or function is administered. Include flowcharts, timelines, or other illustrations as necessary to describe agency policies and procedures. Indicate how field/regional services are used, if applicable.

Special Supplemental Nutrition Program for Women, Infants, and Children

The FCHS Division, Nutrition Services Section administers the WIC program. The Nutrition Services Section formulates, implements, and monitors all rules, policies, and business decisions concerning the program. Nutrition Services staff has authority to deal directly with the federal grantor, the USDA, and completes and submits the federally required annual State Plans of Operations and required financial reports. The Nutrition Services Section ensures compliance with the financial, administrative, and programmatic aspects of the program, especially through its contracts with local service providers. Budget oversight of what allowable and reasonable expenditure, both central and local, is a key responsibility of Nutrition Services staff.

Nonprofit local agencies under contract to DSHS are the primary providers of WIC direct client services. Local agencies include LHDs and health districts, community action agencies, hospitals, state universities, and city and county governments. In the past, four DSHS health service regions (HSRs) performed as local agencies and provided WIC services. In fiscal year 2013, DSHS outsourced WIC services in these four HSRs to other WIC local agencies. There are now 67 local agencies.

Local agencies certify client eligibility, including assessing clients for health and nutritional risks; provide nutrition education and breastfeeding promotion; coordinate health care and referrals; issue food benefits; assist with authorization of grocery stores where clients redeem their food benefits; and conduct outreach for the program. Services are available in every county at approximately 550 clinics.

The DSHS WIC Policy and Procedures manual is available for review online at:

http://www.dshs.state.tx.us/wichd/policy/table_of_contents.shtm.

WIC has organizational charts and descriptions of units for review located at:

<http://www.dshs.state.tx.us/orgchart/fchs.shtm>.

Nutrition, Physical Activity, and Obesity Prevention Program

The DCP Services Division, Health Promotion and Chronic Disease Prevention Section administers the NPAOP Program. Central office staff and a statewide network of partnership agencies, organizations, and groups implement these programs and activities.

G. Identify all funding sources and amounts for the program or function, including federal grants and pass-through monies. Describe any funding formulas or funding conventions. For state funding sources, please specify (e.g., general revenue, appropriations rider, budget strategy, fees/dues).

Funding Source	Amount
Federal	\$524,461,635
General Revenue	\$0
General Revenue-Dedicated	\$206,840,000
Other	\$24,000,000

H. Identify any programs, internal or external to your agency, that provide identical or similar services or functions to the target population. Describe the similarities and differences.

WIC - Internal Programs

Name	Similarities	Differences
NPAOP Program	NPAOP focuses on community-based interventions that promote policy and environmental changes in order to make healthy eating and physical activity easy choices. Both WIC and NPAOP are trying to improve the nutrition and increase the physical activity levels of Texans.	WIC is a clinically based program that focuses on nutrition education, referral to healthcare services, and the provision of healthy foods for a defined low-income population (pregnant and postpartum women, infants, and very young children). NPAOP works through community-based organizations that can influence all parts of the populations. NPAOP does not offer client-level education or clinical services.

WIC - External Programs

Name	Similarities	Differences
Commodity Supplemental Food Program (CSFP) administered by TDA	CSFP also provides supplemental foods, has a common funding source (USDA), and provides services to low-income pregnant and postpartum women and children.	CSFP serves children up to age six, while WIC services end at age five. CSFP serves non-breastfeeding postpartum women up to one year, while WIC services end at six months postpartum, if the women is not breastfeeding. CSFP serves persons over age 60, while WIC serves women in their childbearing years. CSFP issues commodity foods, while WIC issues a smart card redeemable in over 2100 grocery stores statewide. CSFP caseload is

Name	Similarities	Differences
		approximately 12,750, while the WIC caseload is over 900,000. CSFP operates in 12 counties only, while WIC operates statewide.

I. Discuss how the program or function is coordinating its activities to avoid duplication or conflict with the other programs listed in Question H and with the agency’s customers. If applicable, briefly discuss any memorandums of understanding (MOUs), interagency agreements, or interagency contracts.

According to 7 C.F.R., Parts 246 and 247, clients may not receive benefits from both WIC and CSFP administered by TDA. The two programs are required to enter into a written agreement to ensure the prevention, detection, and sanctioning of illegal dual participants. A memorandum of understanding is currently in effect between DSHS and TDA.

In 2008, DSHS identified obesity as a tier-one priority initiative to the agency. At that time, DSHS formed the Obesity Workgroup to collaborate across divisions to enhance DSHS efforts toward obesity prevention. The workgroup is comprised of representatives from DSHS WIC; the Office of Title V and Family Health, Research and Program Development Unit; and the DSHS NPAOP Program. Through cross-divisional collaboration, this group is able to leverage resources and avoid duplication of efforts, ultimately increasing internal capacity to prevent obesity across the agency.

Chapter 114, Texas Health and Safety Code, created the Interagency Obesity Council during the 80th Legislature, Regular Session, 2007, to address nutrition and obesity prevention among children and adults. The council comprises the commissioners of the DSHS, TDA, and the Texas Education Agency. The council serves to enhance communication and coordination of obesity prevention across agencies, and acts as a forum to guide future planning around obesity prevention, health promotion, and improved nutrition.

J. If the program or function works with local, regional, or federal units of government include a brief description of these entities and their relationship to the agency.

Special Supplemental Nutrition Program for Women, Infants, and Children - Local Units of Government

Name	Description	Relationship to DSHS
LHDs, health and hospital districts, and city and county governments	These entities are WIC service providers.	These entities are DSHS sub-recipient contractors for WIC.

Special Supplemental Nutrition Program for Women, Infants, and Children - Federal Units of Government

Name	Description	Relationship to DSHS
USDA	USDA is responsible for administering WIC at the national and regional levels.	USDA provides oversight, guidance, and grant funding for WIC.

Nutrition, Physical Activity, and Obesity Prevention Program - Local Units of Government

Name	Description	Relationship to DSHS
City of Austin Health Department	The City of Austin Health Department conducts pilots for restaurant portion control program (Tex-Plate) and Nutrition Environment Measures Assessment Tool.	DSHS partners with the City of Austin Health Department to address nutrition-related disparities in low socioeconomic neighborhoods.
City of Austin Health and Human Services	City of Austin Health and Human Services has one of the NPAOP-funded community projects. The project involves developing a community needs assessment to identify existing nutrition services and programs, and developing a plan to promote the availability of affordable healthy foods and beverages and supporting healthy food and beverage choices.	City of Austin Health and Human Services is a DSHS contractor funded through an Exceptional Item and Title V and selected through the competitive request for proposal (RFP) process.
City of Henderson	City of Henderson has a NPAOP-funded community project to establish a farmers' market with a permanent venue, prohibit advertising of unhealthy foods at all city parks, and provide meeting space at the farmers' market for conducting healthy food consumption seminars.	City of Henderson is a DSHS contractor funded through an Exceptional Item and Title V and selected through the competitive RFP process.
City of Houston Health and Human Services	The City of Houston Health and Human Services has a NPAOP-funded community project to establish farmers' markets in Neighborhood Wellness	The City of Houston Health and Human Services is a DSHS contractor funded through an Exceptional Item and Title V and selected through the competitive

Name	Description	Relationship to DSHS
	regions, food desert communities, and multi-service centers in various Houston communities.	RFP process.
City of San Antonio Metropolitan Health District	City of San Antonio Metropolitan Health District has a NPAOP-funded community project. Within a targeted area of Bexar county, the project implements nutrition standards and portions in city-sponsored afterschool sites and nutrition guidelines and portions in restaurants. The project also plans to implement at least one fruit and vegetable direct access/Farm to Work project.	City of San Antonio Metropolitan Health District is a DSHS contractor funded through an Exceptional Item and Title V and selected through the competitive RFP process.

K. If contracted expenditures are made through this program please provide:

- a short summary of the general purpose of those contracts overall;
- the amount of those expenditures in fiscal year 2012;
- the number of contracts accounting for those expenditures;
- top five contracts by dollar amount, including contractor and purpose;
- the methods used to ensure accountability for funding and performance; and
- a short description of any current contracting problems.

DSHS established contracts in this program for the following:

- nutrition services;
- interpreter services;
- translation services;
- media production services;
- audio visual presentation development;
- outreach and referral services in the colonias;
- launch of a collaborative quality improvement project with Texas hospitals to improve maternity care practices;
- nutrition, physical activity, and obesity prevention; and
- training of medical and public health professionals.

Amount of contracted expenditures in fiscal year 2012: \$163,886,391
 Number of program contracts: 822 (includes contract without expenditures)

The top five contracts for the program are as follows.

Amount Expended FY 12	Contractor	Purpose
\$13,723,922	City of Dallas	WIC services
\$10,123,468	Hidalgo County	WIC services
\$9,818,354	City of Houston	WIC services
\$8,178,911	Harris County	WIC services
\$7,815,656	North Texas Home Health Service, Inc.	WIC services

To ensure accountability, the assigned contract manager monitors contract performance and takes action to resolve performance and compliance issues as needed. Additionally, staff in the Chief Financial Office audits each invoice to confirm accuracy. The accounting system includes edits to match invoices with purchase orders and verification of receipt of goods and services. Staff in the Chief Operating Office performs target financial compliance reviews and provides consultative services and technical assistance on financial management of contracts. DSHS uses an automated contract management system, SOURCE.Net, to document contractor information, contract management activities, and monitoring reports. The program has no known contracting problems.

L. Provide information on any grants awarded by the program.

DSHS awards grants in this program for the following services:

- determining eligibility for WIC,
- providing food instruments,
- providing appropriate nutrition education and counseling,
- promoting and educating on benefits of breastfeeding,
- collecting financial, health, and nutritional data, and
- determining participants access to health care and make appropriate referrals.

Using sub-recipient contracts, the program awards grants in the following manner:

- through competitive solicitations, and
- on an emergency or sole source basis when an approved emergency or sole source justification waives competition.

M. What statutory changes could be made to assist this program in performing its functions? Explain.

The program does not have any statutory changes to suggest.

N. Provide any additional information needed to gain a preliminary understanding of the program or function.

WIC is a nutrition services program intended to serve as an adjunct to good health care. The program operates on the premise that early food interventions during critical times of growth and development will improve the health status of participants and help prevent later health problems, thus saving costs for health care. In a 2006 rating of federal programs, the President's Office of Management and Budget (OMB) gave WIC an "effective" rating, the highest rating possible. Only 19 percent of federal programs received a rating of "effective." According to the White House report, "WIC has received the highest rating a program can achieve, because WIC has ambitious goals, achieves results, is well-managed, and improves program efficiencies." Evaluations provide strong evidence that WIC has a positive impact on the incidence of low birth weight and other key birth outcomes (which lead to savings in Medicaid costs), children's intake of key nutrients, and immunization rates. (Source <http://www.whitehouse.gov/omb/expectmore/rating/effective.html>)

The NPAOP Program focuses on community-based interventions that promote policy and environmental changes in order to make healthy eating and physical activity choices. Examples include increasing availability of fresh fruits and vegetables in inner city grocery stores, improving access to healthy foods at worksites, increasing neighborhood playgrounds where children can safely play and participate in more physical activity, promoting Safe Routes to schools, and making communities more walkable and bikeable.

Despite the fact that both the WIC and NPAOP programs are working to improve nutrition and increase the physical activity levels of Texans, each uses a different approach to achieve this common goal. WIC is a clinically based program that focuses on nutrition education with a specific target population; in contrast, NPAOP works through community-based organizations that can influence all parts of the population.

O. Regulatory programs relate to the licensing, registration, certification, or permitting of a person, business, or other entity. For each regulatory program, if applicable, describe:

- **why the regulation is needed;**
- **the scope of, and procedures for, inspections or audits of regulated entities;**
- **follow-up activities conducted when non-compliance is identified;**
- **sanctions available to the agency to ensure compliance; and**
- **procedures for handling consumer/public complaints against regulated entities.**

Not applicable.

P. For each regulatory program, if applicable, provide the following complaint information. The chart headings may be changed if needed to better reflect your agency's practices.

Not applicable.

VII. GUIDE TO AGENCY PROGRAMS - CONTINUED

A. Provide the following information at the beginning of each program description.

Name of Program or Function	Community Capacity Building
Location/Division	1701 North Congress - Family and Community Health Services (FCHS) Division
Contact Name	Evelyn Delgado, Assistant Commissioner, FCHS Division
Actual Expenditures, FY 2012	\$7,951,880
Number of Actual FTEs as of June 1, 2013	6.5
Statutory Citation for Program	Section 12.0127, Texas Health and Safety Code. Federal cooperative agreement cited in the U.S. Public Health Service Act, Section 42.

B. What is the objective of this program or function? Describe the major activities performed under this program.

The Community Capacity Building Program has the following primary objectives.

- Develop and enhance capacities for community clinical service providers and regionalized emergency healthcare systems.
- Develop and support capacities for community healthcare services to qualified individuals.

Major activities include the following.

County Indigent Health Care Program (CIHCP)

CIHCP provides technical assistance to public hospitals, hospital districts, and county-run programs on indigent health care, administers state assistance funds for counties, resolves eligibility disputes, provides on-site quality assurance reviews, and files medical and prescription claims through the Texas Medicaid and Vendor Drug contractors for counties that have certified indigent residents who retroactively become eligible for Medicaid. The program also establishes and posts payment rates and standards for basic and optional healthcare services, as well as provides training and technical assistance to counties.

Indigent Health Care Reimbursement Program

The Indigent Health Care Reimbursement Program reimburses the provision of indigent health services through the deposit of funds in the state-owned multi-categorical teaching hospital account for the University of Texas Medical Branch (UTMB) at Galveston.

Texas Primary Care Office (TPCO)

TPCO uses federal funds to improve access to comprehensive primary medical care, dental, and mental health services. Activities include designating Health Professional Shortage Areas (HPSAs) and Medically Underserved Areas (MUAs). Providers and clinics may be eligible for incentives in designated areas that will improve access to health care. These programs include state- and federally- funded loan repayment programs for health professionals. TPCO also provides technical assistance in the development of nonprofit organizations and public entities to meet the federal requirements to become a federally qualified health clinic (FQHC) or FQHC Look-Alike (an organization that meets all of the eligibility requirements of a FQHC, but does not receive federal grant funding). TPCO also oversees the Texas Conrad 30 J-1 Visa Waiver Program, which allows foreign physicians to remain in the United States if they practice in MUAs for three years. National Health Service Corps (NHSC) provides loan repayment assistance to primary care medical, dental, and mental health clinicians who agree to practice in an HPSA. A Health Resources and Services Administration (HRSA) cooperative agreement funds TPCO activities for this program.

C. What evidence can you provide that shows the effectiveness and efficiency of this program or function? Provide a summary of key statistics and performance measures that best convey the effectiveness and efficiency of this function or program.

The Community Capacity Building Program uses key statistics to determine the effectiveness and efficiency of the program.

Texas Primary Care Office

TPCO reports on four federal performance measures related to the number of obligated health professionals in underserved areas, expanding the number of approved sites for the NHSC, updating 551 HPSA designations, and providing technical assistance to communities and individuals to improve access to healthcare services.

FQHC Incubator Program

Initial federal grant awards for new FQHCs and the expansion of existing FQHCs total \$37.2 million, with an Incubator investment of \$25 million over five years. Federal funding becomes part of the FQHC's annual base grant funds. In 2011, the FQHC Incubator Program was defunded.

J-1 Visa Waiver Program

The J-1 Visa Waiver Program has recommended the maximum number of waivers each year since 2002. The total number of physicians placed in MUAs of the state is 311.

D. Describe any important history regarding this program not included in the general agency history section, including how the services or functions have changed from the original intent.

1990 – A court-ordered settlement, *Miram Pilson vs. Ronald Lindsey, et al.*, determines that the State is responsible for filing claims on behalf of counties for retroactive Medicaid Supplemental Security Income (SSI) payments.

1999 – The Legislature authorizes the transfer of funds for the Indigent Health Care Reimbursement Program into the state-owned multi-categorical teaching hospital account. This program is expected to contribute to the statewide goal of promoting the health of the people of the State of Texas by improving quality and accessibility of healthcare services.

2000 – HRSA implements the President’s Initiative, a five-year plan to support new and expanding FQHCs throughout the United States. A key component of this initiative is to double the number of people served by FQHCs by awards for new access points, service expansion, and expanded medical capacity.

2001 – House Bill 1018 allows DSHS to recommend up to 20 J-1 Visa Waivers per year, as authorized under the federal Conrad 20 Program, for physicians requesting an expedited license, and who intend to practice in an eligible area (the four counties served by the Valley Regional Academic Health Center), in a specialty required for accreditation, or employed as faculty.

2003 – Senate Bill 610 establishes the FQHC Incubator Grant Program to support the expansion and development of FQHCs in Texas. House Bill 585 expands the Texas J-1 Visa Program to the entire state and increases the number of waivers DSHS may recommend from 20 to 30 per year. The Legislature also passes a rider stipulating that no county could receive more than 35 percent of the appropriated county indigent healthcare funds during the 2004-05 biennium. Additionally, the Legislature directs DSHS to distribute funds to eligible counties for at least 90 percent of the actual payments for healthcare services, after the county reaches the 8 percent expenditure level.

2005 – Senate Bill 44 re-establishes the Indigent Health Care Advisory Committee until September 1, 2007. A rider also stipulates that no county could receive more than 20 percent of the appropriated county indigent healthcare funds in the 2006-07 biennium.

2007 – The Legislature limits the amount of state assistance any one county may receive through county indigent healthcare funds to no more than 10 percent of the total state assistance funds. The Legislature also adds special restrictions related to indigent patients from Galveston, Brazoria, Harris, Montgomery, Fort Bend, and Jefferson counties receiving care from the UTMB teaching hospital.

2009 – The Legislature permits distribution of county indigent healthcare funds exceeding the 10 percent allocation limit, if there are no counties below the limit eligible for additional funding. House Bill 2154 changes the tax rate for smokeless tobacco to support and expand the Physician Education Loan Repayment Program.

2012 – The Legislature provides no new funds for the FQHC Incubator Program, although some contracts continue through August 31, 2012. TPCO continues to provide technical assistance to FQHCs, Look-Alikes, and organizations interested in becoming an FQHC.

2013 – The Legislature passes provisions to allow counties to credit Intergovernmental Transfers (IGTs) toward up to four percent of their eligibility for state assistance through CIHCP if the county commissioner’s court determines that the IGT was expended on eligible residents for eligible services.

E. Describe who or what this program or function affects. List any qualifications or eligibility requirements for persons or entities affected. Provide a statistical breakdown of persons or entities affected.

County Indigent Health Care Program

Counties not covered by a public hospital or hospital district that provide health care to county residents whose income level is at or below 21 percent federal poverty level (FPL) and who are not eligible for Medicaid programs can request reimbursement for some of these costs from the state assistance funds. There are 143 county-run programs, 136 hospital districts, and 19 public hospitals that locally administer the program. Of the county-run programs, an average of about 10 counties request and receive state assistance funds each fiscal year. In fiscal year 2012, eight counties received state assistance funds for providing services to 1,583 clients.

Indigent Health Care Reimbursement Program

In fiscal year 2012, the Indigent Health Care Reimbursement program provided \$5,750,000 to UTMB at Galveston for unpaid healthcare services provided to indigent patients.

FQHC Incubator Program

The FQHC target population is persons whose income is below 200 percent FPL and who are residing in an MUA. An FQHC is required to provide primary and preventive care, dental, behavioral health, and substance abuse services across the life span regardless of a person’s ability to pay for services. For those patients who receive Medicaid and Medicare benefits, the federal government reimburses an FQHC (and FQHC-Look Alike) based on actual operating costs. The FQHC Incubator Program supports FQHCs to expand services or become federally grant-funded to serve the underserved population. Although the Legislature did not fund the program in 2011, the program’s statutory language remains in place, should funding become available in the future.

J-1 Visa Waiver Program

There are 87 physicians currently fulfilling three-year service obligations, practicing in 25 federally- designated MUAs or HPSAs.

Recruitment and Retention Assistance

The combined loan repayment programs benefit medically underserved people in Texas by incentivizing qualified healthcare professionals to provide health care in critical shortage areas. The total number of health professionals that can enroll in the state-funded programs each year is 100, with each serving a four-year obligation. In 2011, due to a funding loss, DSHS eliminated some of the loan repayment program, and the Texas Higher Education Coordinating Board began administering the program. Although the TPCO no longer administers this program, it serves as the liaison for HRSA and provides technical assistance to the program.

F. Describe how your program or function is administered. Include flowcharts, timelines, or other illustrations as necessary to describe agency policies and procedures. Indicate how field/regional services are used, if applicable.

The FCHS Division administers all Community Capacity Building activities, except the Indigent Health Care Reimbursement Program, which the Chief Financial Officer (CFO) administers.

Indigent Health Care Reimbursement Program

Central office staff in the CFO Office provides technical assistance and processes monthly reimbursement claims for this program. DSHS may use Indigent Health Care funds to reimburse UTMB for providing healthcare services to indigent patients from all counties, except indigent patients from Galveston, Brazoria, Harris, Montgomery, Fort Bend, and Jefferson counties. In these counties, DSHS may only use the funds if the eligibility levels of those counties' County Indigent Health Care Program or hospital district income exceed the statutory minimum set for CIHCP.

County Indigent Health Care Program

The FCHS Division, Community Health Services Section, Primary and Preventive Care Unit administers CIHCP. Program and contract support staff is located at DSHS central office in Austin. Central office CIHCP staff provides technical assistance and training, audits Medicaid Supplemental Security Income (SSI) claims, processes reimbursement requests to counties, files medical claims on behalf of counties, and reviews monthly expenditure reports for county-run programs. In addition, the program provides matching funds to eligible counties who expend greater than eight percent of their tax levy on qualified medical services to eligible county residents. The CIHCP policy/procedure manual is available for review at: <http://www.dshs.state.tx.us/cihcp/>.

Texas Primary Care Office

TPCO administers federal funds for healthcare shortage designations through a cooperative agreement with the HRSA and the Conrad 30 J-1 Visa waiver Program. Program and support staff is located at the DSHS central office in Austin.

J-1 Visa Waiver Program

The J-1 Visa Waiver Program receives applications from physicians in September each year. The program makes visa recommendations to the U.S. Department of State in accordance with federal legislation. TPCO monitors the J-1 Visa Program through site visits and phone calls to physicians and employers. The J-1 Visa Waiver website is:

<http://www.dshs.state.tx.us/chpr/j1info.shtm>.

Recruitment and Retention Assistance

The federally and state-funded loan repayment programs assist health professionals, clinics, hospitals, and healthcare providers to improve access to healthcare services. Texas Higher Education Coordinating Board administers the state-funded loan repayment programs. TPCO provides technical assistance and information regarding federal and state loan repayment programs for both providers and potential healthcare organizations that may be an appropriate placement. The TPCO, Recruitment and Retention website is:

[http://www.dshs.state.tx.us/chpr/TPCO INFO.shtm](http://www.dshs.state.tx.us/chpr/TPCO_INFO.shtm) and www.txlrp.org.

The program has organizational charts and descriptions of units for review located at: <http://www.dshs.state.tx.us/orgchart/fchs.shtm>.

G. Identify all funding sources and amounts for the program or function, including federal grants and pass-through monies. Describe any funding formulas or funding conventions. For state funding sources, please specify (e.g., general revenue, appropriations rider, budget strategy, fees/dues).

Funding Source	Amount
Federal	\$120,578
General Revenue	\$581,302
General Revenue-Dedicated	\$5,750,000
Other	\$1,500,000

State legislation authorizes funding the Texas Conrad 30 J-1 Visa Waiver Program to collect application fees for support of the program. Application fees net \$76,000 per year.

H. Identify any programs, internal or external to your agency, that provide identical or similar services or functions to the target population. Describe the similarities and differences.

No internal or external programs provide similar services or functions.

I. Discuss how the program or function is coordinating its activities to avoid duplication or conflict with the other programs listed in Question H and with the agency's customers.

If applicable, briefly discuss any memorandums of understanding (MOUs), interagency agreements, or interagency contracts.

CIHCP staff provides training to county and hospital staff regarding the differences between Medicaid and CIHCP eligibility requirements.

J. If the program or function works with local, regional, or federal units of government include a brief description of these entities and their relationship to the agency.

County Indigent Health Care Program - Local Units of Government

Name	Description	Relationship to DSHS
Local health departments (LHDs)	LHDs administer the indigent healthcare program, provide referrals for indigent care services, and/or provide indigent care services.	CIHCP provides technical assistance on eligibility and payment standards by statute.
Hospital districts	Hospital districts have a statutory obligation to administer the indigent care program in their service areas and to provide indigent care services.	CIHCP provides technical assistance on eligibility and payment standards by statute.
Local county officials	Local county officials (such as judges, auditors, and treasurers) oversee the administration of the county indigent healthcare program.	DSHS provides technical assistance on eligibility and payment standards by statute. Counties exceeding eight percent General Revenue tax spending receive state assistance funds.

FQHC Incubator Program - Local Units of Government

Name	Description	Relationship to DSHS
LHDs, hospital districts, and health districts	These entities seek the guidance of TPCO in converting clinics to FQHC status.	LHDs and other public entities may be eligible to become FQHCs, but may need assistance with meeting the federal program requirements. For example, dental and behavioral health services are FQHC requirements not usually offered by LHDs, public hospitals, or hospitals districts.

FQHC Incubator Program - Federal Units of Government

Name	Description	Relationship to DSHS
HRSA, Bureau of Health Professions, Bureau of Clinician Recruitment Services (BCRS) and Bureau of Primary Health Care	The HRSA bureaus support state level infrastructure building activities to measure and improve access to primary healthcare services.	Through a cooperative agreement with TPCO, each of the HRSA bureaus support improving access through measurement of underserved and provider shortage areas, resources to recruit and retain health professionals who serve the underserved, and funding for FQHCs. Funding to DSHS supports these activities while HRSA directly funds participants and organizations that employ providers and serve as safety net sites.

J-1 Visa Waiver Program - Federal Units of Government

Name	Description	Relationship to DSHS
U.S. Department of State (DOS) and U.S. Department of Homeland Security (DHS)	DOS receives J-1 Visa Waiver applications to review and recommends the waiver to DHS.	TPCO makes a request though the DOS to recommend an H-1B visa to the DHS, which allows employers to employ temporarily foreign workers in specialty occupations.

Recruitment and Retention Assistance - Federal Units of Government

Name	Description	Relationship to DSHS
HRSA, BCRS, NHSC	HRSA BCRS administers the NHSC Scholarship and Loan Repayment Programs as national initiatives to increase access to healthcare professionals.	TPCO receives grant funding from HRSA for this program. TPCO markets the NHSC program, facilitates the site and provider applications, and serves as the state liaison to the program.

- K. If contracted expenditures are made through this program please provide:**
- a short summary of the general purpose of those contracts overall;
 - the amount of those expenditures in fiscal year 2012;
 - the number of contracts accounting for those expenditures;
 - top five contracts by dollar amount, including contractor and purpose;
 - the methods used to ensure accountability for funding and performance; and
 - a short description of any current contracting problems.

TPCO has no contracted expenditures due to a discontinuation of the FQHC Incubator Program. CIHCP does not operate on a contractual basis. The Indigent Health Care Reimbursement Program provided \$5,750,000 to UTMB Galveston for unpaid healthcare services provided to indigent patients in fiscal year 2012.

L. Provide information on any grants awarded by the program.

The program does not award grants.

M. What statutory changes could be made to assist this program in performing its functions? Explain.

DSHS suggests the following statutory change to assist the program in performing its functions.

Chapter 61, Texas Health and Safety Code – The program recommends adding compliance or enforcement language to this statute for reporting the provision of indigent health care in Texas. Currently, there is no reporting requirement, so the data are incomplete.

N. Provide any additional information needed to gain a preliminary understanding of the program or function.

The preceding discussion is sufficient to gain a preliminary understanding of the program.

O. Regulatory programs relate to the licensing, registration, certification, or permitting of a person, business, or other entity. For each regulatory program, if applicable, describe:

- why the regulation is needed;
- the scope of, and procedures for, inspections or audits of regulated entities;
- follow-up activities conducted when non-compliance is identified;
- sanctions available to the agency to ensure compliance; and
- procedures for handling consumer/public complaints against regulated entities.

Not applicable.

P. For each regulatory program, if applicable, provide the following complaint information. The chart headings may be changed if needed to better reflect your agency's practices.

Not applicable.