

**Williamson County Funding Renewal  
Community Clinic Services (CCS) Program  
October 1, 2009-September 30, 2010**

**Organization Name:** Samaritan Health Ministries  
**Mailing Address:** P.O. Box 133 Cedar Park, TX 78613  
**Street Address (if different than above):** 700 W. Whitestone Blvd. Cedar Park, TX 78613  
**Phone:** 512-331-5828      **Fax:** 512-331-6410      **Website:** www.thesm.org

**Street Address(es) of clinic(s) if different than mailing address:**  
700 W. Whitestone Blvd. Cedar Park, TX 78613

**Organization Executive Director/ Chief Professional Officer:**  
**Is this a paid or volunteer position?** Executive Director-Paid Full-Time position  
Tammie A. Daniels, MHR  
**Phone:** 512-331-5828      **Fax:** 512-331-64410      **Email:** tdanielsen@thesm.org

**Charles Durant, FACHE**  
**Organization Chair of the Board/President (volunteer position):**  
**Phone:** 512-324-6900      **Fax:**      **Email:** cdurant@seton.org

**Name of Primary Contact regarding this funding:** Tammie Daniels, MHR-Executive Director  
**Phone:** 512-331-5828      **Fax:** 512-331-6410      **Email:** tdanielsen@thesm.org

**Amount of Funds Requested:** \$152,050.00

**\*Note:** This number is based on the natural growth SHM has seen through the 3<sup>rd</sup> quarter and includes a revised projection through the 4<sup>th</sup> quarter at an increased ratio of 3 visits/year/patient verses the 2visits/year/patient that was originally projected. (Revised projection for current grant cycle: 469 unduplicated patients with 1383 patient visits). The increase in the number of visits per patient has increased due to the rise in new patients who have increasingly complex health issues, as noted in the 3<sup>rd</sup> quarter report.

In addition, to the revised projection for the grant cycle ending 09/30/09, SHM is planning to extend the hours of operation in its Chronic Disease Management Clinic (CDM) from the current 8 hours/week operation to 16 hours/operation by year end 2010, due to the increase in patient volume (approximately 3.5 weeks for the CDM clinic). This will be done gradually as increased revenues allow from the development of a fund development plan for the organization during 2009. This number also allows for a 10% increase to patient volume base on the rate of increase SHM has seen through the 3<sup>rd</sup> quarter of the current grant cycle and is based on the current CCS patient reimbursement rate of \$50.00 per visit.

**Number of Clinic Visits Proposed to be provided with this Funding (10/01/09 - 09/30/10):**

**3041**

**Estimated Unduplicated Number of People proposed to be Served with this Funding  
(10/01/09-9/30/10)**

**1021**

We understand that this request is to provide preventive and acute medical, mental health and dental care services to residents of Williamson County whose income is at or below 150% of the Federal Poverty Income Level and who are not eligible for any other funding assistance such as Medicaid, Medicare, CHIP, CHIP Perinatal, County Indigent Health Care Program, and the State Primary Health Care Program. We understand that funding will be at the level of \$50.00 per eligible patient visit up to a ceiling amount of the funding award and that payment will occur after services are delivered and a statement of services is submitted. We understand that the Williamson County & Cities Health District (WCCHD) administers these funds for Williamson County and we agree to comply with the billing and quality assurance requirements of WCCHD and the County.

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Chair of the Board/President

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Date

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Executive Director/Chief Professional Officer

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Date

## **Section 1: CLINIC ORGANIZATIONAL STRUCTURE**

**\*Describe the organization's history (e.g., date of founding, major milestones, name changes, location changes, incorporation as a non-profit organization, 501c(3) status).**

Samaritan Health Ministries (SHM) was originally founded in 1990 as Hill Country Medical Ministries (HCMM) by a group of volunteer physicians and was operational for eight years. The clinic closed upon the retirement of the medical director in 1998.

There was a renewal of the clinic in 1999, by a group of medical and non medical volunteers who were interested in serving the medical needs of the uninsured in the community. To avoid confusion with Hill Country Community Ministries, the organization changed the name of the clinic to Samaritan Health Ministries (legal name of the organization remains as HCMM). Upon reestablishment of the clinic, there was a need to find a new location in which to conduct operations. The clinic that had operated from 1990-1998 did so from a physician's office in Cedar Park, TX. However, by 1999, this location was no longer available, so the new volunteer staff approached Williamson County & Cities Health District regarding the utilization of space at WCCHD to treat uninsured patients until a permanent facility could be secured. An agreement was reached and SHM conducted clinic hours at WCCHD offices for two years until a portable building was purchased by SHM. Once a permanent structure was purchased, SHM then needed to find a location in which to secure its new structure. Good Shepard Lutheran Church was approached and graciously accepted SHM as its community partner and provided the space and infrastructure required for SHM to conduct operations. It was at this time that volunteer physicians and non medical volunteers were recruited to carry out the operations of SHM's acute care clinic.

Since 1999, the Board of Directors (BOD) has worked diligently to established by-laws and policies which have aided in continued operations of SHM. Today, the clinic services include not only acute care, but chronic care, dental care and mental health services as well as specialty referral services and breast cancer screening services. Throughout the past 10 years of operation, Samaritan Health Ministries evolved to meet the needs of the uninsured in Williamson County.

### **\*Organization Mission Statement:**

To provide quality urgent and chronic healthcare, inclusive of medical, dental, mental health services, pharmaceutical assistance, breast cancer screening and specialty referrals as well as health education to the uninsured in Williamson and Northwest Travis counties.

**\*Organization Vision Statement:** SHM does not currently have an official vision statement. Therefore, **SHM values** are listed below:

**Non-denominational commitment**-to quality healthcare for those least able to afford it.

**Financial stewardship**- by collaborating with Williamson County Clinics, churches, and other local organizations to provide appropriate care in a cost effective manner.

**Holistic patient care**-through the provision of medical, pharmaceutical, dental, mental health, breast cancer screening, and health education as well as assistance in seeking referrals for physical and spiritual concerns.

**Volunteerism**- through the engaging of health care professionals and other members of the community willing to give of their time, talents and resources.

**\*Briefly describe your organization's governance structure. Please attach a listing of the current Board of Directors.**

SHM's governance consists of a Board of Directors (BOD) who functions under the terms of by-laws. The BOD is also divided into committees that work on specific projects in conjunction with the Executive Director. Committees consist of:

**Executive Committee**-responsible for decision making and guiding the BOD on key issues and policy affecting the agency and staff.

**Strategic Planning Committee**-guides strategic direction and initiatives for the agency.

**Finance Committee**-Oversees financial matters that concern the agency.

**Grants Committee**-Oversees, manages and writes grant proposals, quarterly and annual reports as requested by grantors.

**Operations Committee**-Along with the Executive Director (ED) guide operational matters concerning the agency.

**Human Resources/Personnel Committee**-Establish, enforce agency policies related to personnel matters pertaining to both paid staff and volunteer staff.

**Nominations Committee**-Reviews credentials and recommendations of potential board members and makes recommendations accordingly to the BOD.

BOD meetings are held every other month.

Executive Committee meetings are held each month to resolve any issues that were unresolved in the prior board meeting.

Other Committee meetings are held on an as-needed basis and at the request of the ED.

***\*BOD & Executive Committee 2009 Meeting schedule attached***

**\*Briefly describe your clinic's geographical service area (Zip codes if possible):**

Officially, SHM serves all zip codes in Williamson County and zip codes in NW Travis County. During the past 12 months, SHM has served patients from the following zip codes:

**Round Rock:** 78664, 78681

**Brush Creek:** 78717

**Georgetown:** 78626

**Anderson Mill:** 78750

**Leander:** 78641, 78645

**Cedar Park:** 78613, 78630

**NW Austin:** 78729

**Liberty Hill:** 78642

**\*Briefly describe the population that your clinic serves/eligibility criteria:**

SHM serves uninsured patients who do not have commercial health insurance, Social Security benefits or any government programs such as CHIP, Medicaid, Medicare, etc. Therefore, SHM works to serve those who otherwise would not have access to ongoing care. Without SHM services, this patient population would over utilize the ER. This would create financial hardship for these patients because 92% of them are at 200% or below the FPL. This would also cause a hardship in the community at large by creating crowded ER facilities and raising premiums for those who do have commercial insurance.

According to the TexHealth Coalition, the lack of health coverage causes roughly 20,000 unnecessary deaths per year. This means that Williamson County alone would have a loss of revenue for businesses and the county overall, of approximately \$2 million in annual medical costs if these patients were treated in Williamson County hospitals rather than at SHM. This loss includes 1.3 million in ER use and \$0.7 million in medications supplied to this patient population by SHM.

**\*How does your clinic accomplish income screening and assure that your patients apply for public-funded programs for which they may be eligible?**

All patients are screened during our walk-in clinic hours. SHM volunteer staff members follow up with various agencies to determine whether or not respective patients have actually applied to respective programs. Letters are sent to patients indicating when they are no longer eligible for SHM services and are given instructions again as how to apply to other programs.

Rescreening is conducted annually during walk-in and appointment-only clinic hours. SHM has trained additional volunteers and staff members to accomplish all initial and reoccurring screenings.

**\*Does your clinic see patients on a walk-in basis?**

Yes, every Monday evening beginning 4-8pm during our acute/general medical volunteer clinic.

**\*Does your clinic have a sliding fee scale? Please identify the specific visit co-pay based on FPL.**

Yes, see attached document

**\*Describe your clinic's process for handling patients with the inability to pay their sliding scale fee at the time of service.**

SHM is sensitive to the population it serves and understands that many patients are unable to pay at the time of services rendered. In compliance with the mission of SHM, all patients are seen regardless of their ability to pay. However, at the time of each visit, the patient is asked whether or not they are able to pay for services rendered that day. If a patient is unable to pay the full amount, a promissory note referred to as an "IOU" is written, signed by the patient and placed in their file. A copy of this agreement is given to the patient at this time. SHM staff sends out letters each quarter as a friendly reminder to patients who have outstanding balances. Many fees are collected in this manner and patients often make payments on their total balance until all fees are paid in full.

No legal or accounting action is taken against patients who are unable to pay. All fees collected are considered "patient contributions" in the SHM accounting system. Therefore, SHM is able to continue to care for patients regardless of their ability to pay, but does benefit from those who are able to pay and thus support SHM operations.

**\*Describe your policy for providing continued care for patients who were screened as eligible for another medical payment source but who have failed to complete the application process.**

SHM gives all patients 45 days to apply to other medical sources that they qualify for and sends each patient a reminder that they are no longer eligible for services at SHM and explains where/how to apply to additional programs as applicable. SHM volunteers verify that applications for other programs have been completed and submitted to the appropriate organization when an ineligible patient returns to SHM for continued care. If the patient has not applied, SHM staff refers the patient back to the respective program and explains that the purpose of this policy is to aid them in obtaining continued care at an affordable rate. SHM encourages patients to communicate with SHM staff if they are having difficulty getting through the respective application process within their 45 day grace period and assists patients as needed to complete the application process. In some cases SHM will extend the grace period, if the patient has done their part in applying for a program that has not processed their application within 45 days. These cases are on a case by case basis and approved by the Executive Director.

**\*Describe your policy for scheduling appointments and care of individuals with outstanding balances. If an individual has an outstanding balance, how does that affect the care provided?**

SHM schedules all appointments for patients who are eligible for services regardless of their financial status. Although SHM encourages patients who are able to make payment arrangements, outstanding balances do not affect care provided to patients, or scheduling of future appointments.

**\*How does your clinic accommodate non-English speaking and hearing impaired patients?**

SHM ensures that volunteer interpreters are present during all clinic hours to assist the patient and medical staff to communicate effectively. SHM does not currently have a policy set into place for accommodating the hearing impaired. This is currently handled on a case by case basis.

**\*Briefly describe your organization's quality assurance/quality improvement program (include staff licensure, continuing education, compliance with HIPAA, CLIA, pharmacy laws, medical/dental/mental health practice and ethics committee, medical record reviews, compliance with standards, evaluation of patient care outcomes, patient satisfaction surveys, etc.).**

SHM conducts quality assurance by frequent training all staff and volunteers on HIPAA requirements and best practices concerning medical, dental and mental health care. SHM's current Medical Director conducts record review in conjunction with the physician (co-director) who oversees the supervision of Nurse Practitioners providing services at SHM. The medical director and co-director communicate regularly with the medical staff regarding patient care and treatment plans for respective patients.

Additionally, the lead pharmacist conducts record reviews for compliance with current pharmacy standards.

SHM supports the continuing education of its medical and non medical paid staff.

All service providers are required to supply SHM with their professional and DEA license numbers. SHM assists paid medical staff with liability insurance and requires that volunteer providers take responsibility for their own liability coverage.

In addition, SHM is currently updating its quality assurance/improvement program by establishing a formal tracking process to track licensure, liability coverage, HIPPA and continuing education training. SHM is also in the process of establishing methods that will ensure best practices, and record review as well as patient care and outcomes, particularly for patients who are seen in more than on of SHM's clinics. SHM is developing these methods as it works on its strategic plan in late 2009-2010.

**\*Does your organization and staff carry medical liability insurance? Please describe.**

Yes, SHM carries liability insurance on the building, contents of the building, Board of Directors and officers and paid medical staff members. All medical volunteers are required to carry their own liability insurance.

**\*Does your organization or staff have any outstanding legal actions against it? No  
If yes, what are the circumstances surrounding the legal matters and what is the current status?**

**\*When is your organization's fiscal year?**

January-December

**\*Who provides accounting/audit services for your organization? Please include a copy of your most recent audit.**

William Perrin and Associates provide accounting services for SHM.  
Lockart, Atchley & Associates, LLP perform auditing services for SHM.

## **Section 2: CLINIC PRACTICE**

*(If your organization has more than one site where services are provided, please answer each question in this section separately for each clinic site).*

**\*Briefly describe your clinic's staffing (include both paid and volunteer staff):**  
(Organizational chart attached)

**SHM operates primarily on volunteers, with a core paid staff (see organizational chart attached) as listed below:**

### **6 paid staff including:**

Executive Director-Full-time  
Administrative Assistant-Full time  
Nurse Manager-Part-time  
Nurse Practitioner-Part-time  
Dental Technician-Part-time  
Custodian-Part-Time

**Approximately 55 volunteers including:**

8 volunteer physicians (including volunteer medical director & volunteer physician overseeing nurse practitioner supervision)  
4 volunteer nurse practitioners  
2 volunteer pharmacists  
5 volunteer pharmacy technicians  
10 volunteer nurses  
3 volunteer nurses (breast cancer screening & education only)  
2 volunteer psychiatrists  
4 volunteer pharmacists who specialize in mental health medications  
2 volunteer dentists  
1 volunteer dental technician  
1 volunteer hygienist  
4 volunteer intake/screeners  
5 volunteers-clerical  
4 volunteer interpreters

**\*What primary care services does your clinic provide (include both preventive and acute care)?**

SHM provides Acute and Chronic Disease Management services.

**\*What specialty care services does your clinic provide?**

SHM provides both Breast Cancer Screening and Education services through the assistance of Komen Race for the Cure, Austin Affiliate, as well as specialty referral services for patients who are in need of specialty care through partnerships with local specialists.

**\*What arrangements does your clinic have for patients who need Specialty care services?**

For specialty care not listed below, SHM makes arrangements with local specialists in the community who agree to see a specified number of SHM patients throughout the year. SHM assists patients with initial fees to specialists via the respective contract between the specialist and SHM.

**Dental services:**

SHM provides dental services through an in-house referral system whereby patients are medically cleared in the acute care clinic prior to obtaining a dental appointment. Once patients are medically cleared, the dental technician makes appointments for them.

**Mental health and/or substance abuse services:**

SHM provides mental health services through an in-house referral system whereby patients are medically cleared in the acute care clinic prior to obtaining an appointment in the mental health clinic. Once patients are medically cleared, the program manager makes appointment for them. SHM only treats patients with anxiety, depression or panic disorders and refers patients to Bluebonnet MHMR for disorders that are more severe, or for patients who are not yet stabilized.

**Hospitalization:**

SHM does not currently have any formal arrangements for hospitalization. However, if deemed necessary by the patient's condition while being treated at SHM, local authorities are notified to transport respective patients to the nearest hospital.

**Laboratory and Other Diagnostic Services:**

SHM contracts with CPL laboratories for all lab work and Austin Radiological Association (ARA) for all radiological needs, x-rays, mammograms, etc, and pays a discounted rate for services with both of these vendors. These services are free to the patient who pays flat rate co-pay for services rendered at SHM based on the FPL, with the exception of patients who obtain mammograms. These patients are not required to pay the SHM co-pay since mammogram services are provided through the Komen grant.

**Pharmacy:**

SHM provides medications free of charge to patients through donations by Seton NW Hospital and through the Patient Assistance Program (PAP). SHM staff makes every effort to prescribe medications kept in house or that are available through the PAP program. Occasionally, it is necessary to write prescriptions for the patients to take to their local pharmacy to fill. When this occurs, SHM providers and pharmacists make every effort to write low cost prescriptions that are on the \$4.00 list at Wal-Mart.

**\*How does your clinic market your services to the underinsured and uninsured in the community?**

SHM markets its services to the community through public speaking events to community organizations and through community relation efforts by maintaining a presence at community events. SHM also keeps the Chamber of Commerce offices in Cedar Park and Leander, as well as the WCCHD and Travis County Health District abreast of scope of services, hours of operation and the availability of the Executive Director to speak to community organizations and leaders. SHM also supplies these offices with current brochures that can be distributed to community members. SHM is also cultivating relationships with local schools and conducts special days of services for children such as sealant day, which is open to local school aged children in the community. Additionally, SHM remains in close contact with leadership at Cedar Park Regional Hospital (CPR) and acts as a home for patients who otherwise would utilize CPR's emergency department.

**\*Days of the week and hours of clinic operation:**

**Acute Care**-Every Monday evening 4-8pm (walk-in)

**Chronic Disease Management**-Every Wednesday 8am-4pm (appointment only)

**Mental Health services**-The First Tuesday evening of each month 5-9pm (appointment only)

**Dental Services**-Second Tuesday evening of each month 5-8pm (appointment only) & every other Wednesday 12 noon-5pm (appointment only).

**\*What is the average wait time for an appointment for sick care?**

There is no wait time for sick care, as SHM operates its sick care clinic during walk-in hours every Monday evening beginning at 4pm. The number of patients who are accepted into the walk-in clinic based on the number of available providers. SHM traditionally has two providers each Monday evening which allows for care for 16-18 patients. Medical and clerical volunteer staff make every effort to accommodate additional patients who's medical condition deems they be treated immediately and who do not have conditions that can solely be treated in the ER. Therefore, the volunteers at Samaritan Health Ministries work very hard to accommodate all individuals that come to the clinic during walk-in clinic hours.

**\*What is the average wait time for preventive care?**

SHM does not currently have traditional preventative care services; however it does provide Chronic Disease Management (CDM) weekly. The current wait time for an appointment in the CDM clinic is approximately 3.5 weeks. Patients are worked in as needed when cancellations occur, or when emergencies arise.

**\*What is the clinic's average cost per clinic visit?**

The average cost per clinic visit is approximately \$106.00

*\*Includes program and business costs consistent with accounting and auditing reports prepared for SHM.*

**\*What arrangements do you have for 24/7 coverage?**

Currently SHM does not provide 24/7 coverage.

**\*Out of every dollar received, what portion goes to direct patient care?**

Out of every dollar received, approximately \$.69 goes to direct patient care.

*\*Includes program and business costs and is consistent with accounting and auditing reports prepared for SHM.*

**\*How many uninsured patients were seen between 0 - 150% FPL? Between 151% - 200% FPL?**

The percentage of SHM's clinic wide and CCS patient fall below 200% FPL respectively:

**Clinic-wide statistics**

70% of patients fall 150% or below FPL.

22% of patients fall 151-200% FPL

8% of patients fall over the 200% FPL

*\*total of 92% of patients below 200% FPL*

**CCS statistics**

72% of patients fall 150% or below FPL.

24% of patients fall 151-200% FPL.

4% unknown

*\*total of 96% of patients below 200%*

### **Section 3: FUNDING SOURCES**

Insert additional rows in this table of funding sources as needed.

Funding Sources	Last FY/08	Current FY/09	Next FY/10
Client Co-Pay	\$22,000	\$24,000	\$26,000
Insurance, Medicaid, CHIP, CHIP Perinatal, Medicare, CIHCP, PHC, other (Please list each separately)	\$0	\$0	\$0
Government Grants (city, county, state, federal)—specify	\$		\$
WCCHD	\$39,960.00	\$50,000.00	\$ unknown
Corporate and/or Foundation Grants—specify	\$	\$	\$
St. David's Community Health Foundation	\$ 49,000.00	\$49,000.00	\$ unknown
Komen Race for the Cure-Austin Affiliate	\$12,263.50	\$16,269.00	\$3,732.75
United Way Grants	\$	\$	\$
UWWC	\$8,000	\$20,000	\$20,000
Donations/ Other Fund-Raising	\$	\$	\$
Local Churches	\$10,000.00	\$10,000.00	\$12,000.00
Community Organizations	\$5,000.00	\$5,000.00	\$7,000.00
Individuals	\$1,500.00	\$2,000.00	\$3,000.00
<b>Total Income</b>	<b>\$147,723.50</b>	<b>\$176,269.00</b>	<b>\$71,732.75</b>

***Note:***

*\*2010 projections are lower/not yet complete because the 2010 grant application has not yet been submitted to St. David's Community Health Foundation and the WCCD grant amount has not yet been determined.*

*\*Increase in totals from 2008-2009 include an increase in patient base and increased agency efforts in seeking funds as well as the establishment of a fund development plan.*