

AGENDA ITEM 45

Consider approving Interlocal Agreement for mental health services between Williamson County and Kerr County.

Agenda Item 45 was moved to the meeting of June 1, 2004.

AGENDA ITEM 46

Discuss and take appropriate action regarding Health Advisory Committee's review and recommendations of the County's contract with community clinics.

Karen Wilson, R.N., of the Williamson County and Cities Health District, and Kathy Grimes, addressed the Court.

Moved: **Commissioner Hays**

Seconded: **Commissioner Birkman**

Motion: To approve increased funding from \$20 per un-insured patient visit to \$30 per un-insured patient visit for the community clinics which are, in Precinct One, Round Rock Clinic, in Precinct Two, Samaritan Health Ministries, in Precinct Three, Georgetown Community Clinic, and in Precinct Four, John's Community Clinic.

Vote: **5 – 0**

AGENDA ITEM 47

Discuss and take appropriate action regarding funding for the Georgetown Community Clinic.

Kathy Grimes addressed the Court regarding the Georgetown Community Clinic, which is working to receive federal funding to become a hub-clinic. Should this status be obtained, federal funding would bring in an extra \$1.0 million to \$1.5 million to the County. She explained that a gap exists in the needed funding to obtain this status, and that \$250,000 from the County, in addition to monies received elsewhere, would be sufficient.

Members of the Board in attendance were Jack Hunicutt, Carol Woods, Faye Johnson, Bill Baggett, Marjorie Herbert, Jane Shepherd, Gary Nelon, Doug Smith, Jodi Steger, and Doug Benold.

Moved: **Commissioner Hays**

Seconded: **Commissioner Birkman**

Motion: To approve \$250,000 from "the tobacco money" in funding for the Georgetown Community Clinic, pending receipt of a letter from the Department of Health and Human Services awarding Federally Qualified Health Centers (FQHC) look-alike status.

Vote: **5 – 0**

< Attachment >

Community Clinics

Contract Review

&

Recommendations

May 25th, 2004

Prepared by Karen Wilson, Sharon Hinderer & Kathy Grimes

Index

1. Community Clinic Services Report & Recommendations.
2. County Payments to Clinics; Contract Caps; and Balances.
3. Tobacco Account Financial Statement.
4. Frequently Asked Questions RE: Tobacco Settlement.
5. Facts on Williamson County Indigent Health Care Program.
6. Medicaider Program – New Client Interviews Report.
7. Georgetown Community Clinic Fact Sheet.
8. Application Response Letter from Dept. of Health & Human Services RE: Application for Federal Grant.
9. Letter from Congressman John R. Carter.
10. GCC Transitional Budget Summary.

**COMMUNITY CLINIC SERVICES
REPORT TO COMMISSIONERS
May 17, 2004**

SUMMARY: The Williamson County Commissioners' Court has funded four community-based clinics on a partial cost reimbursement basis, called the Community Clinic Services (CCS), in the Fiscal Year 2003-2004. This document represents a report of the first two quarters. In addition, the circumstances of the Georgetown Community Clinic have changed during this time and are reported upon herein.

I. THE COMMUNITY CLINICS' REPORT

A. Who and what: Williamson County has made tremendous strides in protecting the health and welfare of our residents by helping support our four community clinics: Round Rock Health Clinic in Precinct #1; Samaritan Health Ministries in Precinct #2; Georgetown Community Clinic in Precinct #3; and The Health Center at Johns Community Hospital in Precinct #4. Patients eligible for CCS funding assistance must meet three (3) criteria: 1) have income less than 150% of the Federal Poverty Income Level (FPIL), 2) be ineligible for other funding programs such as Medicaid and CHIP, and 3) be a resident of Williamson County.

B. Why: By insuring that our County's working poor residents have medical homes and can receive health care, we are helping to keep them productive members of our community and helping to keep their children healthy and able to learn. With the increasing costs of medical care and the growing number of uninsured, it is vital to our County to help keep the Community Clinics open.

C. Program Evaluation: The committee appointed by Commissioners' Court of Karen Wilson, Sharon Hinderer, and Kathy Grimes recently reviewed the contracts and operations of the four Community Clinics.

- It is our finding that the funding allocated to the Clinics through the County's Tobacco Money Account has been well spent and according to the specifications established by the Commissioners' Court.
- In the first six months of the contract, which renews in October, the four Clinics have screened 1,628 individuals (27% children and 73% adults) using the computerized eligibility screening tool, Medicaider. Through the Medicaider program, the Clinics have successfully identified other sources of payment for 37.2% of those interviewed. 46.8 % met the criteria for CCS and 16% were ineligible because their income was over 150% of the FPIL or they live outside Williamson County.
- The numbers of unduplicated patients screened and reported in this document underrepresents the numbers served by the Clinics because the Medicaider program was not in full use until the 2nd quarter.

D. Program Administration/Quality Assurance: Through the administration of the Community Clinic Services program by the Williamson County and Cities Health District (WCCHD), numerous checks and balances have been put in place to assure wise and correct use of County money. Some of these include:

- Auditing every bill that comes in from the Clinics to verify that the patient is eligible for the County CCS program and that all terms of the County's contract with the Clinics have been met.
- No bills are paid until this process has taken place.
- WCCHD conducts at least three times yearly on-site clinical and business reviews at the Clinics to assure that visits billed are documented in the patient's chart and that quality care and proper documentation took place during the visit.
- Registered nurses review patient charts to make sure that appropriate medical procedures, testing, and patient education are occurring.
- WCCHD has also provided and continues to provide technical training and assistance in areas such the Medicaid program and support on how to raise the percentage of patients that are signed up with other payment sources or programs such as Medicaid and CHIP.

SIX-MONTH STATUS RECOMMENDATION: With the rising costs of medical visits and increasing prescription drug costs an average visit costs the Clinics >\$80.00 of which the County pays \$20.00 for patients that are uninsured and ineligible for other programs. With a less robust economy, it has become ever more difficult for the Clinics to raise the additional \$60.00 that the County does not provide. Therefore, the committee, after reviewing the contracts and Clinics' service delivery data, recommends that the County amend the contract amount from \$20.00 per uninsured visit to \$30.00.

II. GEORGETOWN COMMUNITY CLINIC: Status Report and Request

A. What: The County is also on the cusp of another important event that will improve the lives of our residents and financially help our County. The Georgetown Community Clinic (GCC) has applied and made tremendous strides to become a Federally Qualified Health Center (FQHC).

- In order to be considered for an FQHC designation, GCC has put in place the following services: physicians and nurses to provide an excellent medical home to our residents that have no other financial means to receive medical care; after hours nursing advice through phone consultation; 24/7 hospital coverage for all Clinic patients provided by Clinic physicians; a psychiatrist to consult with the primary care doctors that will better enable them to provide behavioral health care for the increasing number of residents that are unable to receive mental health treatment due to State cuts in spending; a dentist to provide dental treatment in fully equipped dental rooms; and a Class D pharmacy.
- As you can see from the letter from Congressman Carter's office (attached), the Georgetown Community Clinic is certain to receive a federal "look-alike" status any day.
- When the Georgetown Clinic receives the look-alike status, the amount that Medicaid pays for a patient visit will increase from approximately \$25 per visit to between \$100 and \$125 per visit. Assuming that the Clinic does not grow, which is unlikely, using their current patient load, enhanced reimbursement rates would

bring approximately \$1,000,000 in federal funds into the County for the treatment of its uninsured residents. With growth of the Clinic that number is quickly expected to grow to approximately \$1,500,000 in additional federal funds per year.

B. More: Even more optimistic news is the written report received from the federal government giving comments on the GCC and its total points received in the 330 (full FQHC) grant application.

- The Georgetown Community Clinic received 98 points and was the second highest grant application out the 257 applications received throughout the nation.
- Had the clinics in this disbursement not been limited to clinics focusing on homeless and immigrants, GCC would have received status as a full federally funded 330 clinic in the May, 2004 funding round.
- The federal government has approved the full 330 status as noted in the written report from the Federal Department of Health & Human Services, Bureau of Primary Health Care on the Clinic's application, and it is expected that GCC's application will be selected for funding early fall 2004.
- The funding for the full 330 status should begin in November of 2004.

C. Benefits of full 330 status: When full 330 clinic status is obtained, the benefits to Williamson County increase substantially.

- When a clinic receives full status, they receive up to an additional \$650,000 for operation in addition to the higher reimbursement rate.
- With the full 330 status also comes reduced prescription drug charges (40% of retail costs), tort protection which reduces/eliminates malpractice insurance costs for providers, and federally funded student loan repayment programs to aid in recruiting new providers.
- In addition, there is the possibility that the other Community Clinics could achieve satellite status and also receive the enhanced federal benefits and funding.
- More importantly, by helping the Georgetown Community Clinic obtain federal 330 status, we are helping them become self-sufficient and making it unnecessary for them to come back to the County for funding assistance every year to just keep their doors open.
- This is an important safety net for our County and it is a key component in helping to solve our medical and mental health crisis.

WILLIAMSON COUNTY AND CITIES HEALTH DISTRICT
COMMUNITY CLINIC SERVICES
FY 03-04 County Payments

Name *	10/03	11/03	12/03	1-04	2-04	3-04	4-04	YTD	CAP	Balance
THC	1,080			1,140	740	1760	80	4,800	16,100	11,300
GCC	6,720			6,460	2,560	7,100	1,700	24,540	163,640	139,100
RRHC	1,040	1,140		1,380	4,800	2,000	1,860	12,220	66,600	54,380
SHM				3,200	1,660	680	380	5,920	34,000	28,080
TOTALS	8,840	1,140		12,180	9,760	11,540	4,020	47,480	280,340	232,860

Legend:

THC = The Health Clinic at Johns Community Hospital
GCC = Georgetown Community Clinic
RRHC = Round Rock Health Clinic
SHM = Samaritan Health Ministries (Cedar Park)

Eligibility Requirements:

Be a Williamson County resident
Have income under 150% FPL
Be ineligible for another payment
source for health care

Explanation: These figures represent county payments of \$20 per eligible client visit seen at the clinics. The clinics were not fully automated and trained to use Medicaid to determine eligibility until January and February, 2004. Prior to Medicaid, there was a cumbersome paper process which was clearly omitted by some clinics as evidenced by the blank months on this chart. These numbers do represent the total county payments to date for Community Clinic Services. These numbers do not represent all clients seen by the clinics, where services may be offered free, paid by a different payment source and therefore not screened by Medicaid, etc.

TOBACCO ACCOUNT

The tobacco lawsuit settlement was for approximately \$2.3 billion. Of this amount, \$450 million was deposited into a "lump sum trust account" by the tobacco companies in January 2000. The remainder, approximately \$1.8 billion, is being deposited into a "permanent trust account" and local entities will receive earnings from investment of the trust. The income earned through investment of the permanent trust fund was distributed for the first time in April 2001 and will be distributed in April of each succeeding year. The amount of the annual distribution to local political subdivisions from this fund will depend on the size of the corpus during the preceding year and the income resulting from investment of the fund. Only the earnings will be distributed. The corpus of the fund will remain in the permanent trust account.

Below is a list of the money the County has received from the tobacco lawsuit settlement.

Initial Deposit	\$2,464,620.45
April, 2000	363,469.27
April, 2001	292,144.77
April, 2002	90,001.43
April, 2003	114,873.00
April, 2004	<u>163,473.41</u>
	\$3,488,582.33

INTEREST:

1999	\$ 86,452.07
2000	99,748.70
2001	195,928.03
2002	72,345.99
2003	47,460.96
2004	<u>21,631.76</u> (Through April, 2004)
	\$523,871.16

Payments from Participating Entities in Clearwater Research Study:

1999 Seton Hospital	\$ 3,500.00
1999 Georgetown Healthcare	3,500.00
1999 Columbia-Round Rock	3,500.00
1999 Johns Community Hospital	<u>1,000.00</u>
	\$11,500.00

Total Revenues \$4,023,953.49

Money Paid out from the Tobacco Money:

1999	\$ 16,392.00	½ of Clearwater Research Assessment
2000	16,392.00	2 nd half of Clearwater Research Assessment
2000	35,000.00	Clean Air Force of Central Texas
2001	- 0 -	
2002	- 0 -	
2003	64,575.00	Georgetown Community Clinic (Agreement capped at \$99,765)
2003	35,190.00	Georgetown Community Clinic (Agreement paid in full)
2003	50,000.00	Temple College
2003	380.00	P & K True Value/Lawnmower Exchange
2003	1,333.00	Environmental Strategies/Lawnmowers
2003	6,273.00	Home Depot/Lawnmower Exchange
2003	15,000.00	Medicaider Program/ICC
2003	1,080.00	Johns Community Clinic (Oct. 03-Oct. 04 Agreement/Cap \$14,000)
2003	6,720.00	Georgetown Community Clinic (Oct. 03-Oct. 04 Agreement/Cap \$163,640)
2003	2,180.00	Round Rock Clinic (Oct. 03-Oct. 04 Agreement/Cap \$66,600)
2003	10,434.00	WMN. Co. Health District/Management
2004	3,640.00	Johns Community Clinic (Through March, 04/\$11,380 Remaining)
2004	16,120.00	Georgetown Community Clinic (Through March, 04/\$140,800 Remaining)
2004	8,180.00	Round Rock Clinic (Through March, 04/\$56,240 Remaining)
2004	5,540.00	Samaritan Health Ministries (Through March, 04/\$28,460 Remaining)
2004	<u>10,434.00</u>	WMN. Co. Health District/Management
Total Expenditures \$304,863.00		

Deposits from Tobacco Fund	\$3,488,582.33
Interest	523,871.16
Recaptured Survey Cost	<u>11,500.00</u>
TOTAL	\$4,023,953.49
Less deductions	\$ 304,863.00
Approximate Balance of Fund	\$3,719,090.49

*County has committed for the 2004 electric lawnmower program to P & K not to exceed \$3,000.00. Also, committed \$5,000.00 to the Clean Air Run held at County Park.

1. Who is qualified to receive a portion of the tobacco settlement proceeds?

Political subdivisions as defined in the Agreement Regarding Disposition of Settlement Proceeds (settlement agreement), dated July 18, 1998. These include "all hospital districts, other local political subdivisions owning and maintaining public hospitals, and counties of the State of Texas responsible for providing indigent care to the general public."

2. How can I determine whether a given political subdivision qualifies for tobacco funds under this definition?

Consult Chapter 61 of the Texas Health and Safety Code pertaining to the County Indigent Health Care Act.

3. How can I get a copy of the settlement agreement?

Click on this link for the Text of the Agreement or Contact Ms. Peggy Belcher at TDH, telephone (512) 458-7485, e-mail: peggy.belcher@tdh.state.tx.us

4. What is the total settlement amount for these local political subdivisions?

Approximately \$2.3 billion. Of this amount, \$450 million was deposited into a "lump sum trust account" and distributed to local entities. The remainder, approximately \$1.8 billion, is being deposited into a "permanent trust account" and local entities will receive earnings from investment of the trust.

5. What is the schedule for distribution of these proceeds and the amounts to be distributed?

The distribution schedule and amounts are as follows:

From Lump Sum Trust Account

January 1999	\$300 million
April 2000	\$100 million
April 2001	\$50 million

From Permanent Trust Account

April 2001 and succeeding years	Income earned by the permanent trust fund
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The tobacco companies paid approximately \$450 million into the permanent trust fund in January 2000. There is a schedule for additional annual payments into the fund by the tobacco companies, designed to increase the corpus of the fund to approximately \$1.8 billion by January 2003. The companies can reduce their payments if their domestic sales of tobacco decline in the preceding year.

The income earned through investment of the permanent trust fund was

distributed for the first time in April 2001 and will be distributed in April of each succeeding year. The amount of the annual distribution to local political subdivisions from this fund will depend on the size of the corpus during the preceding year and the income resulting from investment of the fund. Only the earnings will be distributed. The corpus of the fund will remain in the permanent trust account.

6. Who is responsible for managing the distribution process and the trust funds?

Under the settlement agreement, the Texas Department of Health (TDH) is responsible for certifying to the State Comptroller's Office the percentage of the annual distribution to be paid to each qualified recipient. The Comptroller is responsible for managing the trust funds and issuing the payments to local entities.

7. Which political subdivisions received a portion of the \$100 million distributed in 2001?

Approximately 300 local entities received a payment, including hospital districts, counties, and cities.

8. What was the basis for this distribution?

Unreimbursed health care services provided by political subdivisions.

9. May a political subdivision spend the money it receives from the tobacco settlement for any purpose it chooses?

Yes. The use of this money is unrestricted. The settlement agreement does not require that it be spent for a particular purpose.

10. What are some of the ways in which recipients intend to use the tobacco funds?

The uses vary widely, based on information received by the Texas Department of Health. However, most of the money is going toward health care, since the hospital districts are receiving the larger share of payments.

11. Is there any incentive for local entities to spend their tobacco funds on health care?

Yes, because all distributions, beginning in 2000, are based on their unreimbursed health care expenditures, as defined in the settlement agreement.

12. How are "unreimbursed health care expenditures" defined in the agreement?

For *counties*, they are defined as "all unreimbursed amounts, including unreimbursed jail health care, expended by such county for health care services to the general public during that year, plus 15% of that total."

For *hospital districts*, they are defined as "the total amount of taxes collected by the hospital district, together with the unreimbursed amounts expended by a county coterminous with such hospital district for jail health care."

For *non-hospital district public hospitals*, they are defined as "the total unreimbursed amount of political subdivision funds paid to such public hospital by any political subdivision during that year."

13. More specifically, for what kinds of services can a county expect to receive payment under the settlement agreement?

These must be for services such as a hospital district may provide. They will typically be diagnostic and treatment services for individuals. Health care education, outreach, screening, laboratory services, counseling, and case management may also be counted. Environmental services such as mosquito control, water testing, and septic tank inspection may not be counted. Expenditures for population-based regulatory services, such as restaurant inspection, must also be excluded.

14. Can a county include capital expenses, such as the cost of building a new station for emergency medical services (EMS), buying ambulances, or renovating a county hospital?

Yes, all of these expenses are claimable in order to receive tobacco funds.

15. Can a county include expendable medical supplies such as bandages, medications, and syringes?

Yes, medical supplies may be included, but administrative supplies, such as computer paper, can be counted only if they are used in support of health care services.

16. Can salary expenses for county personnel be included?

Yes, to the extent that these personnel deliver, or support delivery of, health care services.

17. Can a county include the expense paid to health care providers for the health care of county employees?

No, county expenditures on health care services for county employees cannot be included. The 15% add-on for general administration costs is intended to address this expense.

18. Can a county claim its unreimbursed expenditures for health care outreach and prevention efforts - including but not limited to radio and TV announcements, counseling, education, and the production and distribution of promotional literature? Typical target areas for such efforts include teenage smoking, child safety, and campaigns to promote public awareness of health hazards.

Yes, counties may claim these expenditures.

19. Can autopsies be claimed?

No.

20. Can program evaluation, such as ways to improve access to services with ADA compliance, be claimed?

Yes.

21. If a county has a contract with the local hospital to provide EMS services and also provides additional funds for the hospital's EMS shortfall, can the county include these expenditures?

Yes, you can count any unreimbursed expenditures by the county relating to health care, except for expenditures exclusively on behalf of county employees.

22. Please clarify the definition of "total amount of taxes collected by the hospital district" as stated on the hospital district expenditure statement. If a hospital district collects both property taxes and sales taxes, should the total of both taxes collected during the calendar year be reported or only property taxes?

You should include any taxes collected on behalf of the hospital district. You can also include collections of delinquent taxes due for a prior year, as well as any penalties and interest you collect related to your taxes. You may not include any special fees.

23. Please clarify category B (unreimbursed county expenditures for jail health care) on the hospital district expenditure statement.

If a county has spent funds out of its own budget for jail health care, then the county would report this amount to the hospital district. The hospital district would then include this amount on its expenditure statement. Expenditures for services such as transportation of inmates to doctor appointments can be counted. The relevant portion of the salary and benefits of a deputy sheriff who transports the inmate could also be counted. Also any medications, dental appointments, nursing time, etc., are allowable. However, if the county receives payment for the inmate's care from another county, for example, that payment would have to be subtracted from the claimed cost. In addition, the hospital district cannot include the cost of inmate hospital care that it provides on behalf of the county and for which the county does not pay. Only jail health care expenditures out of the county's budget are claimable.

24. What activities associated with a prisoner's mental competency hearing or commitment proceeding may be claimed?

Psychiatric exams can be claimed, but court costs and a deputy sheriff's time spent transporting a prisoner are not allowed.

25. Do tobacco settlement proceeds received for the prior calendar year need to be netted out against the expenditures being claimed on the most current statement?

No, you do not have to net them out. Counties can include unreimbursed expenditures on health care services that they make using tobacco settlement proceeds.

26. When determining the actual unreimbursed expenditures, can a county include an accrual which is an estimate of the amount of expenditures that have been incurred but not paid? Or should only the amount of cash expended and not reimbursed be included?

The Tobacco Settlement Distribution program works on a cash basis instead of accrual.

27. Who submits an expenditure statement when a new hospital district comes into existence the middle of the calendar year?

The county in which the hospital district is located should submit an expenditure statement for the period January 1 through the day prior to the effective date of the establishment of the hospital district. The hospital district should submit an expenditure statement for the period beginning on the date the hospital district was created through December 31. If the county transfers funds to the hospital district after the date the hospital district was established, the county cannot claim these monies on its expenditure statement.

28. What format should local entities use to submit their expenditures to TDH for reimbursement?

There is a required format for the expenditure statement. It differs for counties, hospital districts, and public hospitals not in a hospital district. The appropriate form for 2004 can be obtained by clicking on the links below.

Please Note You can view and print the pdf version of these forms using Adobe^(TM) Acrobat Reader, which is available free from the Adobe^(TM) web site. Alternatively, you can download and complete the MSWORD version of the files.

Adobe (.pdf) files	Word (.doc) files
County	County
Hospital district	Hospital district
Non-hospital district public hospitals	Non-hospital district public hospitals

29. What period should the expenditure statement cover?

Calendar year 2003.

30. What is the deadline for submission of the expenditure statement by a local entity to TDE

March 31, 2004.

31. When will the Comptroller's Office send tobacco payments to local entities?

By April 30, 2004.

32. Once TDH receives the expenditure statements, how will it apportion the available dollars among the local entities?

We'll add up eligible expenditures from all the statements to obtain a statewide total. Then we'll divide that total into the individual statement amount submitted by each entity. This will determine the percentage that the entity will receive out of the available tobacco funds for that year.

For example, if the total eligible expenses submitted by all entities in the state amount to \$1 billion and county X submits \$10 million in expenses, then the percentage for county X would be 1%. If \$50 million were available for distribution in 2004, county X would receive a payment for \$500,000.

33. Where can I get paper copies of the settlement agreement, Chapter 61 of the Texas Health and Safety Code (Indigent Health Care Act), and the expenditure statements?

Contact Ms. Peggy Belcher at TDH, telephone (512) 458-7485, e-mail peggy.belcher@tdh.state.tx.us. She is also available to answer any questions concerning the distribution of tobacco proceeds to local political subdivisions.

34. What expenditures may be claimed by a political subdivision that has sold its public hospital to a private company?

Note the following provision in the administrative rules for the distribution of tobacco settlement proceeds to political subdivisions [25 T.A.C. § 102.3(e)(1) & (2)]:

“(1) When a political subdivision has sold or leased its public health care facility (s) and accepted an agreement from the new owner or lessee of the facility(s) to provide indigent health care services, the political subdivision is receiving contracted services in lieu of cash as consideration for the sale or lease of the facility(s). In submitting its expenditure statement for the distribution, the political subdivision may claim the value of the health care services for indigent residents of the political subdivision performed by the purchaser or lessee of the facility as if they had been reimbursed using either the Medicaid Diagnosis Related Group (DRG) for the individual patients or the Medicaid interim rate for the facility.

(2) When a political subdivision has sold or leased its public health care facility (s) and accepted profits or payments in consideration of the sale or lease, additional non-tax operating funds may result from the profits or payments attributable to the sale or lease. These profits or payments may be used to fund ongoing operations, indigent care obligations, or other statutorily authorized expenditures not otherwise funded by taxes. The profits or payments from the sale or lease that are expended on operations, indigent care, or other statutorily authorized expenditures in any given calendar year are countable, in addition to tax collections received by a hospital district, as unreimbursed expenditures under the agreement. As a result, the expenditures claimable by a political subdivision are increased by the amount of non-tax funding the political subdivision has spent from its accounts containing the profits or payments

attributable to the sale or lease of the political subdivision's public health care facility(s), including the interest or investment proceeds from such profits or payments."

35. How can local political subdivisions give input to TDH regarding the distribution of tobacco settlement proceeds?

You can provide input through the Tobacco Settlement Permanent Trust Account Administration Advisory Committee. This committee was created by House Bill 1161 in the 1999 Texas Legislature. Click on this link to see [HB 1611](#), which lists the appointing authorities for the committee and describes the responsibilities of TDH in the distribution of tobacco funds. The committee will represent local political subdivisions and will assist TDH to develop program rules for the distribution of proceeds. [List of committee members and contact information:](#)



[Return to CHS Homepage](#)



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Last Updated April 26, 2004

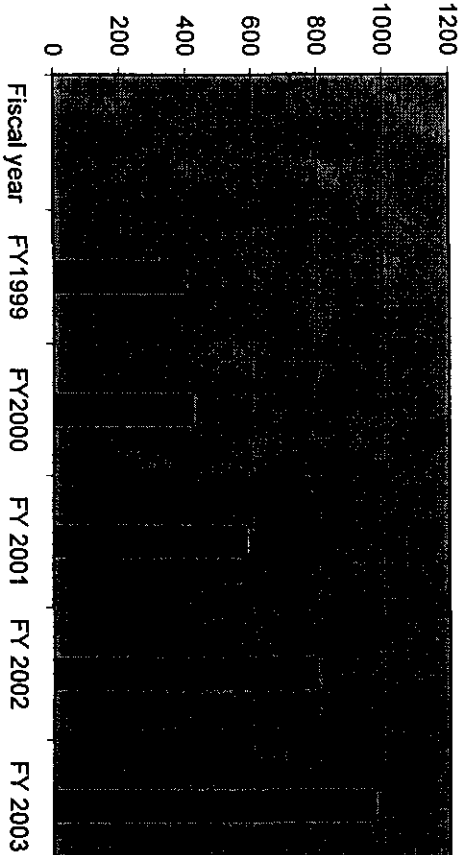
Legal Base: The County Indigent Health Care Program (CIHCP) was mandated by state legislation in 1985 and was implemented September 1, 1986. The Texas Department of Health is responsible for establishing minimal rules for CIHCP, based on the Temporary Assistance to Needy Families (TANF) program. House Bill 1398, passed in 1999, made the first major changes to this program.

Local Administration: Since the creation of the CIHCP program, Williamson County has contracted with Williamson County and Cities Health District (WCCHD) to administer eligibility, provider contracting, and bill payment. The Social Services Division of WCCHD performs these tasks.

- Purpose:** Medical coverage for people who are not eligible for Medicaid or other programs, who meet income and resource guidelines. (Income <25% Federal Poverty Level, resources <\$2000)
- Funded by:** General Revenue Tax Levy for Williamson County, as mandated by state law. Each county is liable for up to 8% GRTL annually.
- Services:**
- Medically necessary office visits
 - Laboratory and X-ray services
 - Specialist care upon referral from primary M.D.
 - Hospitalization (max. of 30 days or \$30,000/year)
 - Outpatient hospital care/emergency room
- Pharmacy:** -Three prescriptions/month (generic, if available)
- Exclusions:**
- Family planning services (offered by Community Health Services, our family planning agency)
 - Prenatal care (offered at WCCHD)
 - Dental services
 - Chiropractic services
 - Durable medical supplies, medical equipment
 - Other (please call us for specific questions)
- Eligibility:**
- White eligibility letters are given to clients on CIHCP, client to present to provider at each visit
 - Providers must call for eligibility verification (and authorization for non-routine services) for each visit.
- Procedures:**
- Clients are asked to designate a primary care physician at the time of certification, and to remain with that one physician.
 - Visits to a physician other than the designated provider will not be paid for by CIHCP unless prior arrangements have been made.
- Billing:** Bills to the attention of CIHCP, on a Health Insurance Claim Form. Bills must be submitted within 95 days from the date of service, or 95 days from the date of approval for the retroactive bills.
- Payment:**
- Bills are paid twice monthly, at a standardized fee-for-service rate, similar to Medicaid rates.
 - After processing, bills are sent to the County Auditor for Commissioners' approval and payment.

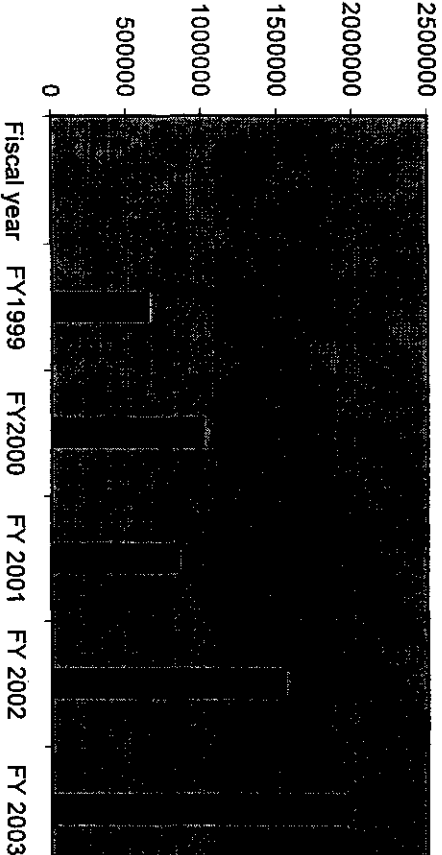
WILLIAMSON COUNTY & CITIES HEALTH DISTRICT
COUNTY INDIGENT HEALTH CARE PROGRAM

CIHCP CLIENT NUMBERS



Fiscal year	1999	2000	2001	2002	2003
Year					
Unduplicate	389	419	582	797	972
d Client					

CIHCP PROGRAM EXPENDITURES



Fiscal year	FY1999	FY2000	FY 2001	FY 2002	FY 2003
Total					
Expenditures	\$645,667	\$1,010,427	\$848,013	\$1,547,656	\$1,983,353

Williamson County
Community
Clinic Services

New Client Interviews on Medicaider, CCS FY
03-04

5/11/2004

HomeFindInterviewFollow-UpAnalyzeHelpLogout

View in ☐ a List ☐ Excel® ☒ Interviews Analysis ☐ Clients Analysis ☐ Contacts Analysis ☐ Tracks Analysis ☐ Payments Analysis ☐ Services Analysis

This page displays various analyses of the selected group of Interviews. Use these analyses to learn more about that group of Interviews or the Clients and other items associated with it. Use the categorization in the analyses to filter the group of Interviews to give more detail.

Interviews Analysis:

Overview:

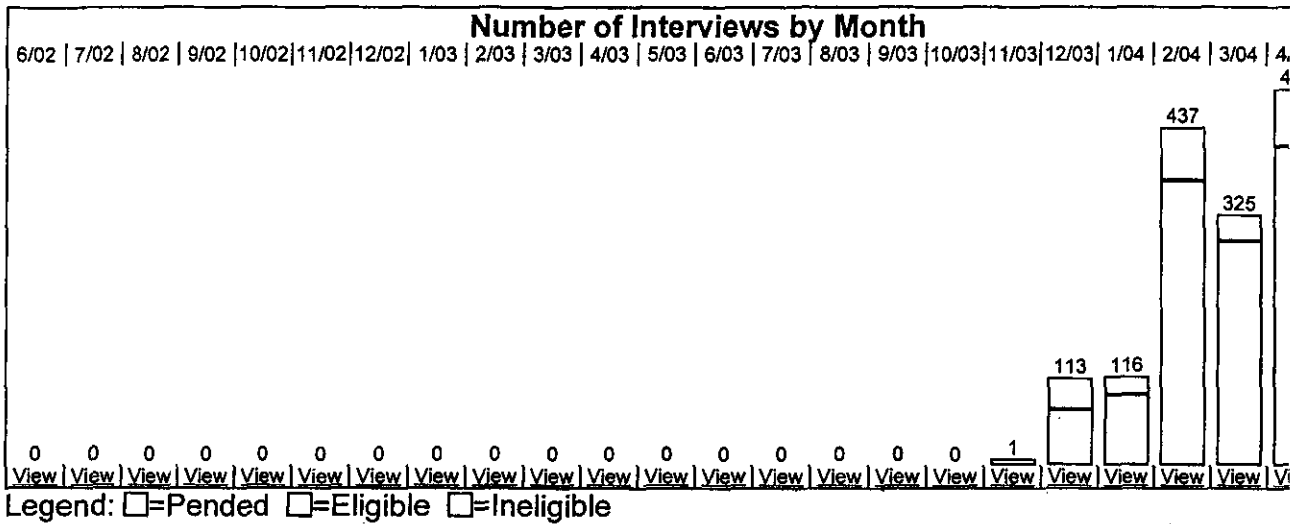
- Total Number of Interviews: 1628
 - Children Interviews: 434 (27%)
 - Pregnant Women Interviews: 6 (0%)
 - Adults Interviews: 1188 (73%)
- Total Number Eligible: 1367 (84%)
- Total Number Ineligible: 261 (16%)
- Total Number Pended: 0 (0%)
- Total Number of Applications Filed: 1447 (106% of eligible)

These interviews were conducted by 12 users at 4 sites from 4 organizations.

Analyses:

- [Number of Interviews by Month](#)
- [Number of Applications Filed by Month](#)
- [Top Interviewers](#)
- [Top Interview Sites](#)
- [Top Interview Departments](#)
- [Top Programs](#)
- [Number of Applicants by Age](#)
- [Number of Applicants by Citizenship](#)
- [Interview Duration Times](#)
- [Performance](#)

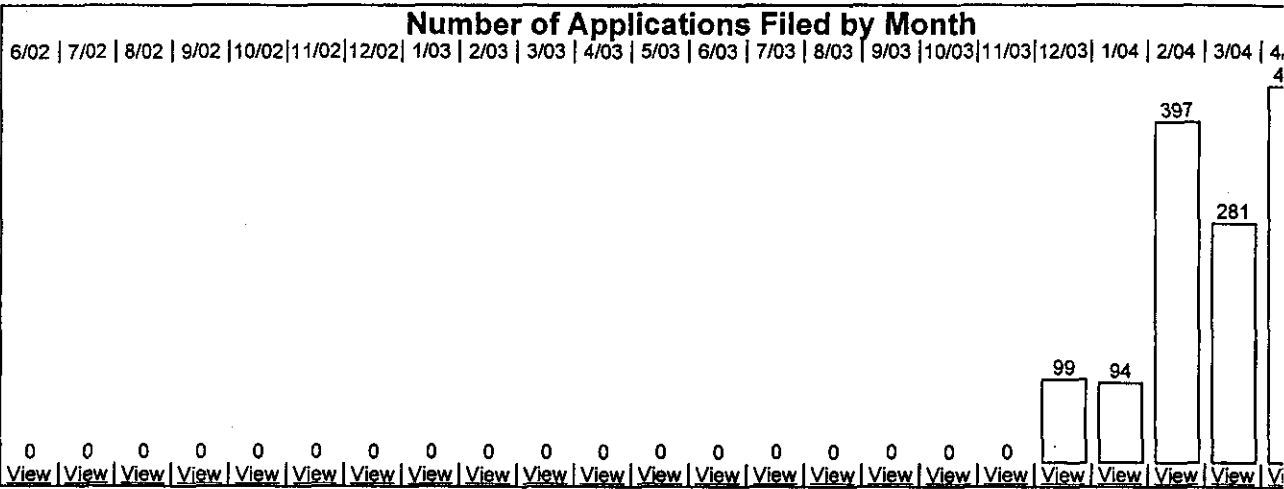
Number of Interviews by Month:



This graph shows the monthly total count of every Interview in that month. You may also analyze these Interviews conducted before 6/1/2002.

- 11/03: Pended - 0. Ineligible - 1. Eligible - 0 (0%)
- 12/03: Pended - 0. Ineligible - 40. Eligible - 73 (65%)
- 1/04: Pended - 0. Ineligible - 23. Eligible - 93 (80%)
- 2/04: Pended - 0. Ineligible - 68. Eligible - 369 (84%)
- 3/04: Pended - 0. Ineligible - 34. Eligible - 291 (90%)
- 4/04: Pended - 0. Ineligible - 73. Eligible - 411 (85%)
- 5/04: Pended - 0. Ineligible - 22. Eligible - 130 (86%)

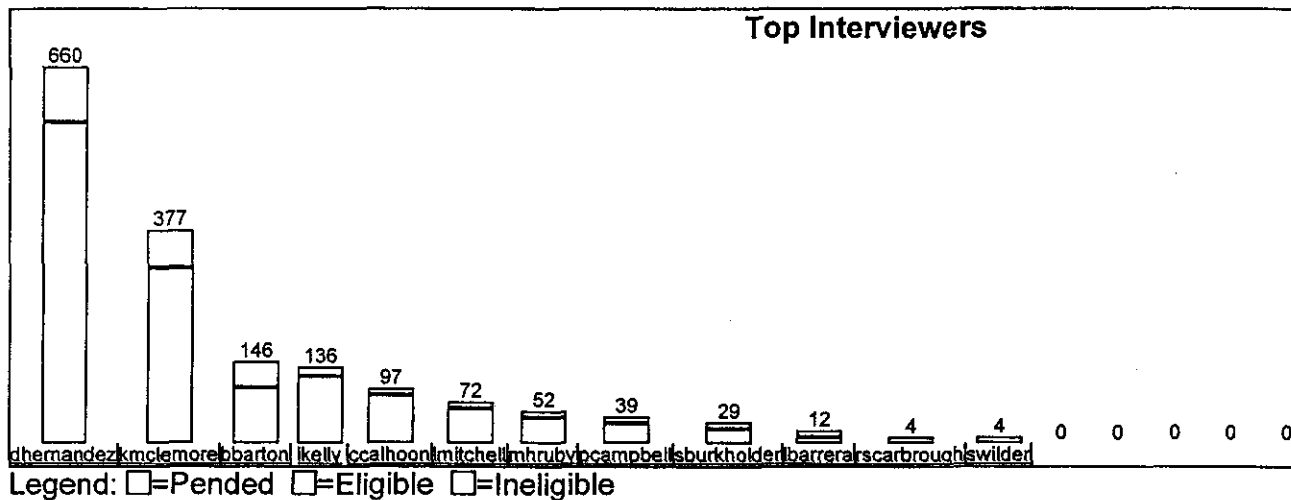
Number of Applications Filed by Month:



This graph shows the monthly total count of every application filed for an Interview in that month.

Top Interviewers:

Page 4



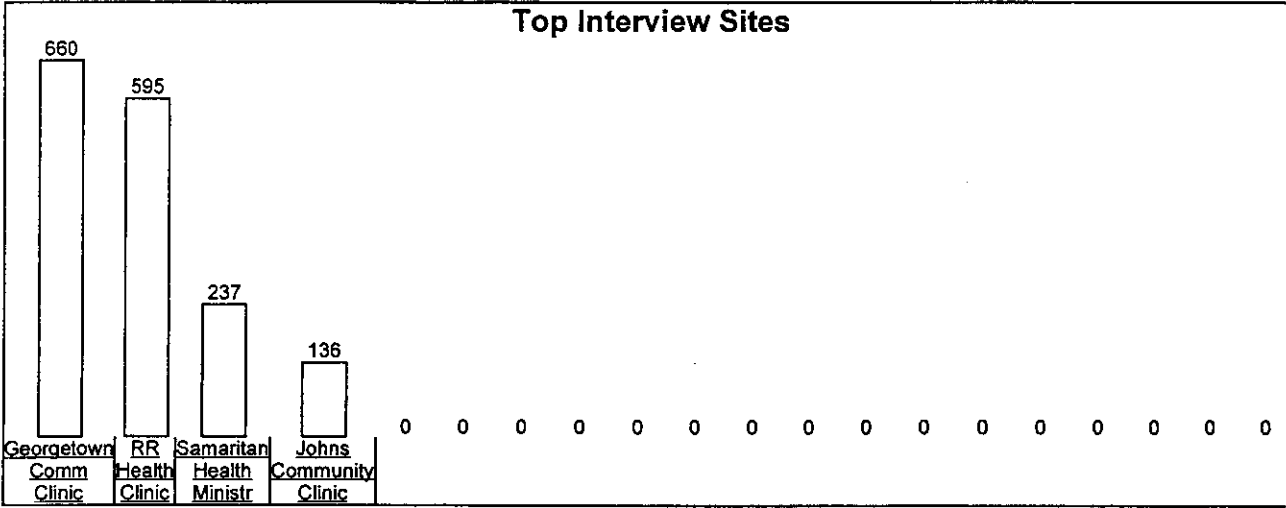
This graph shows the total Interview count of every Interviewer.

- **dhernandez:** Pended - 0. Ineligible - 97. Eligible - 563 (85%)
- **kmcmore:** Pended - 0. Ineligible - 66. Eligible - 311 (82%)
- **bbarton:** Pended - 0. Ineligible - 47. Eligible - 99 (68%)
- **ikelly:** Pended - 0. Ineligible - 17. Eligible - 119 (88%)
- **ccalhoon:** Pended - 0. Ineligible - 10. Eligible - 87 (90%)
- **lmitchell:** Pended - 0. Ineligible - 9. Eligible - 63 (88%)
- **mhruby:** Pended - 0. Ineligible - 6. Eligible - 46 (88%)
- **pcampbell:** Pended - 0. Ineligible - 4. Eligible - 35 (90%)
- **sburkholder:** Pended - 0. Ineligible - 3. Eligible - 26 (90%)
- **lbarrera:** Pended - 0. Ineligible - 2. Eligible - 10 (83%)
- **rscarbrough:** Pended - 0. Ineligible - 0. Eligible - 4 (100%)
- **swilder:** Pended - 0. Ineligible - 0. Eligible - 4 (100%)

Top Interview Sites:

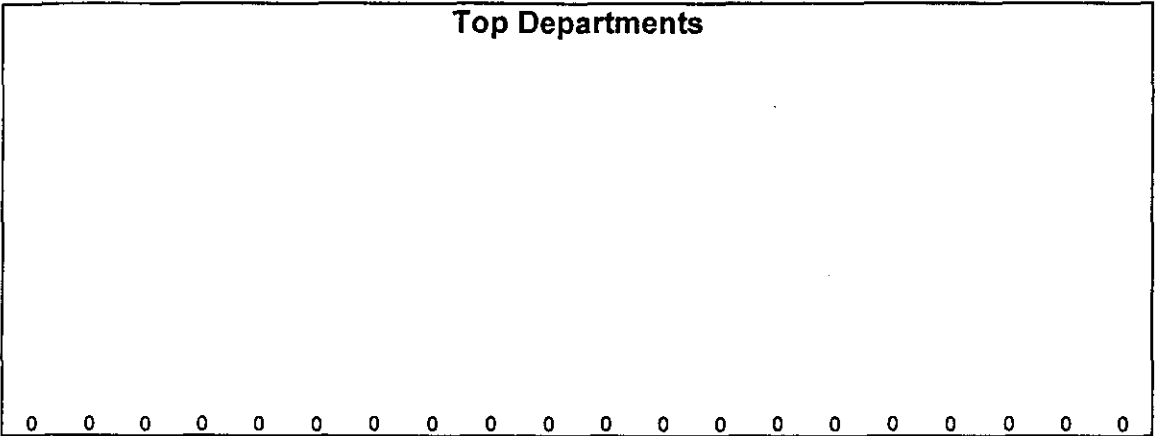


Page 5

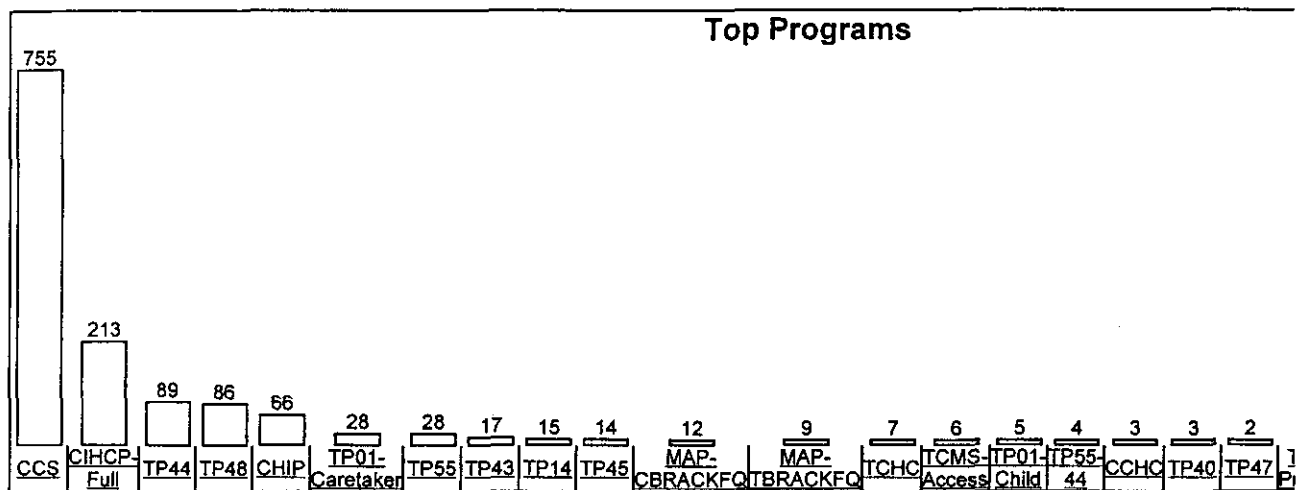


Top Departments:

 Page 6



Top Programs:


 Page 7


This graph shows the number of interviews for each of the top 24 programs for which an applicant was found eligible.

You may also see the list of interviews for which the applicant was ineligible or pended.

The count for each type of program is:

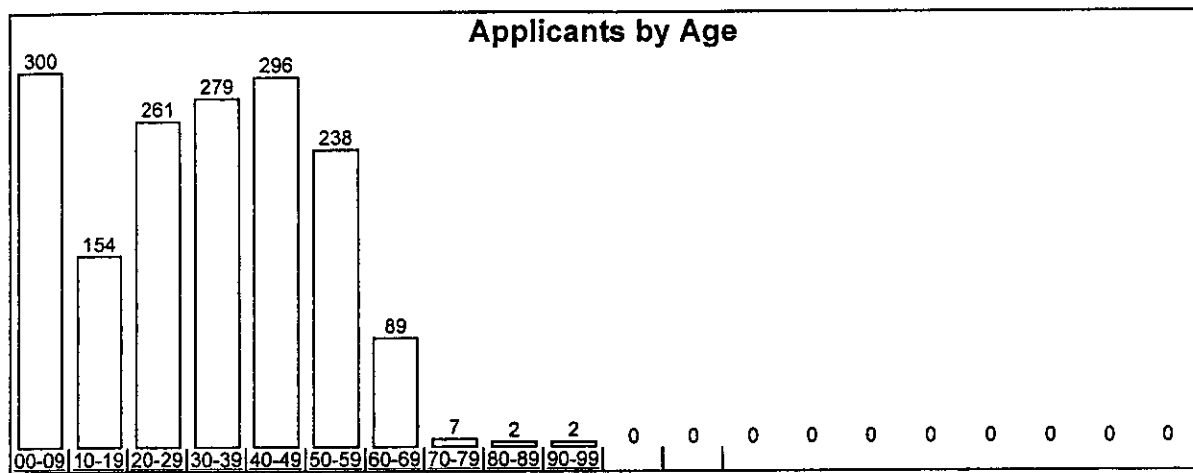
- City: 17 (1.0% of interviews in this report.)
 - SCHIP: 66 (4.1% of interviews in this report.)
 - County Indigent: 222 (13.6% of interviews in this report.)
 - Medicaid: 293 (18.0% of interviews in this report.)
 - County: 762 (46.8% of interviews in this report.)
 - Charity: 6 (0.4% of interviews in this report.)
 - Title V: 1 (0.1% of interviews in this report.)
- Total: 1367 (84.0% of interviews in this report; remainder are pended or ineligible.)

The count for each program is:

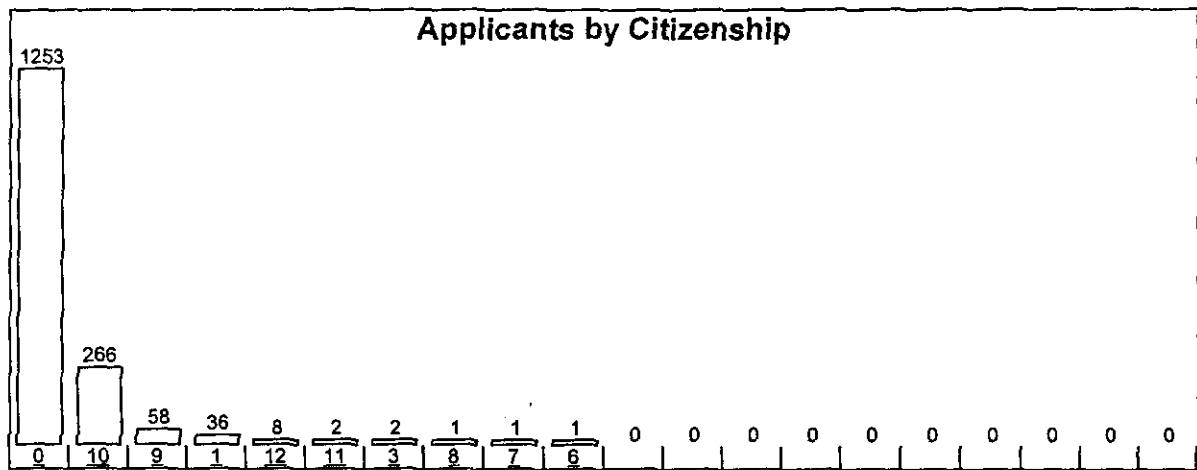
- MAP-CBRACKFQ: 12 (0.7% of interviews in this report.)
- CHIP: 66 (4.1% of interviews in this report.)
- CIHCP-Full: 213 (13.1% of interviews in this report.)
- TP44: 89 (5.5% of interviews in this report.)
- TP43: 17 (1.0% of interviews in this report.)
- TP48: 86 (5.3% of interviews in this report.)
- TP01-Child: 5 (0.3% of interviews in this report.)
- TP14: 15 (0.9% of interviews in this report.)
- TCHC: 7 (0.4% of interviews in this report.)
- TCMS-Access: 6 (0.4% of interviews in this report.)
- CCHC: 3 (0.2% of interviews in this report.)
- TP01-Caretaker: 28 (1.7% of interviews in this report.)
- CCS: 755 (46.4% of interviews in this report.)
- TP40: 3 (0.2% of interviews in this report.)
- TP47: 2 (0.1% of interviews in this report.)

- TP55-44: 4 (0.2% of interviews in this report.)
- TP45: 14 (0.9% of interviews in this report.)
- MAP-TBRACKFQ: 9 (0.6% of interviews in this report.)
- MAP-CCARE: 1 (0.1% of interviews in this report.)
- TitleV-Prenatal: 1 (0.1% of interviews in this report.)
- TP55-48: 1 (0.1% of interviews in this report.)
- TP55: 28 (1.7% of interviews in this report.)
- TP30-44: 1 (0.1% of interviews in this report.)
- MAP-CAP: 1 (0.1% of interviews in this report.)

Applicants by Age:


Page 8

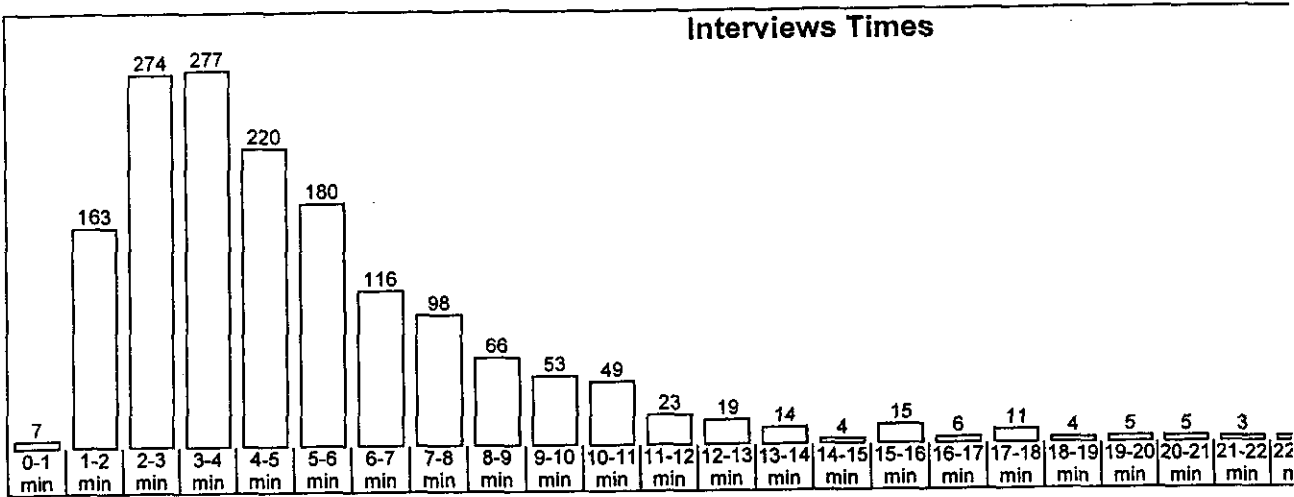
Applicants by Citizenship:


 Page 9


Following are the definitions of the codes above:

- 0: U.S. Citizen
- 1: Legal Permanent Resident - admitted to US before 8/22/96
- 2: Minor of LPR parent working in U.S. for 10 years
- 3: Alien legally admitted to US with Refugee or Asylee status
- 4: Honorably discharged veteran or person on active duty with U.S. military
- 5: Cuban/Haitian Entrant or alien whose deportation is being withheld
- 6: Legal Permanent Resident - Spouse or child of veteran/person on active duty
- 7: Legal Permanent Resident - Amerasian
- 8: Alien legally admitted to US as Conditional Entrant/Parolee before 8/22/96
- 9: Legal Permanent Resident - other
- 10: Undocumented alien
- 11: Alien legally admitted to US with active visa in class A-M
- 12: Alien legally admitted to US - other
- 13: Alien legally admitted to US as Conditional Entrant/Parolee after 8/22/96

Interview Duration Times:

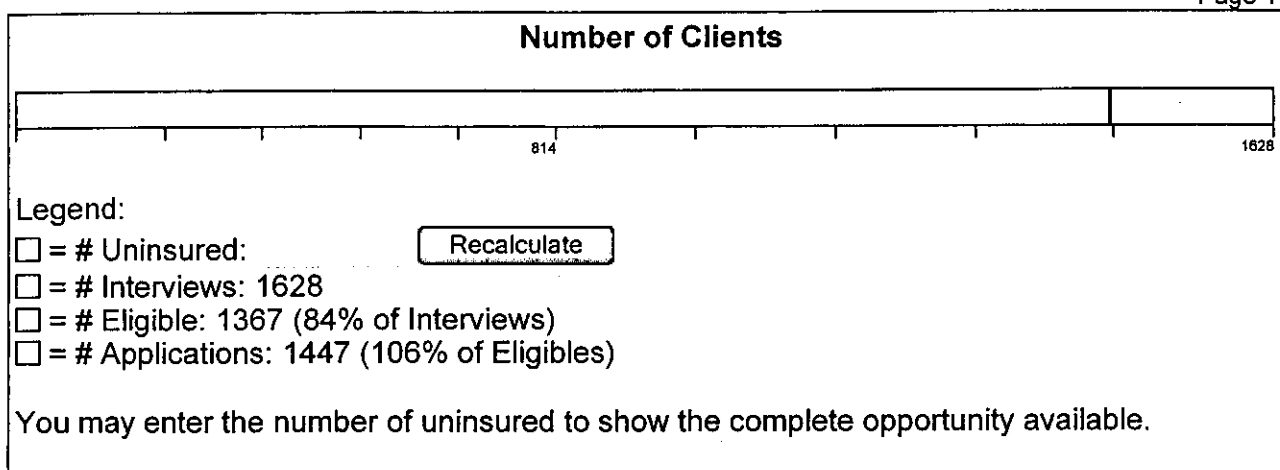


Average time: 5.03 minutes

Please note this is the time for a Medicaid[™] interview only and does not include the time to fill out an application if any is required.

Performance Analysis:

Page 11



The graph above shows the relative performance of each stage of the process to enroll an applicant in an assistance program.

Opportunity	#
Missed Interviews	0
Ineligible or Pended	261
Missed Applications	0
Total	181

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05/25/2004

Page 651

GCC Briefing Material

- 7100 patients at GCC/Georgetown, 4000 patients at GCC/Granger, 200 patients at GCC/Dental Center
- GCC/Georgetown averages approx. 1500-1700 encounters per month, GCC/Granger averages approx. 550 per month, Dental is running over 90 per month (still too early for trends)
- Non-acute appointment slots are running 3-5 weeks out (or more) in adult and as much as 2.5 months for well-child
- 3100 uninsured patients at GCC/Georgetown, 80%+ are uninsured adults
- 5,000 patients at year-end 2003. GCC has added over 2,000 new patients in 2004 (through March 15, 2004)
- Estimates are that GCC reduced the number of unnecessary ER visits at GHN by 2000-3000 (out of a total reduction v. plan of over 5,000 visits) in 2003 alone.
- GCC fixed cost per visit approx. \$85-\$90 (Texas FQHC average is \$107)
- FQHC status (Look-Alike or 330) will generate an additional \$100K (estimate) per month of enhanced Medicaid/Medicare reimbursement revenue, at current patient base mix
- GCC has fully and aggressively implemented the Williamson County Medicaid process, including patient assistance with form completion
- GCC has been awarded a score of 98 and "Approved" status on its most recent FQHC 330 application (letter attached) and has been privately assured of funding status for the first 2005 funding cycle (November/December 2004)
- FQHC Look-Alike designation will be received within 7-10 business days from the Federal agency
- By the second full year of FQHC 330 status GCC will generate more than \$2.5- 3M of incremental Federal funds for Williamson County through its operation and services

05/25/2004

Page 652



DEPARTMENT OF HEALTH & HUMAN SERVICES
BUREAU OF PRIMARY HEALTH CARE

Public Health Service

Reference: 04-7909

Health Resources and
Services Administration
Bethesda MD 20814

Pete Perialas
Executive Director
Georgetown Community Clinic
701 E. University
PO Box 761
Georgetown, TX 78626

MAY 4 2004

Dear Mr. Perialas:

This letter concerns your fiscal year (FY) 2004 new access point application submitted in response to the Health Resources and Services Administration's announcement of a competitive grant offering to support the establishment of new access points under the President's Initiative to Expand Health Centers.

The Objective Review Committee (ORC) met during the week of March 15, 2004, to evaluate the first round of applications received in response to this announcement. In order to address the statutory requirement for continued proportionate funding of health centers proposing new access points to serve migratory and seasonal farmworkers and/or homeless populations, the Bureau of Primary Health Care was only able to select approvable applications serving migrant and/or homeless populations. Although your application was recommended for approval with a score of 98, it was not selected for funding during the first round because the application did not propose to serve migrant or homeless populations.

As you know, we are all working hard to support President Bush's and Secretary Thompson's efforts to get more direct health care services to those people most in need. With this round of grant awards funding will be directed to those centers serving migrant and homeless populations. By concentrating in these areas, we believe we can make a real and significant difference in improving the health status of many families and individuals. The number of applications we could fund this round was limited by the FY 2004 funds available for new access points.

As stated in Program Information Notice, "Requirements of Fiscal Year 2004 Funding Opportunities for Health Center New Access Point Grant Applications," dated September 30, 2003, applicants may resubmit an application during any of the two announced deadline dates. Therefore, we are offering you an opportunity to withdraw the pending first round application from further consideration and resubmit a revised application for the second round application deadline which has been extended to June 18. If you wish to withdraw the pending first round application, the cover letter accompanying the second round application must clearly indicate your request that the first round application be withdrawn from further consideration.

Please be advised that the ORC scores for first round applications that are not withdrawn will be integrated and ranked with the ORC scores from the second round. This list will be used to select the first group of new access point applications for funding during FY 2005. Applicants who scored well in the first round may want to consider this approach, because it allows them to use the score that their application already received in the first round and it does not require any further re-submittal. Award announcements for the June 18 round will be made in the early fall, funded with FY 2005 funds. The ability to make such awards is contingent on the availability of appropriations in FY 2005 and on any applicable limitations due to the statutory provisions on proportionate funding.

Enclosed is a copy of the summary of weaknesses and strengths identified by the ORC during the evaluation of your application. We hope you will find these comments helpful if you decide to withdraw and resubmit this application. We encourage you to contact your State Primary Care Association for further technical assistance.

If you have any questions or need technical assistance in preparing a revised application, please contact Tonya Bowers at (301) 594-4300.

Sincerely yours,

Sam S. Shekar, M.D., M.P.H.
Assistant Surgeon General and
Associate Administrator for Primary Care

Enclosure

05/25/2004

Page 653

**BUREAU OF PRIMARY HEALTH CARE
INDEPENDENT REVIEW COMMITTEE SUMMARY REPORT
FY 2004 NEW ACCESS POINT COMPETITION GRANT REVIEWS**

APPLICANT NAME: Georgetown Community Clinic

APPLICANT #: 7909

REVIEWERS' RECOMMENDATION: Approval

ORC SCORE: 98

Criterion # 1: DESCRIPTION OF THE SERVICE AREA/COMMUNITY AND TARGET POPULATION
Strengths:

- The application includes a good description of demographics and identifies the need for the proposed project.

Weaknesses:

- The distance between the two clinics is unclear. It is unclear whether both clinics will serve the same community.
- There is no summary of the demographics or services in the Granger, the town where the second clinic will operate. It is unclear which community is referenced when and which services exist in each.

Criterion # 2: STRATEGIC PLANNING

Strengths:

- The application describes strong community involvement in the process.
- The application evidences a good understanding of the state support systems.
- The initiative is clearly supported by the state.
- The fundraising board is already in place with several significant accomplishments already achieved.

Weaknesses:

- None noted.

Criterion # 3: SERVICE DELIVERY STRATEGY AND MODEL

Strengths:

- The application describes strong community support.
- The application describes good integration with other programs and services from both the non-profit and for-profit sectors.
- The application describes significant increased access to care and the enabling services that will result.

Weaknesses:

- None noted.

Criterion # 4: HEALTH CARE SERVICES

Strengths:

- The application describes a well-developed performance improvement plan.
- The healthcare plan adequately addresses all lifecycles.
- Solid referral systems are already in place, including private providers who have agreed to accept the center's sliding-fee scale program.
- Provider peer review is already operational.

05/25/2004

Page 654

- Two full-time pediatricians, a dentist, and a psychiatrist have already been identified and are interested in joining the center upon grant approval.

Weaknesses:

- None noted.

Criterion # 5: ORGANIZATIONAL CAPABILITIES AND EXPERTISE**Strengths:**

- The application demonstrates significant development toward Federally Qualified Health Center (FQHC) expectations since the applicant organization's creation in 2002.
- The application demonstrates that a strong and supportive board is already in place.
- A well-developed performance improvement system is described.
- The health care plan adequately addresses the identified health disparities.
- The Center's organizational capabilities and expertise earned the Center \$280,000 in state funding to expedite its readiness as an FQHC.

Weaknesses:

- None noted.

Criterion # 6: BUDGET**Strengths:**

- The board has demonstrated the ability to fundraise successfully.
- Other sources of revenue are identified.
- Significant additional users will be served.

Weaknesses:

- None noted.

Criterion # 7: GOVERNANCE**Strengths:**

- A well-qualified board is already in place.
- All members have received FQHC training.
- The foundation board is committed to fundraising for a new facility.

Weaknesses:

- Some board members are said to have served for 4 years, yet the narrative states the Center began operations in January 2002.

Criterion # 8: READINESS**Strengths:**

- The applicant clearly demonstrates its preparedness to begin expansion initiatives immediately upon receipt of funding

Weaknesses:

- None noted.

JOHN R. CARTER

31ST DISTRICT, TEXAS

COMMITTEES:
EDUCATION AND THE WORKFORCE

GOVERNMENT REFORM

JUDICIARY



Congress of the United States

House of Representatives

Washington, DC 20515-4331

May 18, 2004

WASHINGTON OFFICE:

408 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-3084

DISTRICT OFFICE:

ONE FINANCIAL CENTER
1717 NORTH INTERSTATE HIGHWAY 35
SUITE 303
ROUND ROCK, TX 78664
(512) 246-1810

The Williamson County Commissioners Court
P.O. Box 607
Georgetown, Texas 78627

Dear Judge Docrflcr and Commissioners:

I am gratified that you are considering funding the Georgetown Community Clinic with a one time \$250,000 capital infusion. I sincerely encourage the Court to join me and do all that we can to ensure the future of the Clinic.

My district office staff has initiated high level discussions with key officials at U.S. Department Health & Human Services (HHS) to make HHS aware that I am most interested in seeing the Clinic funded on the Clinic's "330" application and "FQHCLA - 'Look Alike'" application. What I can report to you is that key HHS officials in Washington, DC have assured me that the Clinic's grant applications stand a great chance of being approved by HHS.

I urge the Court to consider funding the Georgetown Community Clinic. Your actions will be a true blessing to the less fortunate citizens of Williamson County.

Sincerely,

John R. Carter

Member of Congress

GCC Transition Budget Summary
June 1, 2004 through March 31, 2005

GCC has entered the final (and most crucial) phase of our pursuit of FQHC status and funding. Our operation had to be FQHC compliant for at least 30 days prior to submitting a "look-alike" application ("look-alike" status provides enhanced reimbursement on Medicare/Medicaid encounters and 340B pricing). Therefore, GCC has been carrying an additional \$100K+ per month in expenses since early February primarily due to FQHC pursuit. This expense "carry" will continue until sometime in the first quarter of 2005 when a steadier stream of reimbursement funding will begin to flow. The transition budget falls into three general categories and is a somewhat variable figure because we do not have a firm timeline for the completion of the process to go from a designated FQHC to one that is receiving full benefits. It is our "best guess" that requirements for "net new cash" to sustain our operation through the entire transition period will fall somewhere between \$500K-\$1M. For planning purposes we have used a figure of \$750K as the optimal target (amount we plan to raise between 5/20/04 and 7/30/04).

- We have approached Williamson County for a \$250K one time capital infusion
- Georgetown Hospital System has been approached for a similar amount
- We have submitted grant applications to TDH, The City of Georgetown, Greater Williamson County United Way, The City of Round Rock
- Our private network is tasked with raising an additional \$250K for this time period (over and above the \$150K that was raised earlier this year)
- GCC will obtain a line of credit, secured by enhanced reimbursement receivables, to cover institutionalized cash flow lag resulting from the FQHC process

Summary level budget information to fund transition

Systems and Infrastructure \$300K - \$475K

- GCC must license and install an FQHC compliant practice management and general ledger software package within 90 days of designation
 - License fees will reach **(\$50K-75K)**
 - Implementation, conversion and customization costs will range from **(\$100K-200K)**
 - 25 new Dell high-end workstations (Dimension XPS or greater) as we will position our operation for paperless record keeping and at least 3 servers (\$3500-\$7500 PowerEdge servers) and networking between all 4 current sites (Granger, the original site on University Ave., the Dental Center also on University Ave and Administration and Mental Health Groups at the Community Resource Center building in Georgetown) at an overall cost estimated as **(\$150K-200K)**
 - GCC will have \$50,000 of the infrastructure costs covered by our Texas Dept. of Health grant and during the first year of FQHC status we will have \$150,000 for system upgrades. This still leaves between \$100K - \$275K shortfall.

Incremental FQHC mandated program costs (over and above TDH Grant) \$50K per month or between \$300K - \$450K

- GCC anticipates that this transition period from FQHC "look-alike" to a full federal FQHC 330 clinic will last 6-9 months with an estimated period from 6/01/04 to 3/31/05.
- Transition period covers Dental Health, Mental Health, and limited administration, etc.

Cash Flow issues \$105K - \$300K

- Once GCC is deemed an FQHC "look-alike" (on/before 6/1/04) we must stop all submission of standard Medicare/Medicaid encounters (or we forfeit the enhanced reimbursement).

This currently runs at **\$35K-50K per month**. We anticipate that it will run 3-6 months before we will see these standard reimbursements reappear on our profit and loss statement.

- Current information suggests that there will be a 3-6 month lag period between earning enhanced reimbursement and receiving payment. This will necessitate obtaining a line of credit from a bank secured by these receivables (cash flow coverage). This line should always fall somewhere between (**\$100K - \$300K**) at any point in time

The three main areas where GCC will incur a financial shortfall and need financial assistance in order to successfully bridge the gap to become a federal clinic are:

<u>Category</u>	<u>Cash Shortfall</u>
Infrastructure	\$300K - \$475K
Program Costs	\$300K - \$450K
Cash Flow Issues	\$105K - \$300K
TOTAL	\$705K - \$1,225,000

Georgetown Community Clinic is in the process of raising the cash necessary to become a FQHC by grants from the Texas Department of Health, The City of Georgetown, Greater Williamson County United Way, and the City of Round Rock. We also are raising funds from private contributors (many of which are on our board of directors) and have obtained a line of credit, which is secured by our higher Medicaid reimbursement receivables. With the generous support of all of the above mentioned and the support of Williamson County, Georgetown Community Clinic will be able to successfully complete the FQHC process, and in turn, bring millions of federal dollars into our community to help our less fortunate citizens.

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WASHINGTON, DC 20515-4311
(202) 225-6105
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116 SOUTH EAST STREET
BELTON, TX 76513
(254) 933-2904
FAX (254) 933-2913

624 SOUTH AUSTIN AVENUE
SUITE 220
GEORGETOWN, TX 78626
(512) 864-3186
FAX (512) 864-3192

Congress of the United States
House of Representatives
Washington, DC

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AND WATER DEVELOPMENT

HOUSE BUDGET COMMITTEE

www.house.gov/edwards

May 20, 2004

The Williamson County Commissioners Court
P.O. Box 607
Georgetown, Texas 78627

Dear Judge Doerfler and Commissioners:

My office has been actively supporting Georgetown Community Clinic's Federally Qualified Health Center (FQHC) application activities with Health and Human Services (HHS) because I know how important their mission is to the citizens of Williamson County and I would like to update the Commissioners Court on my actions in support of the application.

The Georgetown Community Clinic (GCC) is an important health care provider for low income and uninsured individuals in the community. With the number of uninsured individuals increasing every year we must ensure that they continue to have access to preventative health, dental, and psychiatric care. In Georgetown, the GCC provides care for individuals regardless of age, gender, or socioeconomic standing. I support the clinic's efforts to apply for Federally Qualified Health Center Status to ensure that the GCC is able to receive Medicare and Medicaid funding reimbursements and discounts on pharmaceuticals. It is my understanding that the GCC received excellent feedback from HRSA on their application. As a result, they will resubmit their application for the next funding round (applications due by June 18th, 2004).

It is also my understanding that the FQHC New Access Point funding cycle that will commence on June 18th, 2004 is slated to fund a much larger pool of clinics than the 14 that were funded in the previous cycle (the previous cycle also carried HHS defined priorities for homeless and migrant focused clinics and significantly limited the number of accepted applications).

I believe that the Georgetown Community Clinic is an important asset to the Georgetown Community and I will continue to work with local, state, and federal officials to ensure that the GCC receives the funding necessary to continue its good work.

Sincerely,



Chet Edwards
Member of Congress

AGENDA ITEM 48

Consider making a correction to the County Budget Order, referring to the sub-section of County Vehicles, line F, the term "Evidence Technicians" should be corrected to "Crime Scene Technicians".

Moved: **Commissioner Hays**

Seconded: **Commissioner Birkman**

Motion: To make a correction to the County Budget Order, referring to the sub-section of County Vehicles, line F, the term "Evidence Technicians" should be corrected to "Crime Scene Technicians."

Vote: 4 – 0. **Commissioner Limmer** was absent from the dais.

< Attachment >