



Texas CHIP Coalition Meeting Minutes

January 15, 2016

Present: Jolene Sanders, Easter Seals
Will Francis, NASW
Jiji Grisel, Seton
Melissa McChesney, CPPP
John Berta, THA
Helen Davis, TMA
Anne Dunkelberg, CPPP
Ariette Agnew, CDF
Bryanna Estyado, CDF-TX
Juanita Gutierrez, CommUnity Care
Angelica Davila, CommUnity Care
Carisa Magee, HHSC
Jessica Cassidy, Texas Legal Services
Chris Yanas, MHM
Clayton Travis, TPS
Rekha Lakshmanan, the Immunization Partnership
Kathy Eckstein, CHAT
Kit Abney Spelce, Seton

On the phone: Johnna Carlson, Texas Children's Hospital
Sherry Vetter, Texas Children's Health Plan
Keri Kohl, THA
Claudia Calderon, Texas Children's Health Plan
Betsy Coates, Maximus San Antonio
Tina Mendiola, St. David's Healthcare
Sonia Lara, TACHC
Sister JT Dwyer

Chair: Kathy Eckstein, CHAT
Minutes Scribe: Julia Von Alexander, Center for Public Policy Priorities
Next meeting: February 19, 2016

I. Decrease in Immunizations of Young Children (Rekha Lakshmanan, the Immunization Partnership)

- See slides!
- TX- significant number of cases of pertussis in 2015.
- Trend in TX- most vaccinate, but not all. TX below CDC Healthy people 2020 objective and US National average. In 2014, immunization rate in Texas dropped 9% as compared to 2013. Can't pinpoint why. Access to care? Refusal?
- Adolescents are different-TX is doing well in TDAP and Meningococcal vaccinations, but not HPV.

- School requirements-significant increase in uptake. Policies make an impact.
- Anti-immunization legislation-TX has both religious and philosophical exemptions. After measles outbreak, CA eliminated philosophical exemptions. In TX, increase in exemptions after 2003 when governor allowed personal belief exemptions. High exemption rate-increased risk of outbreak.
- Policy priorities: immunization registry efficiency (opt out not opt in system); neglected tropical diseases (NTDs)
- Legislative champions? Opt-out: Donna Howard. Adult safety net/NTD surveillance program: Sarah Davis; Age exemption and exemption transparency: Sheffield.
- Challenges-Proposed bill to eliminate personal belief exemptions-group formed quickly to oppose. Watching to see if propose anti-vaccine legislation this session (never faced before in TX).
- Holding stakeholder meetings-what are the challenges and should there be a legislative approach? Used to form legislative agenda; need more parent engagement/community voices and stories.
- Registry is important-track trends; minimize re-/over-vaccinating.
- Is pharmacist allowed to give immunizations? Yes, but limited what can do (can't do under 7) 7-14 flu only and >14 all. Decrease in childhood vaccination rate? 7 measured, collective number overall has dropped (19-35months) Adolescents-11-12 at or near goal except for HPV. Adult rates- data not collected as frequently (most recent 2009/2010)
- Category for 36 mnths-11yrs? Next vaccinations are at 4 year old visit, but after that no other vaccines until ~9.
- Structure of Immunization Partnership? Advocacy org, work closely with DSHS/TMA/TPS, health systems, school ISDs. Would like to partner with CHIP coalition and organizations.
- Why is adolescent vaccination rate so low for HPV if required for school? HPV not required for school. School requirements set at state level. How many states require HPV vaccine for school? Only 2 (D.C. and VA?). Not sure how effective school requirement is for increasing HPV vaccination.
- History of HPV vaccine in TX? Gov. Perry proposed requirement, much backlash. When proposed, children w/ access to VFC program didn't have access to HPV vaccine and proposal accelerated process to get HPV vaccine to be a part of VFC program. Currently a part of VFC. CDC working on improving HPV vaccination rate. TX has some of the highest cervical cancer rates in nation.
- TPS- gives information on how to frame vaccination (HPV) to families. HPV vaccination is covered by insurance.
- MCOs- do well on immunizations based online performance measures/HMR reports. Did their rates decrease? DSHS is looking into the overall decrease. Not sure about MCOs specifically.
- How does VFC relate to Medicaid/CHIP? (CHIP Coalition to look into)
- Why is the valley a hotspot? Lack of access to care. Opt-out in more affluent communities? Yes, based on data at the national level.
- Currently, exemptions published at school district level. Not full story b/c exemptions tend to cluster. Tried to get it to school level.
- Day care rates- would be good to have more transparent data on this. Current law says pre-school has to have a policy, but could be anything. Don't know range of policies that exist.
- TPS and CHIP coalition working on 12-month continuous eligibility to decrease churn and eliminating CHIP waiting periods. Possible solutions: increase access to care and hopefully immunization rates.
- Parents who are hesitant tend to pick and choose vaccinations. Lose chance for follow up.
- When find reasons for rates falling- CHIP Coalition would like to help address those reasons.

II. Update from Medicaid/CHIP Division and Discussion (Carisa Magee, HHSC)

Update on TMHP look ups for CHIP Health Plans

- Contract terminated ~1 year ago. Used to have 1 place to call to find what plan client enrolled with.
- Summer 2016 release of update to TMHP- will try to include CHIP plan on this.
- HHSC will keep us updated on date in upcoming meetings.
- Kit- similar to what you see on Medicaid? Yes, not entirely sure what will look like. Functionally, will show if a person has active coverage and what plan has been chosen. CHIP and CHIP perinate? Typically affect both programs, but will follow up.

Updates on Preventative Services

- CMS July 2013 regulation- see handout and link to policy website. Can tell what options you think would be appropriate [here](http://www.hhsc.state.tx.us/medicaid/MPR/index.shtml) (<http://www.hhsc.state.tx.us/medicaid/MPR/index.shtml>). Encouraging people to comment there on specific ways that meet the criteria.
- Exploring other practitioners for preventive services under Medicaid. May increase access to care.
- CMS has been very specific. Must be direct patient interaction.
- Community Health Workers- existing activities that were counted as admin functions to medical reimbursement? Asked associations/task forces/MCOs/1115 transformation sites for examples and ideas. Then asked CMS which would qualify. Appointment reminders-considered outreach or not specific enough. Education for specific disease management- would need to be defined.
- Generally, outreach and education still admin claiming. Not much reimbursement for CHWs.
- Lactation consultant- may be able to add services from someone with this certification, if is unique visit. Guidance in ACA to encourage. In TX Medicaid, only have licensed providers included, but not someone with the lactation consultant certification. Nurse practitioner/PA can do the lactation service and bill with Medicaid. Difference between licensure and certification. Will look into lactation consultant certification for Women's Health Program and if it is accepted by insurance there.
- How can the agency ensure the appropriate qualifications and education? Trying to decide what secondary entity vouches for the new provider type.
- 1115 projects good place to look? Have looked at these projects just for CHWs and patient navigators.
- Any robust use of this new capacity in any state? Clinical teams are looking at the new regulation when developing medical policy. Not sure if HHSC has broadly looked at what other states are doing. New service vs. expanding types of providers that can do a current service- former may need legislative direction.
- CHIP Coalition- Reach out to national affiliates for best practices.
- Will there be a rulemaking period? Yes.

III. Network Adequacy Issues for Children's Hospitals (Kathy Eckstein, CHAT)

- See handout- results of CHAT's poll of children's hospitals.
- Most are in-network for all STAR, STAR Health, and CHIP plans. Only 2 exceptions.
- Concerned that narrow network will cause issues in children getting services at children's hospitals.
- Texas Children's Hospital is in-network for only 1 of 8 Qualified Health Plans in Harris County (and only through a letter of agreement for patients that select a Kelsey Seybold primary care physician).
- Can't get plan level data from one place, mostly aggregate data. CPPP can look into this.
- In-patient vs. out-patient? Did not ask on survey. But believes either all in or all out.
- CHAT working at national level to strengthen standards for enrolling essential community providers in network. If at least 30% of available essential community providers are enrolled in-network insurer is compliant, and if not, can write a justification.
- Essential community providers are a big group (i.e., includes FQHCs, family planning clinics, hospitals participating in the disproportionate share hospital program, and others) and it is very easy to

meet 30%. National Children's Hospital Association would like different minimums based on type of provider.

- Texas Children's Hospital- all insurers dropped PPO product. Many kids seeking services and lost their coverage in PPO and had to go to HMO. Only 1 PPO left in TX Marketplace. Same across state? Yes and in other states as well. BCBS switch- caused issues across all of TX and didn't try to establish contracts w/ those who were in PPO. Lack of access for those that have high health care needs. Many were auto-enrolled into the HMO instead of PPO. Realizing the consequences now as seeking services.
- One of many reasons why we should all encourage Texans to shop for a Marketplace plan every year.
- CHIP Coalition members are welcome to share the handout.
- Survey only of CHAT member hospitals. Other notable ones should consider? Our Children's House; Methodist Hospital (SA); Scottish Rite (Dallas)
- If not in-network, one-on-one negotiation on child. Hard for children that need ongoing care.

IV. Coalition announcements and updates

- Georgetown CCF and National Council for la Raza- released Hispanic children healthcare coverage report. In TX, reduction in number of uninsured Hispanic children, but TX still tied for one of the highest rates.
- STAR kids- concerns from parents/providers about moving medically needy kids to HMO care. CHIP coalition should ask for regular updates from friends in disability advocacy world and should be participate in advocacy in this.
- Kids on waiting list to get into waiver will only get acute care and some long term services, but not full services. Large number of kids not getting full benefit. Families are concerned. Considering as a part of the LAR? No answer provided. Should include request in comments.
- Best explanation of what services can get from each program and/or if on waiting list can be found at the following two links: <http://www.hhsc.state.tx.us/contract/529130071/draft/docs/starkids-drafrfp-attachmentb1.pdf> & <http://www.hhsc.state.tx.us/medicaid/managed-care/mmc/star-kids.shtml>.
- However, need a more complete explanation of which waiver services won't be included in STAR Kids and information on how the waiting lists will work.
- ECI program- how will this overlap with STAR Kids? Provisions related to ECI are in the contracts for STAR Kids.
- CMS pushed the deadline for Medicaid re-enrollment to September 25, 2016.

V. Discussion on CHIP Coalition

Clayton- want to improve on educating lawmakers in the interim, joint/unified messages, better branding.

- 2 briefings in the interim-1 as an intro and 1 as a deeper dive
- Still do briefing once legislature starts? Yes- policy priorities meeting (with ~3 priorities)
 - Leg agenda includes only issues that more than one member will actively work on and use another way to show support for many issues.
- Targets? CHIP members or non-members? Putting our name out there more to legislative staff and legislators. Medicaid does good things (not just budget focus).
- Sharing best practices from localities (e.g. Community Partners Program). Make it personal.
- Calendar to schedule next steps- How do you make sure people are there? Align with Health and Human Services/Public Health committee hearings? Or any committee hearings (bring in non-traditional partners). Webinar could be helpful. Could also be several op-eds instead of presentation?
 - Identify dates-1 around May/June?1 in the fall
 - Unsure of optimal timing. Both in fall?

- Closed-door media briefing (reporters from across the state). Helpful to have reporters who understand Medicaid better from across the state (bigger papers and rural ones). Journalism conference where CHIP Coalition could present?
- Need volunteers for planning before set dates.
- Replace 1st legislative briefing with media briefing. Plan around hook (e.g. interim committee block grant Medicaid/back to school/health care primer).
- Need to discuss internal organization (e.g. website, name, leadership structure). Name change should be 1st priority. Open solicitation between this Friday and next. Anyone who doesn't want to do a name change?
 - Ideas: Children's Health Insurance Policy (CHIP) Coalition; Children's Health Coverage Coalition; Kid's Coverage Coalition; Medicaid and CHIP Coalition; Children's Health Coalition (CHC); Health Coverage for All Children (HCAC): Covering All Children (CAC) Coalition
 - A few members like Medicaid and CHIP Coalition.
 - Survey to go out to CHIP Coalition with proposed names (Google form)- Clayton T and Melissa M.
 - If you have any name suggestions, please send to Clayton T. by Friday, January 22nd.

Helen Kent-Davis of TMA will chair on February 19, which is a 90-minute meeting followed by Outreach and Eligibility Working Group meeting.



Immunize.

Prevent what's preventable.



THE
IMMUNIZATION
PARTNERSHIP

www.immunizeUSA.org

The Immunization Partnership

- Non profit organization dedicated to eradicating vaccine preventable diseases through education & advocacy
- TIP works with stakeholders, partners and immunization coalitions across the state to enhance the immunization landscape and improve immunization rates

Vaccine-preventable
diseases still exist, and they
happen every day.



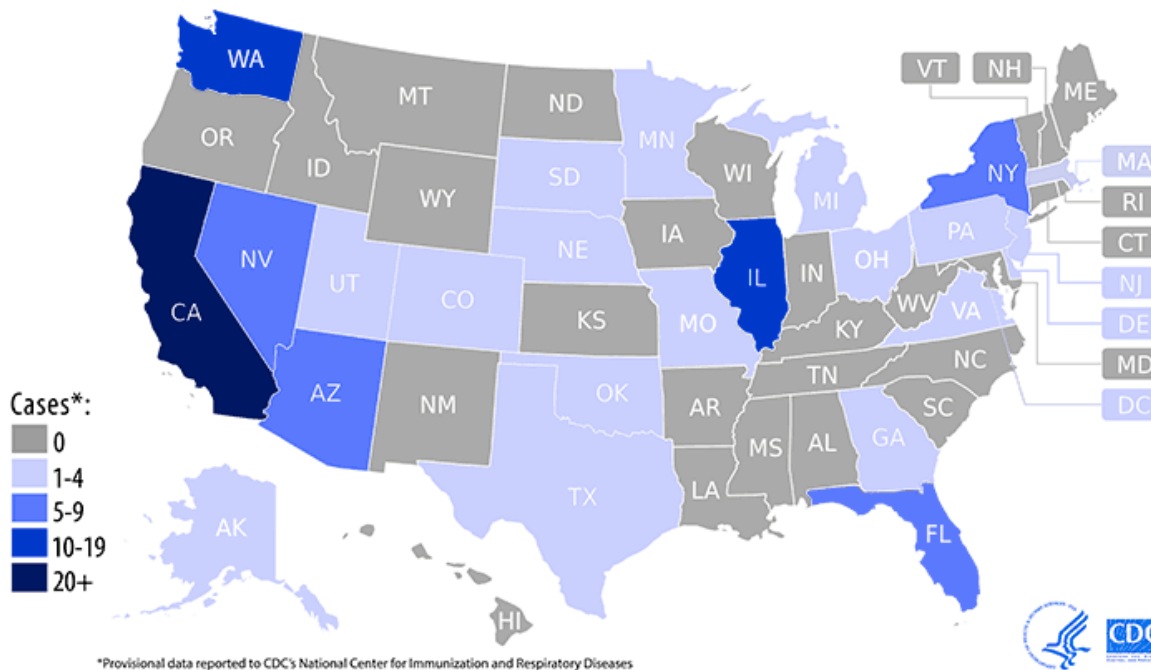
THE
IMMUNIZATION
PARTNERSHIP

www.immunizeUSA.org

Vaccine Preventable Diseases in the News

2015 Measles Cases in the U.S.

January 1, 2015 to January 2, 2016



Number of measles cases by year since 2010

Year	Cases
2010	63
2011	220
2012	55
2013	187
2014	667
2015*	189

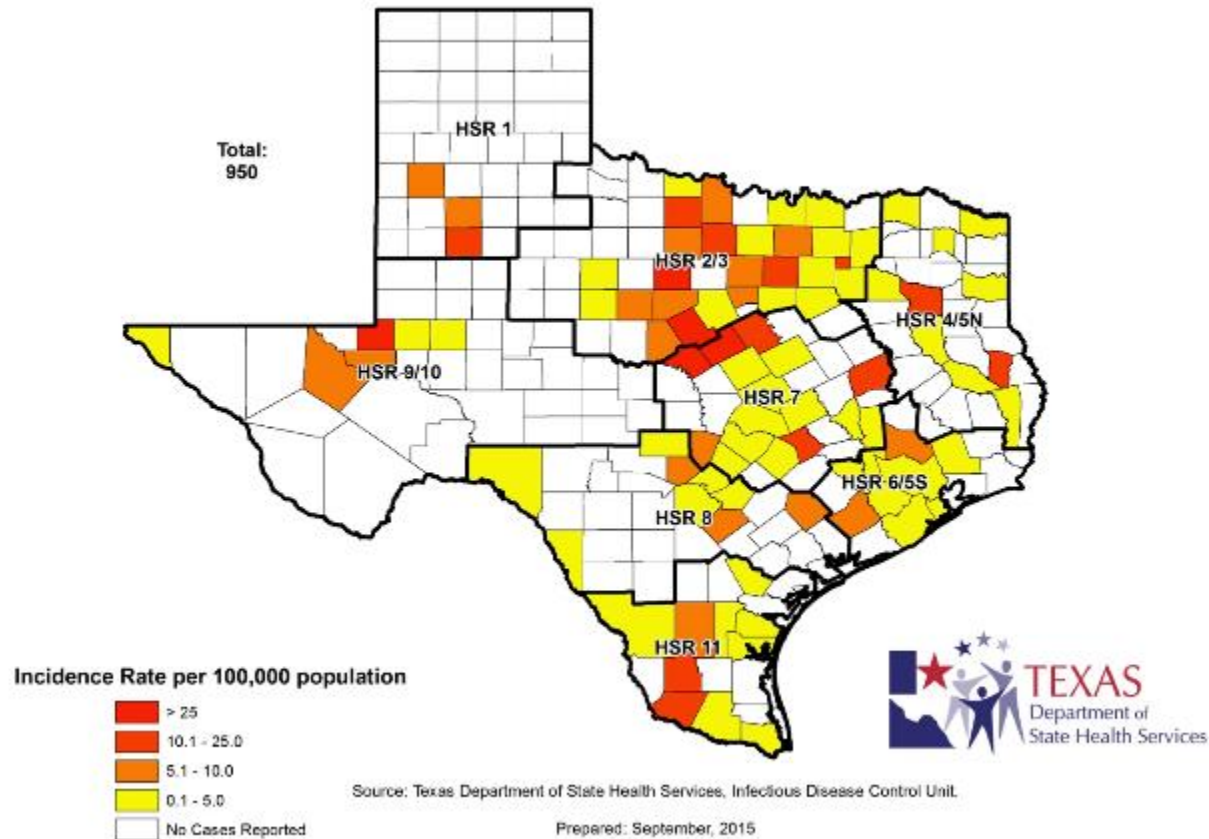
*Cases as of January 2, 2016. Case count is preliminary and subject to change.

Source: [Morbidity and Mortality Weekly Report \(MMWR\), Notifiable Diseases and Mortality Tables](#)

2015 Pertussis: 950 Cases

Incidence Rates of Pertussis Cases in Texas, 2015 *

* As of 09/08/2015



THE
IMMUNIZATION
PARTNERSHIP

www.immunizeUSA.org

The vast majority of
individuals choose to
vaccinate according to the
recommended schedule.

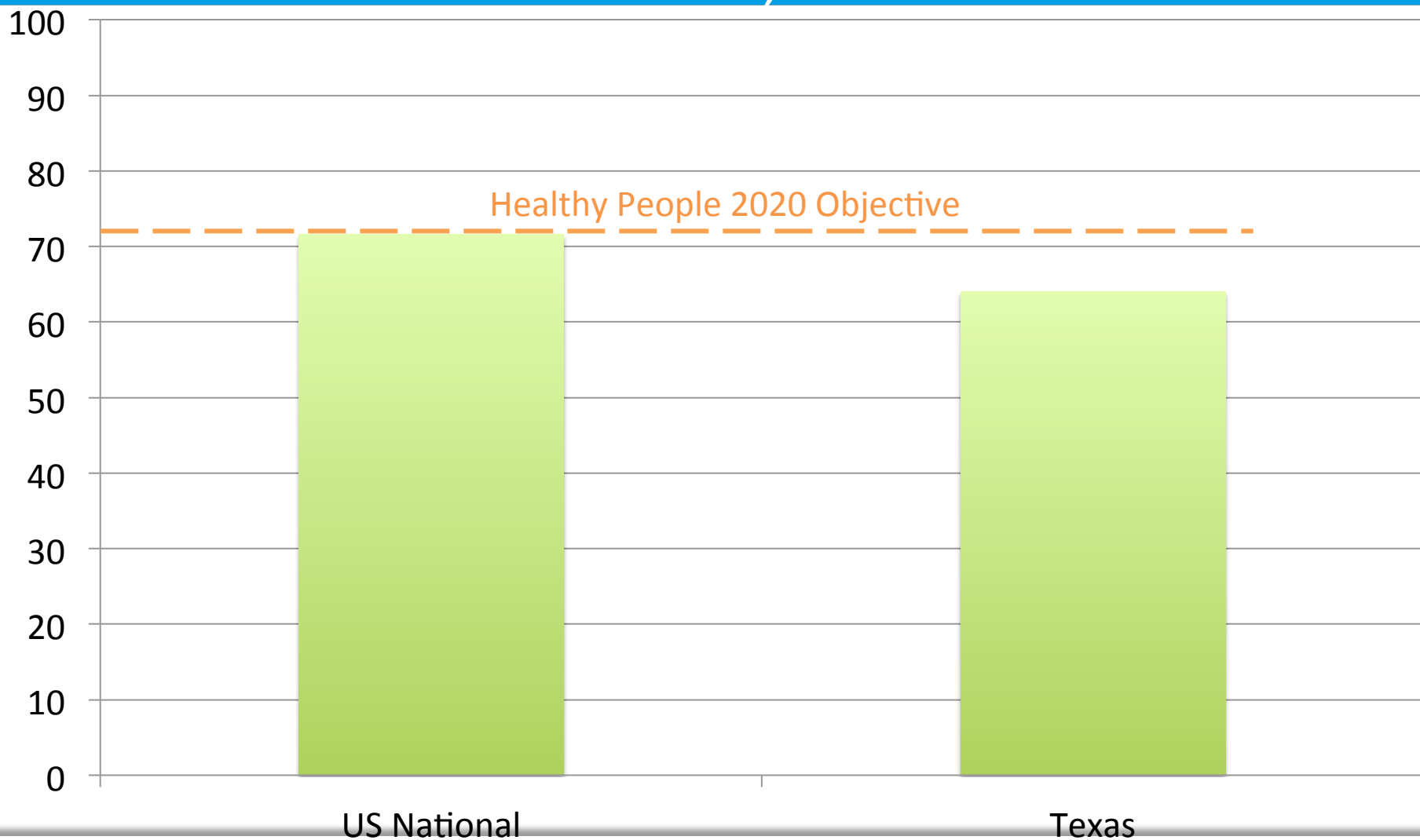
But not all.



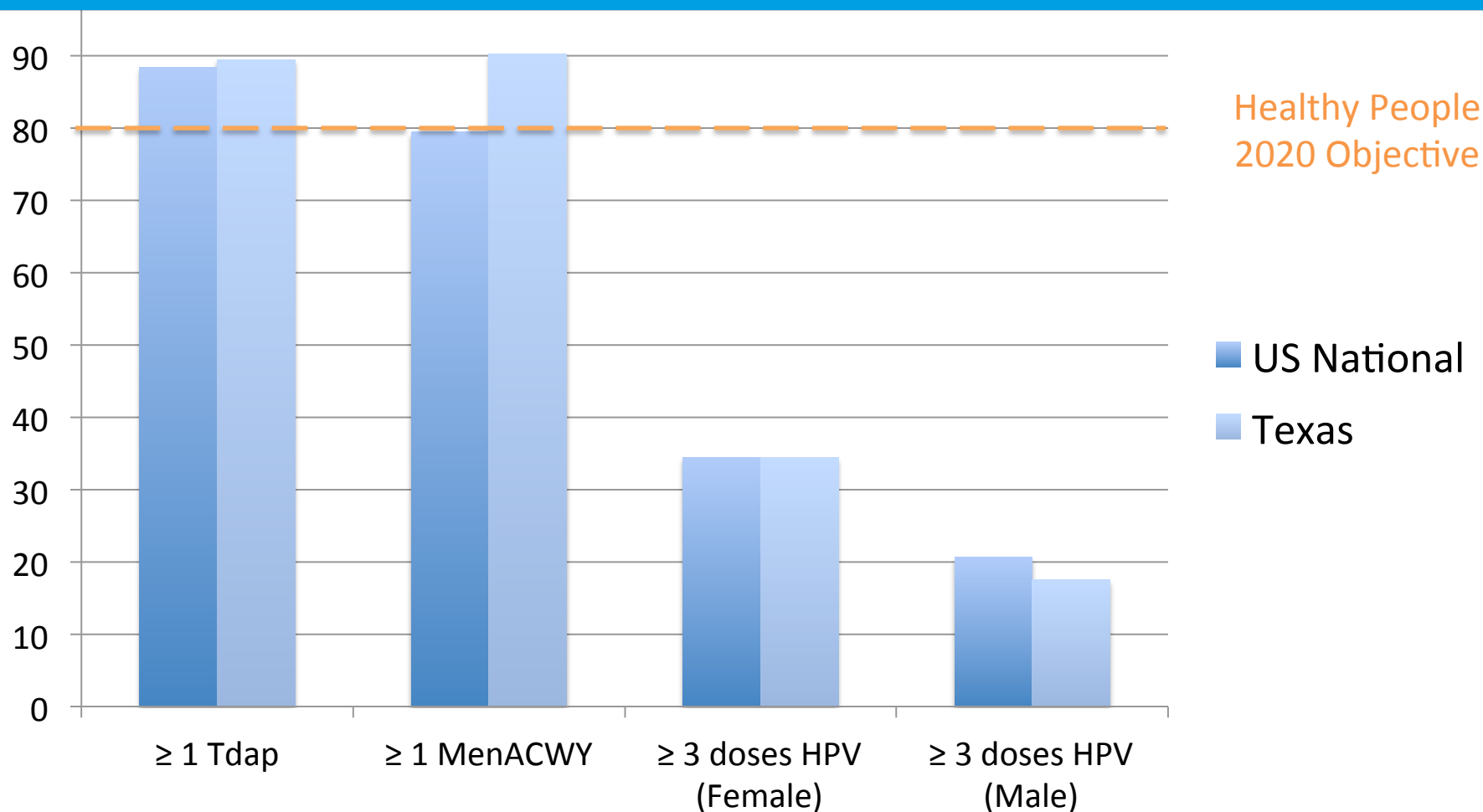
THE
IMMUNIZATION
PARTNERSHIP

www.immunizeUSA.org

Estimated Vaccination Coverage for Seven Routine Vaccines, 2014



Adolescent Vaccination Coverage Rates, 2014



These diseases affect
families in sometimes
devastating ways.



THE
IMMUNIZATION
PARTNERSHIP

www.immunizeUSA.org

*“Haleigh
was too
young to
receive the
vaccine. It
would have
saved her
life.”*

-Rodney Throgmorton



THE
IMMUNIZATION
PARTNERSHIP

Source: Vaccine-preventable Disease: The Forgotten Story

www.immunizeUSA.org

Good Policies, Good Results

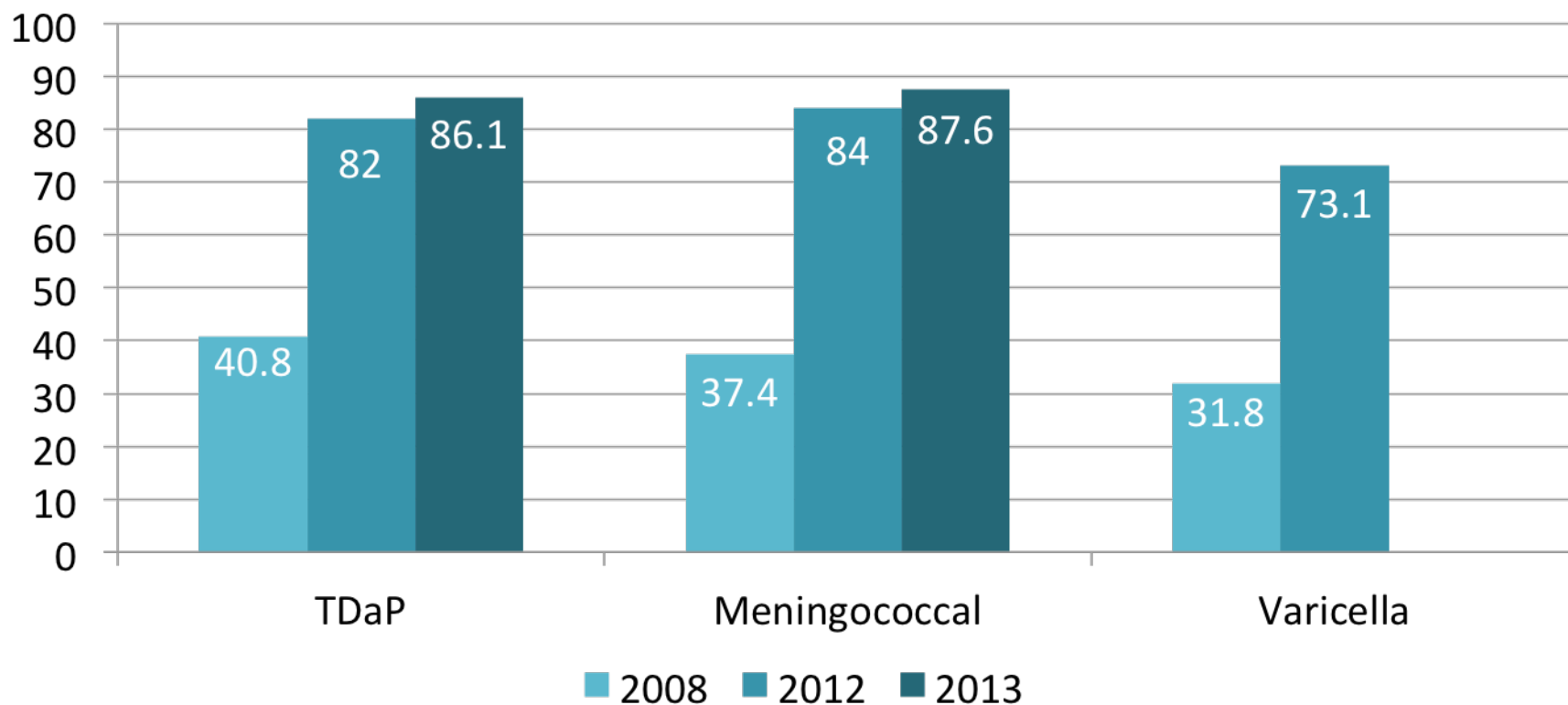


THE
IMMUNIZATION
PARTNERSHIP

www.immunizeUSA.org

Impact of 7th Grade Entry Requirements

Percentage of adolescents up to date on specified vaccine



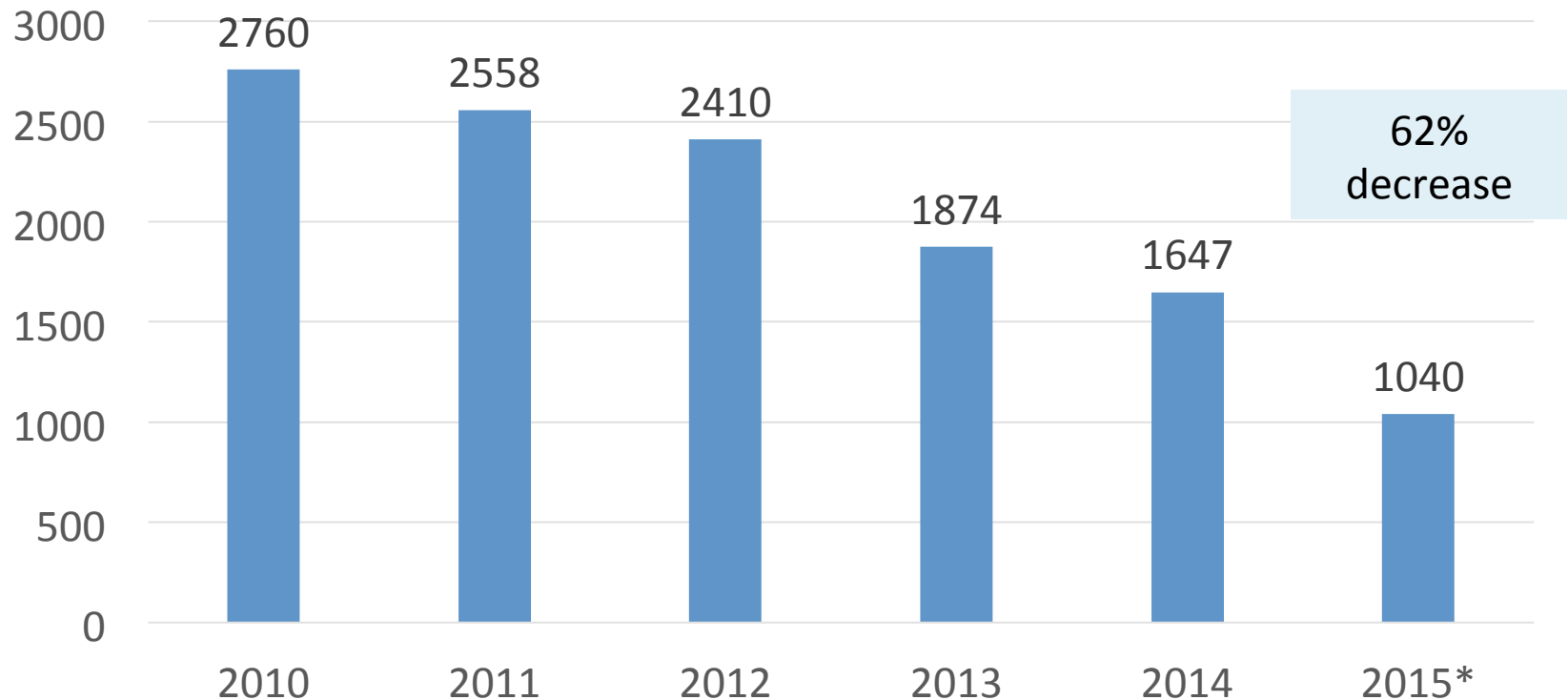
THE
IMMUNIZATION
PARTNERSHIP

Sources: Estimated vaccination coverage with selected vaccines and doses among adolescents aged 13–17 years, by state/area — National Immunization Survey–Teen (NIS-Teen), United States, 2008, 2012, 2013

www.immunizeUSA.org

Impact of 7th Grade Entry Requirements

Number of cases of varicella, 2010-2015*



**Provisional as of 10/2/2015*

Some are choosing to
delay or skip vaccines
altogether.

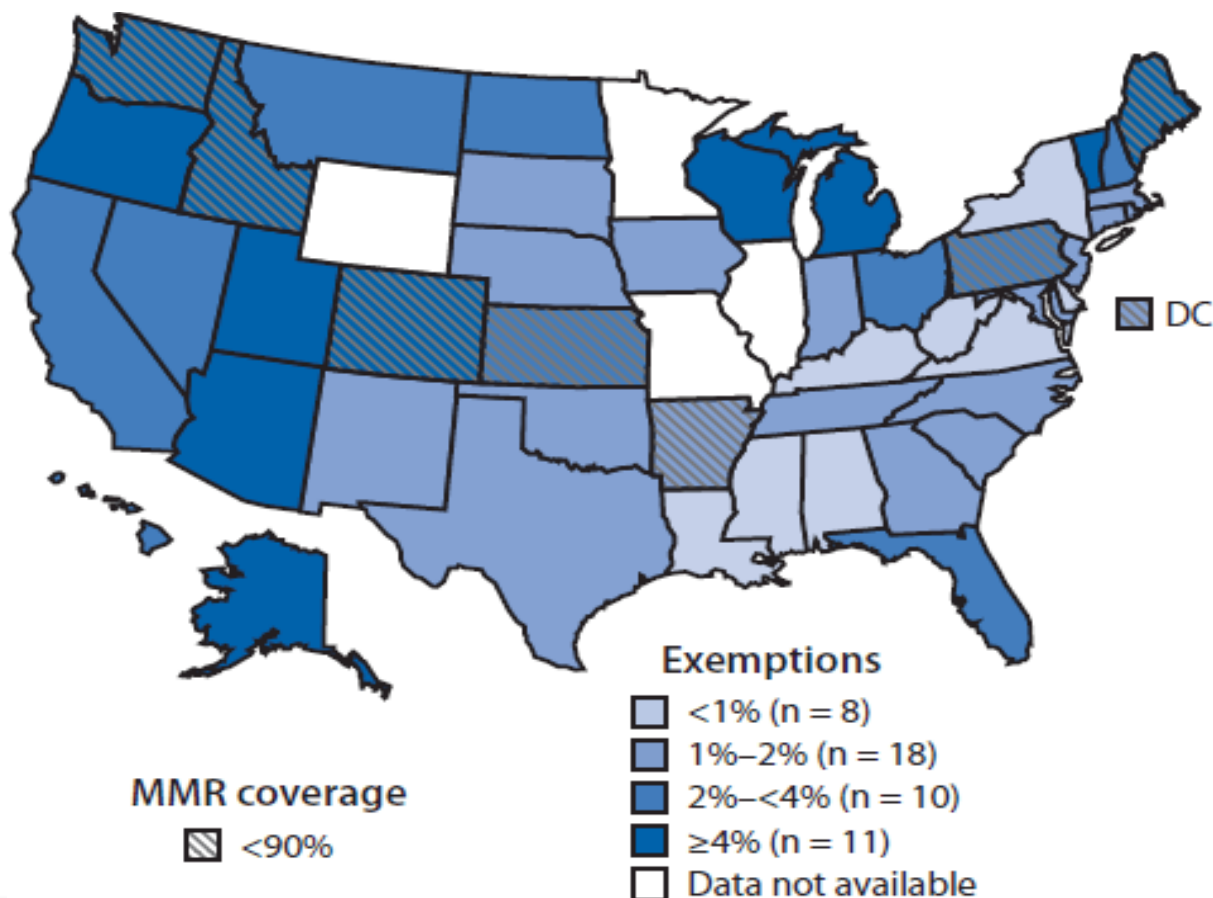


THE
IMMUNIZATION
PARTNERSHIP

www.immunizeUSA.org

Impact of Anti-Immunization Legislation

Percentage of children enrolled in kindergarten who have been exempted from receiving one or more vaccines

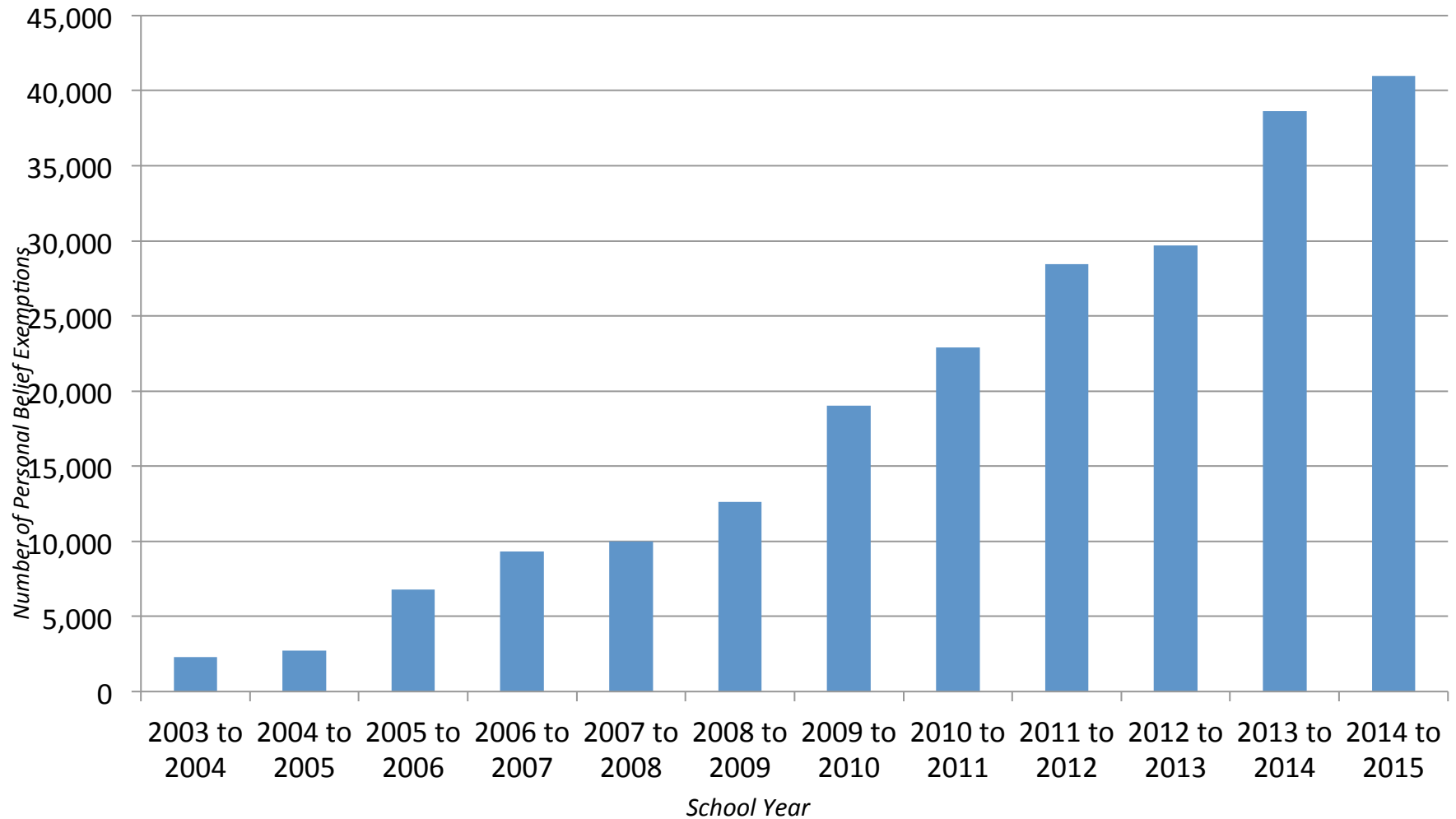


THE
IMMUNIZATION
PARTNERSHIP

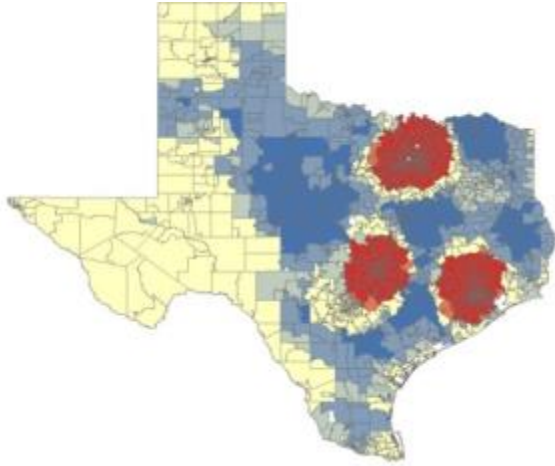
Estimated percentage of children enrolled in kindergarten who have been exempted from receiving one or more vaccines and with <90% coverage with 2 doses of measles, mumps, and rubella (MMR) vaccine — United States, 2013–14 school year*

www.immunizeUSA.org

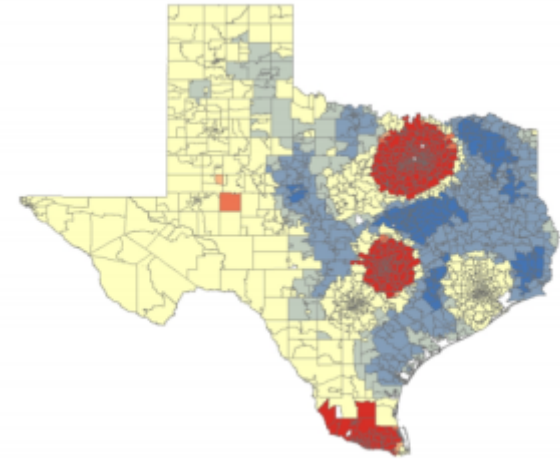
Texas Personal Belief Exemptions 2003-2015



Disease Outbreaks and Exemptions



**2013 Non-Medical Exemption
Hot Spots**



2013 Pertussis Hot Spots

Year	Individuals who Requested Conscientious Exemptions	Pertussis Cases in Persons 0-19 Years	Correlation (r)
2011	30,980	754	0.44
2012	46,406	1,761	0.56
2013	44,051	3,250	0.64

How do we effect change?



THE
IMMUNIZATION
PARTNERSHIP

www.immunizeUSA.org

Since 2007, immunization advocates
have helped pass **17**
pieces of legislation to help protect
Texans against vaccine-preventable
diseases.



THE
IMMUNIZATION
PARTNERSHIP

www.immunizeUSA.org

Previous Legislative Priorities

- Immunization Registry
 - Immtrac age extension
 - Opt Out
- Exemption Transparency
- Adult Safety Net Program
- NTDs
- Adolescent vaccinations
- Meningitis
- Day Care Worker Policy

2015 Legislative Results

Opt-out
Immunization
registry (HB465)
**Adult Safety Net
(HB608)**

Exemption
Transparency
(HB2474)

NTD Surveillance
and Education
(HB 2055)

IMMTRAC Age
extension
(HB 2171)

LAW

PHC

House Floor

Senate HHS
committee

Senate Floor

Governor's
office



THE
IMMUNIZATION
PARTNERSHIP

www.immunizeUSA.org

What were the challenges?



April, 2015 @ the
Capitol



THE
IMMUNIZATION
PARTNERSHIP

www.immunizeUSA.org

What do we have to do?

- More organized pro vaccine stakeholder involvement
- Presence:
 - On Social Media
 - At the Legislature
 - TIP stakeholder meetings
- More parent and non-medical community engagement in tandem with health care professionals



Future Immunization Legislative Focus Areas

- WHO?
 - Immunization Stakeholders
 - Scientific Advisory Council
- WHAT?
 - Immunization Registry
 - Exemptions and Transparency
 - Disease specific Legislation
 - NTDs

Impact

- Keep Texans healthy through vaccination by:
 - Improving vaccination rates in communities across the state through education
 - Raising the visibility and engagement of vaccine supporters in local communities and across the state
 - Identifying legislation to help drive higher immunization rates, and lower VPD incidence
 - Having a strong presence at the capitol to:
 - Support pro vaccine policies
 - Limit anti vaccine policies



We Need You!



THE
IMMUNIZATION
PARTNERSHIP

www.immunizeUSA.org

Thank You!

Rekha Lakshmanan, MHA
Director of Advocacy and Policy
281.400.3689
rlakshmanan@immunizeusa.org



THE
IMMUNIZATION
PARTNERSHIP

www.immunizeUSA.org

Medicaid Preventive Services Regulatory Change

The Centers for Medicare & Medicaid Services (CMS) amended the regulatory definition of preventive services at 42 CFR 440.130(c) in July 2013. Previously, Medicaid preventive services only could be provided by a physician or other licensed practitioner (OLP). Now, other practitioners, not just physicians and OLPs, can provide preventive services recommended by a physician or other licensed practitioner

Preventive services must be medical/remedial in nature, meaning services:

- involve direct patient care; and
- are for the express purpose of diagnosing, treating or preventing (or minimizing the adverse effects of) illness, injury or other impairments to an individual's physical or mental health.

Examples of options for consideration for other practitioners in Texas Medicaid:

- Texas Medicaid has been evaluating lactation counseling as a separately reimbursed pregnancy-related service.
- Texas Medicaid has reviewed the activities of community health workers and has discussed with CMS options for these providers. CMS has stressed that care coordination and general health education alone do not meet the preventive services definition.

Recommendations for how Medicaid can deliver preventive services using non-licensed practitioners can be submitted via a medical policy nomination form at the following address at the HHSC Medicaid Medical and Dental Policy website:

<http://www.hhsc.state.tx.us/medicaid/MPR/index.shtml>).



Children's Hospital Association of Texas

An Association for the Advancement of Children's Healthcare in Texas

IN-NETWORK PARTICIPATION BY CHILDREN'S HOSPITALS – 2016

Medicaid and CHIP

- The 7 CHAT member hospitals are in-network for all STAR, STAR Health and CHIP plans offered in each hospital's respective home county, with the following exceptions:
 - Texas Children's Hospital is out-of-network for STAR and CHIP clients with Amerigroup coverage.
 - Dell Children's Hospital is out-of-network for STAR and CHIP clients with Sendero coverage.

Qualified Health Plans

Hospital – County	In-Network	Out-of-Network
Children's Hospital San Antonio - Bexar County	Blue Cross Blue Shield HMO (12 plans) United EPO (10 plans) Note: Children's Hospital of San Antonio is negotiating in-network participation With Allegian HMO and PPO plans.	Aetna EPO (8 plans) Allegian HMO (3 plans) Allegian PPO (4 plans) Ambetter EPO (11 plans) Community First HMO (14 plans) Humana HMO (5 plans) Oscar EPO (11 plans)
Children's Health System of Texas – Dallas County	Scott and White HMO (10 plans) Scott and White PPO (9 plans)	Aetna EPO (4 plans) Cigna HMO (7 plans) Blue Cross Blue Shield HMO (12 plans) Molina HMO (5 plans) Oscar EPO (11 plans) United EPO (10 plans)
Texas Children's Hospital – Harris County	Community Health HMO (2 plans) (via Letter of Agreement, for patients selecting Kelsey Seybold Clinic PCPs)	Aetna EPO (8 plans) Blue Cross Blue Shield HMO (12 plans) Cigna HMO (7 plans) Community Health HMO (3 plans) Humana HMO (5 plans) Molina HMO (5 plans) United EPO (10 plans)
Covenant Children's Hospital – Lubbock County	FirstCare HMO (7 plans) United EPO (10 plans)	Blue Cross Blue Shield HMO (12 plans)
Driscoll Children's Hospital – Nueces County	Blue Cross Blue Shield HMO (12 plans) Humana HMO (4 plans)	Christus Health HMO (6 plans) United EPO (10 plans)
Cook Children's Hospital – Tarrant County	Oscar EPO (11 plans) Scott and White HMO (10 HMOs) Scott and White PPO (9 PPOs)	Aetna EPO (4 plans) Cigna HMO (7 plans) Blue Cross Blue Shield (12 plans) United EPO (10 plans)
Dell Children's Hospital – Travis County	Aetna EPO (4 plans) Ambetter EPO (11 plans) Blue Cross Blue Shield HMO (12 plans) Humana HMO (5 plans)	IdealCare HMO (3 plans) Scott and White HMO (10 plans) Scott and White PPO (9 plans)

STAR Kids is a new managed care program that will provide Medicaid benefits to individuals with disabilities under the age of 21.

The Texas Health and Human Service Commission will be holding information sessions related to the STAR Kids program at various locations around the state in January and February of 2016. Sessions will be held for both families and providers, and we would like to invite those who may be impacted by this new program to join us to learn more. Information sessions will provide details on eligibility, program benefits, participating managed care organizations, and more. For more information on STAR Kids, please visit: <http://www.hhsc.state.tx.us/medicaid/managed-care/mmc/star-kids.shtml>

Edinburg, TX

January 8, 2016, 11am – 1pm	Family Session	Doctors Hospital at Renaissance (DHR)
January 8, 2016, 2pm – 4pm	Provider Session	Edinburg Conference Center
January 9, 2016, 9am – 11am	Family Session	118 Paseo Del Prado Edinburg, TX 78539

Austin, TX

January 12, 2016, 9am – 11am	Family Session	Dell Children's Medical Center
January 12, 2016, 1pm – 3pm	Provider Session	Signe Auditorium
January 12, 2016, 6pm – 8pm	Family Session	4900 Mueller Blvd. Austin, TX 78723

Lubbock, TX

January 14, 2016, 9am – 11am	Family Session	Texas Tech University
January 14, 2016, 1pm – 3pm	Provider Session	ACB Building, 100
January 14, 2016, 6pm – 8pm	Family Session	3601 4th Street Lubbock, TX 79430

San Antonio, TX

January 22, 2016, 2pm – 4pm	Provider Session	Children's Hospital of San Antonio
January 22, 2016, 6pm – 8pm	Family Session	Christopher Goldsbury Building
January 23, 2016, 9am – 11am	Family Session	Auditorium, 5 th Floor 333 N Santa Rosa Street San Antonio, TX 78207

El Paso, TX

January 26, 2016, 9am – 11am	Family Session	The Hospitals of Providence Sierra Campus
January 26, 2016, 1pm – 3pm	Provider Session	Lower Level (next to the cafeteria)
January 26, 2016, 6pm – 8pm	Family Session	1625 Medical Center El Paso, TX 79902

Fort Worth, TX

February 1, 2016, 9am – 11am	Family Session	Cook Children's Medical Center
February 1, 2016, 1pm – 3pm	Provider Session	Hochberger Auditorium
February 1, 2016, 6pm – 8pm	Family Session	801 Seventh Avenue Fort Worth, TX 76104

Dallas, TX

February 5, 2016, 11am – 1pm	Family Session	Children's Medical Center
February 5, 2016, 2pm – 4pm	Provider Session	Ambulatory Care Pavilion
February 6, 2016, 9am – 11am	Family Session	2350 North Stemmons Freeway Dallas, TX 75207

Tyler, TX

February 10, 2016, 9am – 11am	Family Session	Louise and Joseph Ornelas Amphitheater
February 10, 2016, 1pm – 3pm	Provider Session	G3215
February 10, 2016, 6pm – 8pm	Family Session	11937 U.S. Hwy 271 Tyler, TX 75708

Corpus Christi, TX

February 24, 2016, 9am – 11am	Family Session	Driscoll Children's Hospital
February 24, 2016, 1pm – 3pm	Provider Session	Auditorium, 1 st Floor
February 24, 2016, 6pm – 8pm	Family Session	3533 S. Alameda Street Corpus Christi, TX

Webinar Sessions

March 4, 2016, 11am – 1pm	Provider Session	Register Online
March 5, 2016, 10am – 12pm	Family Session	Register Online

Houston, TX

TBD	TBD	TBD
-----	-----	-----

Belton/Temple/Waco, TX

TBD	TBD	TBD
-----	-----	-----