



Local Funds Monitoring

User Guide: Phase 3

**Texas Health and Human Services
Provider Finance Department
Local Funds Monitoring
April 2023**



TEXAS
Health and Human
Services

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1. Purpose

This user guide's purpose is to provide instructions to local governmental entities (LGEs) for the Federal Fiscal Year (FFY) 2022 (October 1, 2021 – September 30, 2022) Phase 3 April 2023 Reporting Survey. The survey will be available from April 1, 2023, through April 30, 2023 at **11:59 pm central time**, and can be found on the Texas Health and Human Services Commission (HHSC), Provider Finance Department (PFD), [Local Funds Monitoring \(LFM\) website](#). The FFY23 annual reporting will take place through the Local Funds Tracking System (LoFTS) in October 2023.

This Phase 3 survey applies to LGEs that transfer funds via intergovernmental transfer (IGT) to support Medicaid payment programs for **non-hospital services** using funding sources that are **NOT** generated through the administration of a Local Provider Participation Fund (LPPF). If you reported in October 2022, that collected information on IGTs for hospital services; this survey covers the same time period (FFY22), but only relates to **non-hospital services**.

There are five sections in this document:

- ▶ Purpose
- ▶ History and Overview
- ▶ Introduction
- ▶ Survey Prep
- ▶ Taking the Survey

Assistance

For assistance regarding this survey, contact the LFM Team at:
PFD_LFM@hhs.texas.gov or (737)-867-7877.

Live Q&A session every Tuesday in April, see details below.

LFM will host Question and Answer (Q&A) sessions for the April 2023 survey. You can join a TEAMS meeting every Tuesday in April (4th, 11th, 18th, and 25th) from 10:00 am-11:00 am central time to ask any questions during reporting. To join, click [here](#), or call (512) 580-4366 and use Conference ID 792 625 697# at the given date and time of your choice.

2. History and Overview

Local Funds Monitoring Background

HHSC created the LFM team to ensure that funds transferred from LGEs to HHSC satisfy state and federal requirements to be used as the non-federal share of Medicaid payments. The federal requirements generally come from the [Social Security Act § 1903\(w\)](#) and its enabling regulations at the [Code of Federal Regulations, Title 42, Part 433, Subpart B, State Fiscal Administration, General Administrative Requirements State Financial Participation](#). HHSC's goal is to demonstrate that Texas operates a robust monitoring oversight of local funding sources. HHSC anticipates that these efforts will be critical to continue using these local funding sources to obtain federal matching funds for the Medicaid program.

In May 2022, six rules for LFM were adopted into the [Texas Administrative Code under Title 1, Part 15, Chapter 355, Subchapter L](#):

- ▶ 355.8701: Purpose
- ▶ 355.8702: Definitions
- ▶ 355.8703: Applicability
- ▶ 355.8704: Reporting and Monitoring
- ▶ 355.8705: Post-Determination Rev.
- ▶ 355.8706: State and Fed. Reporting

Monitoring Timeline

In October 2022, HHSC launched LoFTS to monitor:

- ▶ Local funds generated through an LPPF (**Phase 1 LGEs**); and
- ▶ Non-LPPF local funds transferred to the agency via an IGT to support Medicaid payment programs for hospital services. (**Phase 2 LGEs**)

In April 2023, LFM is using a condensed Microsoft Forms survey to collect projected financial information for IGTs related to non-hospital services during FFY 2022 (October 1, 2021 – September 30, 2022):

- ▶ Non-hospital services include nursing facility services, intermediate care facility services, and other acute or long-term care services (other than funds from LPPFs or other provider taxes) (**Phase 3 LGEs**).

In October, 2023, LFM will finalize LoFTS Module 3, which will capture data for Phase 3 LGEs, and building Module 4, which will capture data for LGEs that provide Certified Public Expenditures (CPEs) (**Phase 4 LGEs**). Annual reporting for FFY 2023 will take place in October and will include all LGEs by collecting data in the corresponding modules through LoFTS. One consolidated annual reporting will take place in October each year thereafter.

Local Funds Monitoring Team Context

Local governments in Texas have supported the Medicaid program with local funds in various ways. The Centers for Medicare and Medicaid Services (CMS) has increased its focus on the Medicaid program's source of local funds and whether these funds constitute a permissible source of the non-federal share. The Texas Legislature has also increased reporting requirements related to using local funds as the non-federal share of the Texas Medicaid program.

LFM's role is to analyze the source of local funds transferred from LGEs to HHSC to determine whether the sources of local funds satisfy state and federal requirements for use as non-federal share dollars. HHSC does not function as an agent of CMS and HHSC does not determine whether CMS will ultimately accept a particular source of local funding. Rather, the HHSC Provider Finance Department's (PFD's) LFM team monitors to evaluate the likelihood that funds are permissible to minimize the risk of CMS issuing a disallowance or deferral of funds to providers. To the extent that a local funding source does not appear to be permissible under federal requirements or is not compliant with a local or state regulation or statute, HHSC will refuse such local funds for use as the non-federal share. However, acceptance of local funds does not confer permissibility, because it is still within the purview of CMS to determine whether funds are permissible under federal requirements.

As part of HHSC's efforts, the LFM team must collect and review data from every LGE that supplies local funds via an IGT or CPE. The LFM team is responsible for reviewing the self-reported data and supplemental documentation as resources in conducting a risk assessment to determine whether entities warrant further review. The risk assessment determines whether their financing arrangements appear to be **likely permissible, further review required**, or are **likely impermissible**. The local funds requiring further review, or categorized as likely impermissible, will undergo an additional documentation collection process and a potential on-site visit. The LFM team will then submit an annual report to the Texas Legislature with specific data elements required by state law. LFM will also work with the LGE and CMS, as necessary, to develop a collaborative process to address issues that the LFM team identifies as being likely impermissible.

3. Introduction

This survey (April 2023 Phase 3 LGE Survey) is required for all LGEs who submit an IGT to support Medicaid payment programs for **non-hospital programs**. The person certifying the accuracy of this information must be an employee, board member, or elected official of the LGE to attest to the validity of the data submitted on behalf of the LGE.

Key Points:

- ▶ The survey link will be available on the [LFM website](#) from April 1, 2023, through April 30, 2023 at **11:59 pm central time**.
- ▶ The survey will take approximately ten minutes to complete, provided you have gathered the data detailed in the next section in advance.
- ▶ You will not be able to save and continue once you start, so please **plan to enter the data in one sitting**. The next sections contain tips for gathering information and preparing for the survey.
- ▶ The survey will cover summary information on local funds your LGE transferred to HHSC during FFY22: October 1, 2021 – September 30, 2022).
- ▶ LGEs that have relationships with private providers, or have undergone a change of ownership (CHOW) in the last 6 years are required to fill out the relationship template available on the [PFD LFM website](#) and email it to PFD_LFM@hhs.texas.gov before the deadline.
- ▶ Nursing Facilities (NFs) eligible for QIPP based solely on an active partnership must email supporting documents to PFD_LFM@hhs.texas.gov before the deadline.
- ▶ LGEs must email any CHOW documentation for CHOWs occurring after October 1, 2016, to PFD_LFM@hhs.texas.gov before the deadline.
- ▶ LFM will host Q&A sessions for the April 2023 Phase 3 LGE Survey every Tuesday in April (4th, 11th, 18th, and 25th) from 10:00-11:00 am central time to help answer any questions you have during reporting. To join, click [here](#), or call **(512) 580-4366** and use **Conference ID 792 625 697#** at the given date/time of your choice.
- ▶ Questions can be sent to PFD_LFM@hhs.texas.gov or you can call the LFM team at **(512) 867-7877**.

Failure to complete this survey by the deadline, Sunday, April 30, 2023, at 11:59 pm central time will cause your LGE to be ineligible to IGT.

4. Survey Prep

The LFM team **STRONGLY** encourages users gather documentation before beginning this survey. Users will need approximately ten minutes to complete the survey once all necessary information is in hand. You will **NOT** be able to **save or continue later** – **you must complete the survey in one sitting.**

Submit information by the **reporting deadline – 11:59 pm central time, April 30, 2023.**

Necessary Information and Documents:

Please gather the following required information to complete this survey:

- ☐ A list of revenue sources available to your LGE.
- ☐ A list of non-hospital programs for which your LGE transfers funds to HHSC (e.g. DPP BHS, ICF-UPL, DSRIP for non-hospital services, NAIP, RAPPs, QIPP, TIPPS, UC Dental, and/or UC Physician).

Please prepare the following supporting documents to email to LFM:

April reporting will require LGEs to email documents to PFD_LFM@hhs.texas.gov based on answers in the survey. You may complete the survey before sending the documents, but **LFM must receive all required documents before the deadline.**

- ☐ **Provider Relationships:** LGEs with provider relationships are required to fill out the relationship template, available on the [PFD LFM website](#).
- ☐ **QIPP Active Partnership:** Supporting documentation for QIPP nursing facilities (NFs) who are eligible *solely* on an active partnership.
- ☐ **CHOWS:** Information and supporting documents on any CHOWs that have involved your LGE since October 1, 2016.

Emailing Files to LFM

You can email files to PFD_LFM@hhs.texas.gov in one email if the combined file size is under 20 megabytes (MB).

Email subject line: *LGE Name – April 2023 Survey – SDA Name*

If sending multiple emails, designate the email by number:

LGE Name – April 2023 Survey – SDA Name (1 of 3)

File naming conventions:

- ▶ **Relationship Template:** LGE Name – Relationships
- ▶ **QIPP supporting documents:** LGE Name – QIPP Partnerships
- ▶ **CHOWS:** LGE Name – CHOWs

If CHOW documents are for individual NFs, please include the name of the facility: *LGE Name – CHOW – NF Name*

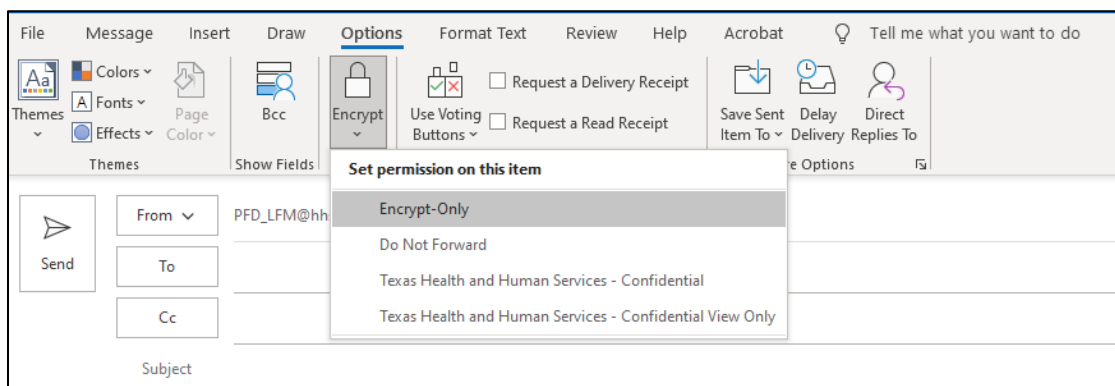


LFM is limited to receiving emails that are less than 20 MB. You can email documents individually, as one file, or combined as a zip file.

Emailing Sensitive Information:

If you would like to send documents securely, you can use your organization's processes or use the Encrypted option in Microsoft Outlook.

- ▶ **Outlook Encryption:** This option is found under the Options tab



5. Taking the Survey

The first three pages of the survey contain general information and a list of items to prepare before you begin. The survey questions begin on the fourth page.

Landing Page: Introduction

This survey is required for all LGEs who submit an IGT to support Medicaid payment programs for non-hospital services, including the following:

- Directed Payment Program for Behavioral Health Services (DPP BHS)
- Delivery System Reform Incentive Program (DSRIP for non-hospital projects)
- Intermediate Care Facilities-Upper Payment Limit (ICF-UPL)
- Network Access Improvement Program (NAIP)
- Quality Incentive Payment Program (QIPP)
- Rural Access to Primary and Preventative Services (RAPPS)
- Texas Incentives for Physicians and Professional Services (TIPPS)
- Uncompensated Care Dental Payment Program (UC Dental)
- Uncompensated Care Physician Payment Program (UC Physician)

INTRODUCTION TO PHASE 3 LOCAL GOVERNMENTAL ENTITY (LGE) SURVEY

This survey is required for all LGEs who submit an intergovernmental transfer to support Medicaid payment programs for **non-hospital services**, including the following:

- Directed Payment Program for Behavioral Health Services (DPP BHS)
- Delivery System Reform Incentive Program (DSRIP)
- Intermediate Care Facilities-Upper Payment Limit (ICF-UPL)
- Network Access Improvement Program (NAIP)
- Quality Incentive Payment Program (QIPP)
- Rural Access to Primary and Preventative Services (RAPPS)
- Texas Incentives for Physicians and Professional Services (TIPPS)
- Uncompensated Care Dental Payment Program (UC Dental)
- Uncompensated Care Physician Payment Program (UC Physician)

DEADLINE

- **This survey** must be completed by **11:59 pm, April 30, 2023** and will collect information about local funding sources and program participation for Federal Fiscal Year 2022 (FFY22) (Oct. 1, 2021 - Sept. 30, 2022).
- Please note that this reporting deadline falls on a weekend. **The deadline will not shift to the next business day**, so please plan accordingly to report on time.

DEADLINE

This survey must be completed by **11:59 pm central time, April 30, 2023**, and will collect information about local funding sources and program participation for non-hospital services in FFY22 (Oct. 1, 2021 - Sept. 30, 2022).

Please note that this reporting deadline falls on a weekend. **The deadline will not shift to the next business day**, so please plan accordingly to report on time.

Important Information

DISCLAIMER

HHSC will not accept funds transferred by LGEs that fail to submit, or that enter inaccurate or misleading information by April 30, 2023. Both this survey and formal annual reporting through Local Funds Tracking System (LoFTS) in October 2023 are mandatory for continued participation.

QUESTIONS

The User Guide for this survey can be found on the LFM website at <https://pfd.hhs.texas.gov/local-funds-monitoring>. For questions or issues while completing this survey, please contact the LFM team by email: PFD_LFM@hhs.texas.gov or by phone at (737) 867-7877. LFM staff will respond to your email and calls within one business day.

LIVE SUPPORT

LFM will hold live sessions for questions and answers every Tuesday during the month of April from 10:00 am to 11:00 am central. You can join the TEAMS meeting by calling (512) 580-4366 Conference ID 792 625 697# or by following the meeting link on the LFM website <https://pfd.hhs.texas.gov/local-funds-monitoring>.

NOTE: This survey relates ONLY to FFY22 (Oct. 1, 2021 - Sept. 30, 2022) and you should report on ONLY funding transferred for NON-HOSPITAL PROGRAMS. October 2023 reporting will be conducted through the LoFTS platform and will collect similar information for the current year (FFY23: Oct. 1, 2022 - Sept. 30, 2023).

Before you Begin

FFY 2022 HHSC LFM PHASE 3 LGE SURVEY

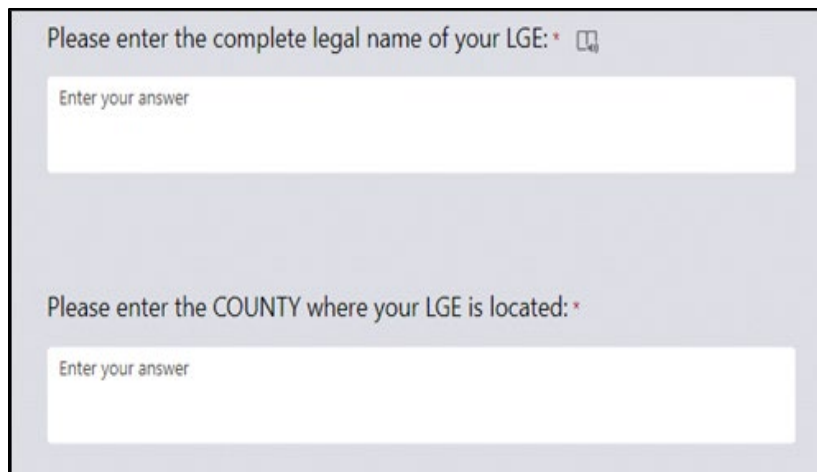
BEFORE YOU BEGIN

Please gather the following required information and documentation to complete this survey:

- A list of revenue sources available to your LGE.
- A list of programs (e.g., DPP BHS, ICF-UPL, DSRIP for non-hospital services, NAIP, RAPPS, QIPP, TIPPS, UC Dental, UC Physician) for which your LGE transfers funds to HHSC.

- IF your LGE has a relationship with **ANY private provider** or **ANY entity that has become part of your LGE (including by purchase, through a joint venture, via management agreement, etc.) since October 1, 2016**, that receives payment under a program for which you transfer, you will need to complete the excel relationship template. **DOWNLOAD HERE:**
<https://pfd.hhs.texas.gov/sites/rad/files/documents/lfm/ff-2023-lfm-lge-relationship-template.xlsx>.
- Documents supporting any changes of ownership (CHOWs)*** that have involved your LGE since October 1, 2016.
- ****Pursuant to program rules, if any facility changed ownership in the past five years in a way that impacts eligibility, the LGE must submit to HHSC, upon demand, copies of contracts it has with third parties with respect to the transfer of ownership or the management of the provider and which reference the administration of, or payments from the Medicaid program.*

LGE Information



Please enter the complete legal name of your LGE: *

Enter your answer

Please enter the COUNTY where your LGE is located: *

Enter your answer

On this page, HHSC is collecting information about the name of the LGE and the county where the LGE is physically located.

You will need to enter the complete legal name of your LGE along with the county in which the LGE is located.

Programs and Funding Sources

On this page, HHSC is collecting information about any non-hospital programs the LGE supports when utilizing local funds that are NOT located within an LPPF Account.

You will select **ALL revenue sources available to the LGE**, even if the revenue source is not currently used for IGT. The list includes:

- Ad Valorem Tax Revenue
- Appropriated Local Funds from another LGE

- Appropriated State Funds
- Bonds
- Contract Revenue from another LGE
- Debt Instruments
- Federal Grants
- Other Local Tax Revenue (**NOT LPPF funds**)
- Patient Revenue
- Tuition and/or Fees
- Other Revenue not listed (this will be a blank box in which you can add additional sources).

Please select the sources of funds available to the LGE: *

- ☐ Ad Valorem Tax Revenue
- ☐ Appropriated Local Funds from another Local Governmental Entity
- ☐ Appropriated State Funds
- ☐ Bonds
- ☐ Contract Revenue from another Local Governmental Entity
- ☐ Debt Instruments
- ☐ Federal Grants
- ☐ Other Local Tax Revenue (**NOT including any LPPF funds** reported in Module 1)
- ☐ Patient Revenue
- ☐ Tuition and/or Fees
- ☐ Other

Questions on IGTs

On this page, HHSC is collecting information about what programs the LGE IGTs for on its own behalf as well as what programs the LGE IGTs for on behalf of others.

The list of non-hospital programs will appear if the IGT question is answered Yes.

Does your entity transfer an **IGT on its own behalf?** *

☐ Yes


☐ No

If your LGE DOES submit IGT on its own behalf, please choose which non-hospital programs they participate in.

Please choose which **non-hospital programs** your LGE submits **IGT on its own behalf:** *

- ☐ Directed Payment Program for Behavioral Health Services (DPP BHS)
- ☐ Delivery System Reform Incentive Payments (DSRIP) - for NON-HOSPITAL SERVICES / PROJECTS
- ☐ Intermediate Care Facilities - Upper Payment Limit (ICF-UPL)
- ☐ Network Access Improvement Program (NAIP)
- ☐ Quality Incentive Payment Program (QIPP)
- ☐ Rural Access to Primary and Preventive Services (RAPPS)
- ☐ Texas Incentives for Physicians and Professional Services (TIPPS)
- ☐ Uncompensated Care Dental Payment Program (UC Dental)
- ☐ Uncompensated Care Physician Payment Program (UC Physician)

These next questions are specifically for LGEs that submit IGTs on behalf of any private providers:

Does your entity **IGT on behalf of any private providers?** * 

☐ Yes

☐ No

Answering Yes to the previous question provides a list of non-hospital programs.

If you **LGE DOES submit IGT on behalf of any private providers**, please choose which non-hospital programs they participate in:

Please choose which **non-hospital programs** your LGE submits **IGT on behalf of private providers.** *

☐ Directed Payment Program for Behavioral Health Services (DPP BHS)

☐ Delivery System Reform Incentive Payments (DSRIP) - for NON-HOSPITAL SERVICES / PROJECTS

☐ Intermediate Care Facilities - Upper Payment Limit (ICF-UPL)

☐ Network Access Improvement Program (NAIP)

☐ Quality Incentive Payment Program (QIPP)

☐ Rural Access to Primary and Preventive Services (RAPPS)

☐ Texas Incentives for Physicians and Professional Services (TIPPS)

☐ Uncompensated Care Dental Payment Program (UC Dental)

☐ Uncompensated Care Physician Payment Program (UC Physician)


Additional Steps for Provider Relationships

If your LGE **DOES submit IGT for private providers**, you must complete the following steps.



You may complete this step after the survey is submitted. However, LFM **MUST** receive the document before the deadline.

- 1) Download the [April 2023 LGE & Provider Relationship Template](#). This document can also be found on the [LFM website](#) under the April 2023 Survey (Mandatory) – Phase 3 Governmental Entities ONLY section.
- 2) Fill in the document to describe the LGE's relationships with ANY private providers.

|  Phase 3 LGE-Provider Relationship Template | | |
|---|------------------|--|
| List each relationship: <ul style="list-style-type: none"> Between the LGE and any PRIVATE PROVIDER for which the LGE submits public funds for IGT Between the LGE and any ENTITY that has become a PART OF THE LGE WITHIN THE LAST 5 YEARS | | |
| Governmental Entity: | | |
| Date Compiled: | | |
| Provider ID (License, CCN, or NPI) | Name of Provider | Brief Description of Relationship(s) in list form (eg: Lease, Transfer Agrmt, Mgmt Agrmt, and Lab Services) |
| | | |

Examples of Relationships may include but are not limited to:

- | | |
|-----------------------------------|-------------------------|
| ▶ Administrative Services | ▶ Facility Services |
| ▶ Management Services | ▶ Lease/Sublease |
| ▶ Patient Transfer Agreements | ▶ Line of Credit |
| ▶ Lab Services | ▶ Medical Services |
| ▶ Consulting Services | ▶ Letters of Agreement |
| ▶ Residency Participation Funding | ▶ Professional Services |

- 3) Email the completed document to PFD_LFM@hhs.texas.gov. Additional instructions can be found on page 8.

- Include the name of the LGE in the title of the document. (Example: LGE Name – Relationship Template)
- Email the Excel document as an Excel document, do not convert it to a PDF.

You will attest that you understand this requirement in the survey.

All documents are to be emailed to the LFM team at PFD_LFM@hhs.texas.gov. Please reference the user guide for detailed instructions (such as file name).

☐ I understand and will email my documents no later than April 30, 2023.

Questions about QIPP

If your LGE **DOES participate in QIPP**, you must answer additional questions.

QIPP encourages nursing facilities to improve the quality and innovation of their services, using CMS' five-star rating system as its measure of success.

QIPP SPECIFIC QUESTIONS
This section will ask questions regarding QIPP eligibility requirements.

Does your entity participate in QIPP?
☐ Yes
☐ No

Nursing facilities (NF) must meet one of four criteria to participate in QIPP as an LGE, aka Non-state Government-owned (NSGO) entity. Once an NF has met one criterion, you do not need to list them a second time, even if they qualify under both selections.


- 1) Eligibility based on location in the same Regional Health Partnership (RHP):** If **ANY** NFs qualify for QIPP because their physical location is in the same Regional Health Partnership as the physical location of the LGE, select Yes and list them here. Selecting No will take you to the next question.

Do you own any nursing facilities which qualified for the QIPP Year 5 based on their location being in your same Regional Healthcare Partnership (RHP)? *

☒ Yes
☐ No

Please list all of the nursing facilities that qualified for the program based on their location in your same RHP? *

- 2) Eligibility based on distance:** If **ANY** NFs are eligible for QIPP because their physical location is within 150 straight line miles as the physical location of the LGE, select Yes and list them here. If the NF was listed in the question above, do not list them a second time.

Do you own any nursing facilities which qualified for QIPP Year 5 based on their location being within 150 miles of your physical location? * 

You do not need to add previously listed facilities that qualify based on being in the same RHP.

☒ Yes


☐ No

Please list all of the nursing facilities which qualified based on distance.

NOTE: Please do not list NFs previously listed above.

Enter your answer

- 3) Eligibility based on years of ownership:** If **ANY** NFs are eligible for QIPP because the LGE owned the NF for more than five years before the beginning of QIPP Year 5, select Yes and list them here. If the NF was listed in either question above, do not list them again.


Do you own any nursing facilities which qualified for QIPP Year 5 based on ownership of more than five years (prior to September 1, 2017)? * 

NOTE: Please do not list NFs previously listed above.

☒ Yes


☐ No

Please list all nursing facilities which qualified based on ownership of more than five years.

NOTE: Please do not list NFs previously listed above. * 

Enter your answer

- 4) Eligibility based on an active partnership:** If ANY NFs are eligible for QIPP because of an active partnership, select Yes and list them here. Selecting No will take you to the next question. If the NF was listed in any question above, do not list them again.

Do you own any nursing facilities which qualified for QIPP Year 5 based on an active partnership? * 


NOTE: Please do not list NFs previously listed above.

☒ Yes

☐ No

Please list the NFs who qualified based on an active partnership.


NOTE: Please do not list NFs previously listed above.

* 

Enter your answer


If any NFs are eligible for QIPP based *solely* on an active partnership, you will answer additional questions and email supporting documentation regarding the following:

- Monthly Nursing Facility Meetings
- Quarterly Training
- Onsite Inspections
- Email supporting documentation

Did you hold monthly meetings with the NF administrative staff to review the NF's clinical and quality operations and identify areas for improvement? * 


☐ Yes

☐ No

Did you provide quarterly trainings on topics and trends in nursing home care best practices or on needed areas of improvement? * 

☐ Yes

☐ No

Did you conduct an annual onsite inspection of the NF by a non-state governmental entity-sponsored Quality Assurance team? * 

☐ Yes

☐ No

Email Supporting Documentation for Active Partnerships NFs who meet eligibility requirements based **SOLEY** on an active partnership.



You may complete this step after the survey is submitted. However, LFM **MUST** receive the document before the deadline.

Email supporting documentation to PFD_LFM@hhs.texas.gov. Additional instructions on naming conventions are included on page 8.

Questions about Changes of Ownership (CHOWs)

On this page, HHSC is collecting information about any CHOWs since October 1, 2016.

A CHOW is defined at [26 TAC §553.3 \(16\)](#) as an event that results in a change to the federal taxpayer identification number of the license holder of a facility. Substituting a personal representative for a deceased license holder is not a change of ownership.

Does the LGE submit IGT for any provider that has become part of the LGE **(including by purchase, through a joint venture, via management agreement, etc.)** since October 1, 2016? *

NOTE: This primarily applies to QIPP, RAPPS, and TIPPS.

☒ Yes

☐ No

Provide the name of each provider and the date of the CHOW; if none, please write N/A. Each CHOW must also be listed on the excel "relationship template" you uploaded earlier in the survey. *

Please include the Provider name, CHOW date, and Program(s) affected (e.g. *ABC Provider - dd-mm-yyyy - TIPPS*)

Enter your answer

- ▶ If any CHOWs have occurred since October 1, 2016, include the name of the provider, the date of the CHOW, and the programs affected.
- ▶ If more than one CHOW has occurred, list them ALL in the provided box.

Email CHOW documentation to PFD_LFM@hhs.texas.gov before the deadline:

- ▶ Include copies of all contracts your LGE entered with third parties for the transfer of ownership, management of the provider, and any that reference the administration of, or payments from, the Medicaid program.
- ▶ Email **ALL** documents related to the CHOWs.




You may complete this step after the survey is submitted. However, LFM **MUST** receive the document before the deadline.

Additional instructions on naming conventions can be found on page 8.

Feedback for LFM

If you have any feedback that you would like LFM to consider or could help with future reporting, please fill out the following question on this page:

Please use this space if you have any feedback to improve future reporting. 

Enter your answer

Certification

We require a typed signature and title on this page to attest that all information submitted is correct.

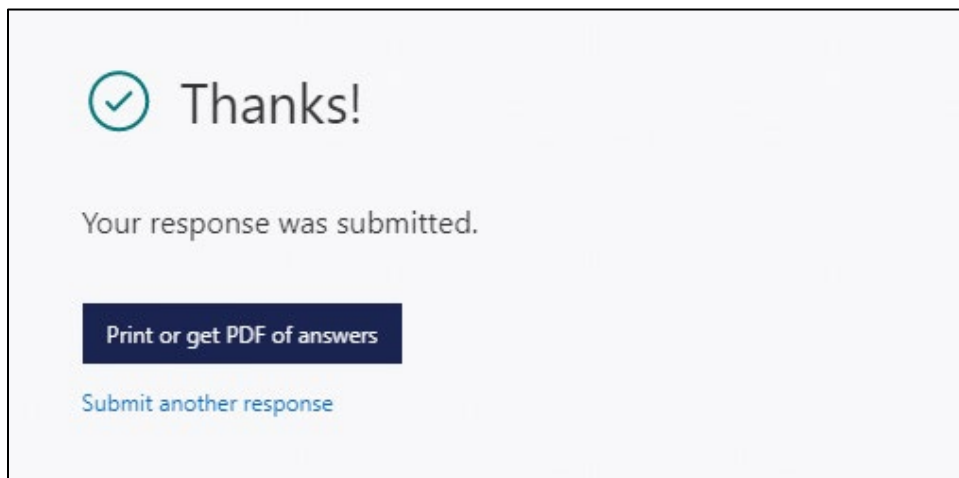
This individual must be an employee, board member, or elected official of the LGE.

The attestation states:

I attest that I am duly authorized by the governmental entity to certify the data to be submitted in this report on behalf of the governmental entity. I have examined the information contained in this report, prepared for the above-named government entity. To the best of my knowledge and belief, it is a true, correct and complete statement prepared from the records of the government entity in accordance with applicable instructions. After submission of this report, if I become aware of additional information that is relevant to this report, I will notify HHSC.

Thank You

Once the survey has been submitted, you can print or save a PDF of your responses.



HHSC appreciates the commitment of all LGEs for being active participants in the Texas Medicaid Program, and we look forward to our continued collaboration to make a positive difference in the lives of the people we serve.