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## Inside this Issue

|   |  |
|---|--|
| 1 | Newborn Screening Panel Expanded       |
| 1 | Upcoming Events                        |
| 1 | Medicaid/CHIP Highlights               |
| 2 | DSHS Laboratory Changes                |
| 2 | Oral Health Questions & Clarifications |
| 3 | 79 <sup>th</sup> Legislature Updates   |
| 3 | Varicella Prevention                   |
| 3 | Questions & Answers                    |
| 4 | Tar Wars                               |
| 4 | Funding News and Grant Tips            |

### Texas Health Steps Branch

Health Screening & Case Management Unit  
Texas Department of State Health Services  
1100 West 49<sup>th</sup> Street  
Austin, Texas 78756  
512/458-7745

## Newborn Screening Panel Expanded

*Screening for seven conditions expanded to twenty-seven*

The Texas Department of State Health Services (DSHS) has expanded its “heel stick” blood testing of newborns from seven to twenty-six disorders, with an additional test to be added early next year. House Bill 790, passed by the Texas Legislature in 2005, mandated that DSHS screen for additional disorders (as funding allows) as recommended by the American College of Medical Genetics.

“We are pleased to announce that the Newborn Screening Program expansion has begun and is now giving important clinical information to health care providers and families,” said Dr. Charles Bell, DSHS Acting Commissioner. “Early detection of these disorders allows early treatment that can prevent serious complications such as growth problems, developmental delays, deafness or blindness, mental retardation, seizures or early death.”

All babies born in Texas are required to have two rounds of screening tests that detect heritable and other disorders, as well as having hearing screening. The Newborn Screening Program identifies and provides follow-up with health care providers and case management for the parents of infants with abnormal screening results.

DSHS receives about 760,000 newborn specimens annually. For details about the DSHS Newborn Screening Program and the disorders, visit their web site at [www.dshs.state.tx.us/newborn/default.htm](http://www.dshs.state.tx.us/newborn/default.htm).

## Upcoming Events

### Provider Relations Meeting

The THSteps Regional Providers Relation Staff (DSHS staff) meeting is scheduled for Thursday, January 25 through Friday, January 26, 2007 in Austin. The agenda and presenters have been finalized and materials to be used during the meeting were sent the first week of this month. Karen Riley (HSR2/3) and Tricia Vowels (HSR1) will be contacting THSteps regional staff to present topics and facilitate. Should you have questions, please contact Marty Darnell, Program Specialist, at 512/458-7111, extension 3034, or by e-mail at [marty.darnell@dshs.state.tx.us](mailto:marty.darnell@dshs.state.tx.us).

## Medicaid/CHIP Highlights

### Medicaid and CHIP Statistics available

Medicaid and CHIP statistics for the Texas Health and Human Services Commission (HHSC) has been updated recently and is available on the HHSC web site at <http://www.hhsc.state.tx.us/research/CHIP/ChipDataTables.asp>. The Children's Health Insurance Program (CHIP) enrollment increased from 321,341 in November to 326,231 in December 2006 [[CHIP Enrollment, Renewal and Disenrollment Rates \(May 2000 to December 2006\)](#)].

### New Medicaid, CHIP Programs Expand Coverage, Save State Money

Texas is expanding the number of low-income women who will qualify for family planning and prenatal services provided by two innovative programs. Beginning January 2007, the Texas Women's Health Program will provide



to women, who earn up to 185 percent of the federal poverty level, gynecological exams, related health screenings, and birth control through Medicaid. In addition, a new type of coverage is being added to the Children’s Health Insurance Program (CHIP) that will provide prenatal care to unborn children of low-income women who do not qualify for Medicaid. For details, see the news release on the HHSC web site at [http://www.hhs.state.tx.us/news/release/122706\\_MedicaidCHIP.shtml](http://www.hhs.state.tx.us/news/release/122706_MedicaidCHIP.shtml).

**New materials available at CHIP/Children's Medicaid website**

To view new materials visit the CHIP and Children's Medicaid website at [www.CHIPmedicaid.org](http://www.CHIPmedicaid.org). Those applying for services provided by these programs can complete applications online. The applications are available in Spanish (<http://www.chipmedicaid.com/espanol/apply.htm>) and English (<http://www.chipmedicaid.com/english/apply.htm>). Although the application can be completed online, applicants must print, sign, and mail or fax them (along with any required documentation) to HHSC’s CHIP/Children's Medicaid processing center in Midland.

Applications continue to be available in hardcopy format by printing from the HHSC web site or applicants may request assistance in completing an application by calling 1-877-KIDS-NOW. A new PowerPoint presentation providing instructions for helping others to fill out the CHIP/Children's Medicaid application is available at <http://www.chipmedicaid.com/cbo/app/process.htm>.

**DSHS Laboratory Changes**

*Specimen Submission Deadlines are Changing*

The DSHS Laboratory **must** receive all specimens submitted for Lead, Total Hemoglobin, and Hemoglobin Types

testing within five (5) days of collection. Providers must assure specimens arrive at the DSHS Laboratory by the fifth day. Specimens should be mailed the same day they are collected and only those collected on the same day should be “batched” for mailing. Providers should not hold specimens collected on different days to be “batched” for mailing. Beginning Spring 2007, the DSHS Laboratory will reject specimens that are not received by the fifth (5<sup>th</sup>) day after collection.

Visit the DSHS Laboratory web site at [http://www.dshs.state.tx.us/lab/cc\\_spec-col.shtm#General](http://www.dshs.state.tx.us/lab/cc_spec-col.shtm#General) where you can find information about:

- Specimen collection, handling, and mailing;
- Supplies to collect and ship specimens to the DSHS Laboratory, including postage-paid mailing labels, and;
- Requesting supplies that are free of charge when used during collection of specimens for routine THSteps checkups. Supplies can be ordered from the DSHS Laboratory by telephone at 1-888-963-7111 ext. 7661 or (512) 458-7661 with a valid THSteps provider TPI number.

Should you have questions, please contact the DSHS Laboratory at 1-888-963-7111, extension 6030, or 512-458-7111x6030.

**Postal Requirements for Mailing Specimens to the DSHS Laboratory**

The latest US Postal regulations are that the labels DSHS currently provide do not provide the following needed information:

- For return address: contact person's name and phone number (in addition to the place for the facility name and address)
- For ship to address: contact person's name and phone number (in addition to the place for the facility name and address)
- UN3373 label must be a minimum of 1.9 in x 1.9 in. White with Black markings. Put on background of contrasting color.
- Words adjacent to the UN3373 label: "Biological substances, Category B". Letters must be 6 mm high (0.24inches)

DSH Laboratory containers meet the current regulations. The US Post Office has verbally confirmed with the DSHS Lab that DSHS current labels for diagnostic specimens, to be called Biological Substances, Category B, will suffice until the DSHS-Lab can send out the new approved design the last part of January or mid February. They are working with the US Postal System to devise a Business Reply Label that meets all needed requirements. As soon as they can send those out, the submitters will need to discard the old and use only the new labels. The DSHS-Lab will send a note with the new design stating this. If you are sending specimens via a courier, the contact person's name and address for the return address and ship to address can be put on the airbill. If you are using DSHS

**Oral Health Question and Clarification**

**Question:** A pediatric dentist wants to limit his practice to provide services to Medicaid kids that really need the services of a pediatric dentist for severe cases. He would like to schedule Medicaid 2 days a month (1 day every 2 weeks) and only see Medicaid until 5 years of age (But will see other patients ages 6-10 but not Medicaid). He would like to limit practice to seeing Medicaid clients that are severe cases and will be hospital cases. Will these limitations violate THSteps Dental/Medicaid regulations?

**Answer:** In the TMPPM there are statements to the affect that the Medicaid population is to be treated in a manner similar to non-Medicaid population. THSteps cannot determine the practice operations of individual providers. It is best to direct the provider asking this or similar questions to appropriate sections in the TMPPM, e.g. provider responsibilities, etc. and let him interpret them for himself or get an attorney to advise him based on the information in the TMPPM.

cans and are sending them through the US Post Office, the above information needs to be added. For the contact person/phone at DSHS Laboratory, Austin, we suggest: Walter Douglass (512.458.7111 x 7569).

## 79<sup>th</sup> Legislature Update

*A Report to the Governor and the 80th Legislature on the Community Resource Coordination Groups Of Texas: Making a Difference... One at a Time Fiscal Years 2005 and 2006*, compiled by the Office of Program Coordination for Children and Youth Texas Health and Human Services Commission, was recently posted to the HHSC web site at [http://www.hhsc.state.tx.us/crcg/CRCG Data/2005\\_2006\\_CRCG\\_LegReport.pdf](http://www.hhsc.state.tx.us/crcg/CRCG Data/2005_2006_CRCG_LegReport.pdf)

The Community Resource Coordination Groups Of Texas (CRCG) reports that the local collaboration developed through CRCG process resulted in improvements in access to and the provision services. Additionally, CRCGs report that professional networks have been strengthened through this interagency process. This has resulted in more effective services for individuals and families due to networking between providers and partners outside of the CRCGs meetings, and an increased capacity of CRCG members to serve clients by connecting them with appropriate resources as a result of the additional experience and information gained regarding local community resources.

## Varicella Prevention

### *Updated Recommendations from ACIP*

*Advisory No. 4. Updated Recommendations on the Prevention of Varicella November 28, 2006* - In June 2005 and June 2006, the ACIP made policy changes for use of live, attenuated Varicella-containing vaccines for prevention of Varicella. Changes include routine two-dose Varicella vaccination of children and

## Questions and Answers

**Question:** Where can THSteps providers mail the Missed Appointment Forms rather than fax them? A provider called stating that they often have problems with their fax machine and would like to mail them instead.

**Answer:** Providers can mail Missed Appointment Forms to the Special Services Unit (SSU) Manager at Texas Access Alliance, Special Services Unit, P. O. Box 149218, Austin, Texas 78714-9218. Providers may contact the SSU Manager, Toni Sanders, by calling 512-533-3478 or by e-mail at [toni.sanders@txaccess.com](mailto:toni.sanders@txaccess.com). To confirm the fax #, all Missed Appointment forms should be faxed to 512-533-3867. The SSU is part of Texas Access Alliance (TAA), Medicaid's Integrated Eligibility and Enrollment (IEE) contractor.

**Question:** Are THSteps providers given feedback about the results of the SSU's outreach efforts in response to a provider's request for missed appointment assistance? If so, about how long before the provider might expect to receive this feedback? A Dallas provider remarked that his office began sending Missed Appointment Forms a few months ago, but has not heard anything since then.

**Answer:** According to the SSU manager, the SSU provides feedback to the provider regarding the outcome of the missed appointment outreach efforts. However, the time it takes to provide this feedback is dependent upon how difficult it is to reach a client. The SSU has 10 days to complete four attempts to contact a client and provide missed appointment assistance. At the end of 10 days, the clients the SSU could not reach are referred to the TAA regional field staff to continue efforts to contact these clients. The field staff have 30 days to complete their attempts. Consequently, 6 weeks could elapse before the provider received feedback. All providers do receive a response.

**Question:** What is the difference between the two Missed Appointment Forms? We have had providers ask us and we do not really know what to say? It is confusing to know which one they are supposed to use. Sometimes to avoid the confusion, we have just sent one of them.

**Answer:** The major difference between the two forms is the addition of categories in 3 fields on the forms. These new categories capture more details and provide the provider reporting with selecting options rather than having to write them in. The difference between the two forms is as follows:

- In the first section-**PROVIDER INFORMATION** in form #1 the second box, on the second line is titled "Provider Type " and nothing follows. In form #2, "Provider Type" is subdivided into 4 additional categories: Medical, Dental, Case Manager, and Other.
- In the second section-**PATIENT/CLIENT REFERRAL INFORMATION** in form #1 the boxes, on the fourth line are titled "Instructions to THSteps" and "Nature of Missed Appt" and nothing follows. In form #2, these fields are subdivided into 4 and 8 additional categories respectively.

It is up to the provider to choose which form he prefers. The form with the sub-categories allows us to collect specific information and takes less time to be completed, because staff just checks the answer that best fits the situation.

**Question:** Does Medicaid consider obesity by itself a medically necessary condition?

**Answer:** Per our HHSC contact, Medicaid requires a co-morbidity before reimbursing LDs for nutrition counseling on obesity through THSteps-CCP. As a stand-alone diagnosis, obesity is not covered. There must be a primary life-threatening diagnosis primary to obesity for Medicaid to cover.

second dose catch-up Varicella vaccination for children, adolescents and adults who previously had received only one dose. The ACIP also expanded recommendations for containing-containing vaccines to promote wider use of the vaccine for adolescents, adults, and HIV-infected children and

approved new criteria for evidence of immunity to containing. In August 2006, the ACIP published the Provisional Recommendations for Prevention of Varicella. The Vaccine Advisory is now available online. To view past issues, go to:

## Tar Wars

### *New DSHS Tobacco Prevention Program*

Tar Wars is the Tobacco Prevention Program's campaign to reduce/eliminate health disparities related to tobacco use. The Texas Academy of Family Physicians in cooperation with the DSHS is pleased to bring **Tar Wars** to elementary schools throughout the state in a proven campaign to prevent tobacco use among kids. The *Tar Wars Program Guide* (curriculum) along with other teaching tools are available in Spanish and English and may be downloaded from the Tobacco Prevention Program's web site at <http://www.tafp.org/tarwars>. For more details, contact your Texas Tar Wars Coordinator, Camille Fajardo, at [cfajardo@tafp.org](mailto:cfajardo@tafp.org) or 512-329-8666, extension 35.

## Funding News and Grant Tips

### **Seven Ways Not to Deal With Grants**

In the Grants Management Programs newsletter, *The Funding Alert*, of helpful tips in dealing with the grant process are listed. For details see the article entitled, "[Grants... Seven Ways Not to Deal with Grants.](#)"

### **DSHS Funding Information Center**

The [DSHS Funding Information Center](#) helps organizations in Texas pursue public health funding opportunities by disseminating funding information through the *Funding Alert* and our website. Our services are limited to clients living in Texas.

Should you have questions regarding the information presented in this publication, please contact Marty Darnell, Program Specialist, THSteps Branch, at 512/458-7745.

