

# **Rapid Deployment of a Dental Program Without Building a Clinic And Make the Most of the Smallest Financial resources to meet**

**Patient / Consumer needs without  
Service Providers competing for funds**



**National Health Care for the Homeless  
Conference and Policy Symposium 2013**

**I am a Continuum of Care Lead Agency**  
**(HEARTH Act a.k.a. “The Collaborative Applicant”)**

*Our Mission:*

*Leads, Coordinates and Develops  
Strategies and Resources to End  
Homelessness*



leads

End Homelessness

# Learning Objectives Today: *How to...*

1. Develop a collaboration between the public hospital or for pay dental service provider, the CoC lead agency and funding source to close the fee/co-pay gap for dental services
2. Create a web-based, HMIS documented, system of client referral, approval, billing and payment.
3. Offer a powerful motivating tool for front line case managers.

# Our Lesson Plan:

- 1. Consumer Needs***
- 2. Funding***
- 3. Collaboration***
- 4. How it works***
- 5. Paying the bills***
- 6. Performance***

# **Consumer Needs:** ***Surveys and Assessments***

# Top 5 Most Pressing Needs for Consumers

2009

1. **Health Care Needs/  
Medication/Dental**
2. Housing Options
3. Transportation
4. Counseling
5. Legal Services

2011

1. Housing Options
2. **Health Care Needs/  
Medication/Dental**
3. Transportation
4. ID/Birth Certificates
5. Information and Referral to Supportive Services

# Top 5 Most Pressing Needs for Consumers

2013

1. Transportation/Bus Passes
2. Job Placement/Employment Training
- 3. Health Care Needs/Medication/Dental**
4. Food/Hygiene Items/Clothing
5. ID/Birth Certificate

*\*Housing Options was moved to a unique question in 2013 survey. 2015 Survey design: we'll separating out Health – Primary Care, Mental Health, Vision Care, Prescriptions and Dental Care*

# Dental Services Available

- There were a couple *Volunteer* staffed Dental Services exclusively serving only one emergency shelter, and then the volunteer dentists availability was only intermittent.
- Catholic Charities created a basic dental health clinic for ALL low income families not in area of homeless up to 10 patients a day.
- County Public Hospital provided within its Homeless program (free) only minimal emergency dental services: emergency extractions



# Monte's Tooth Ache



develops Strategies

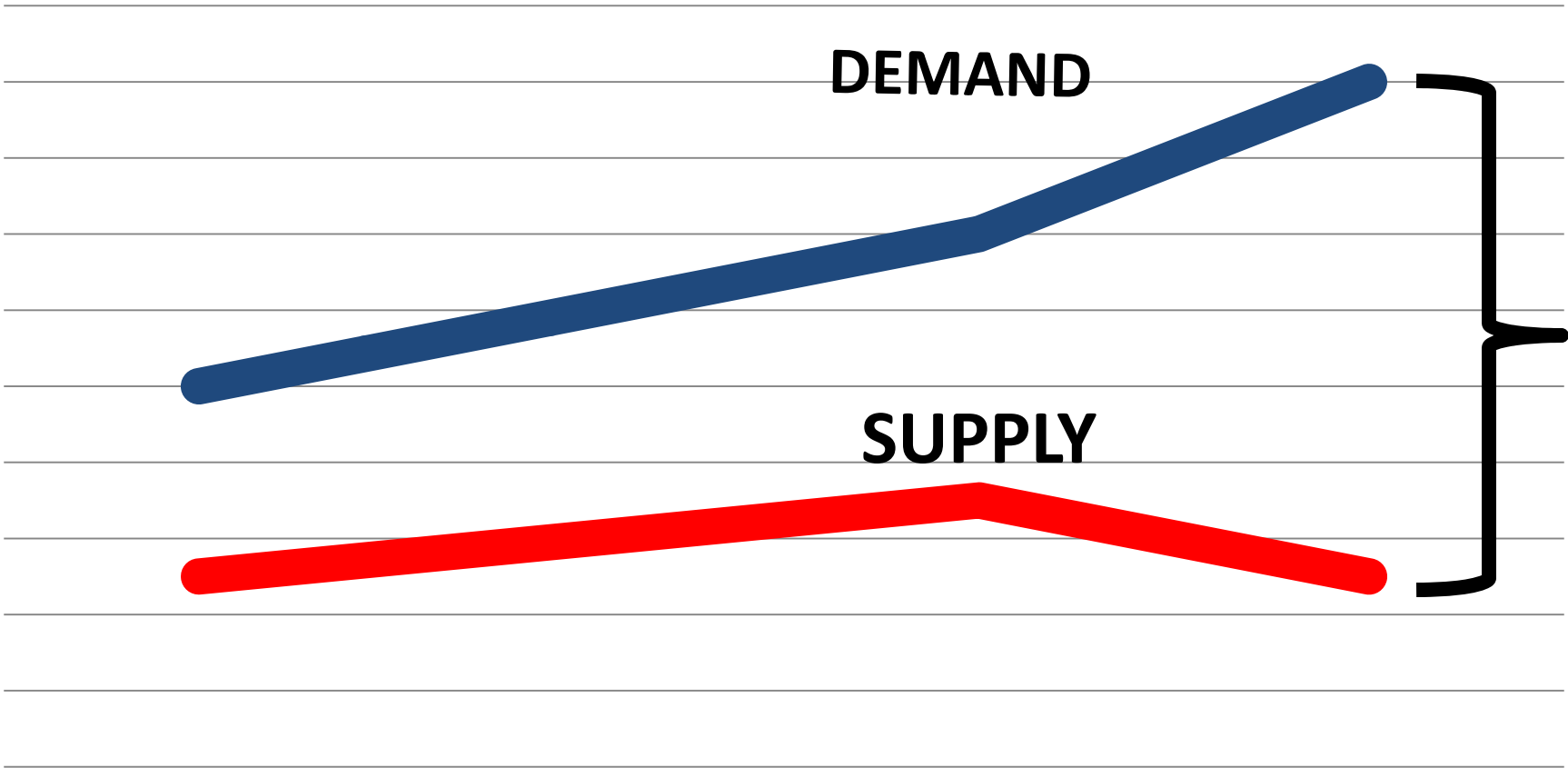


# STOP THE BUS!

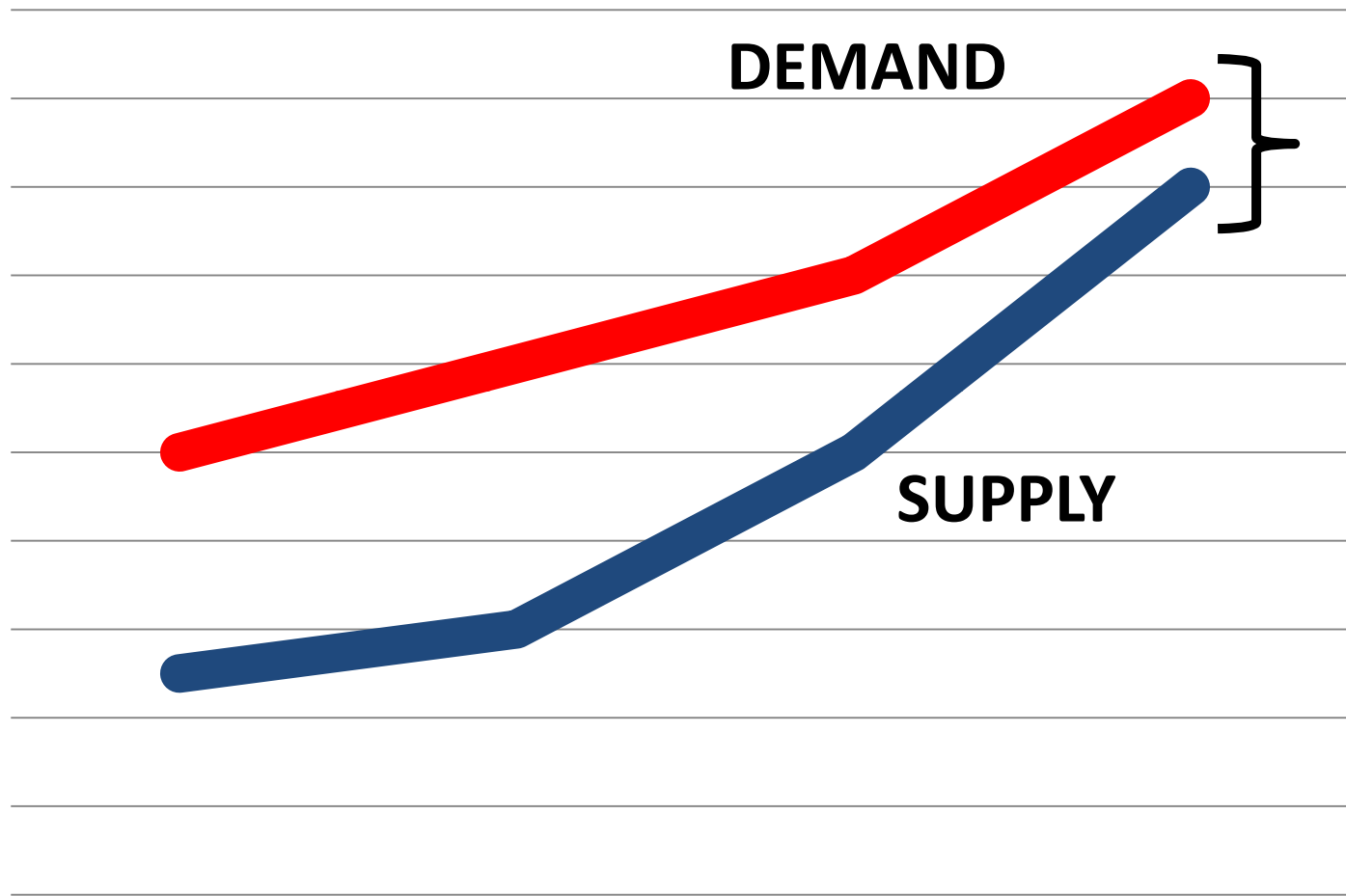
**tchc**  
Tarrant County Homeless Coalition

develops Strategies

# What IS the Gap?

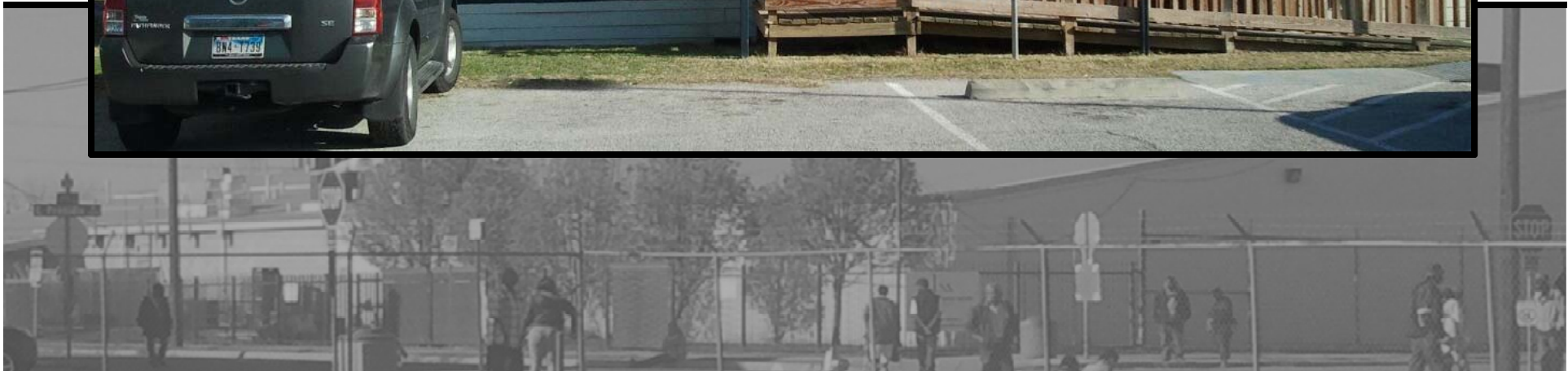
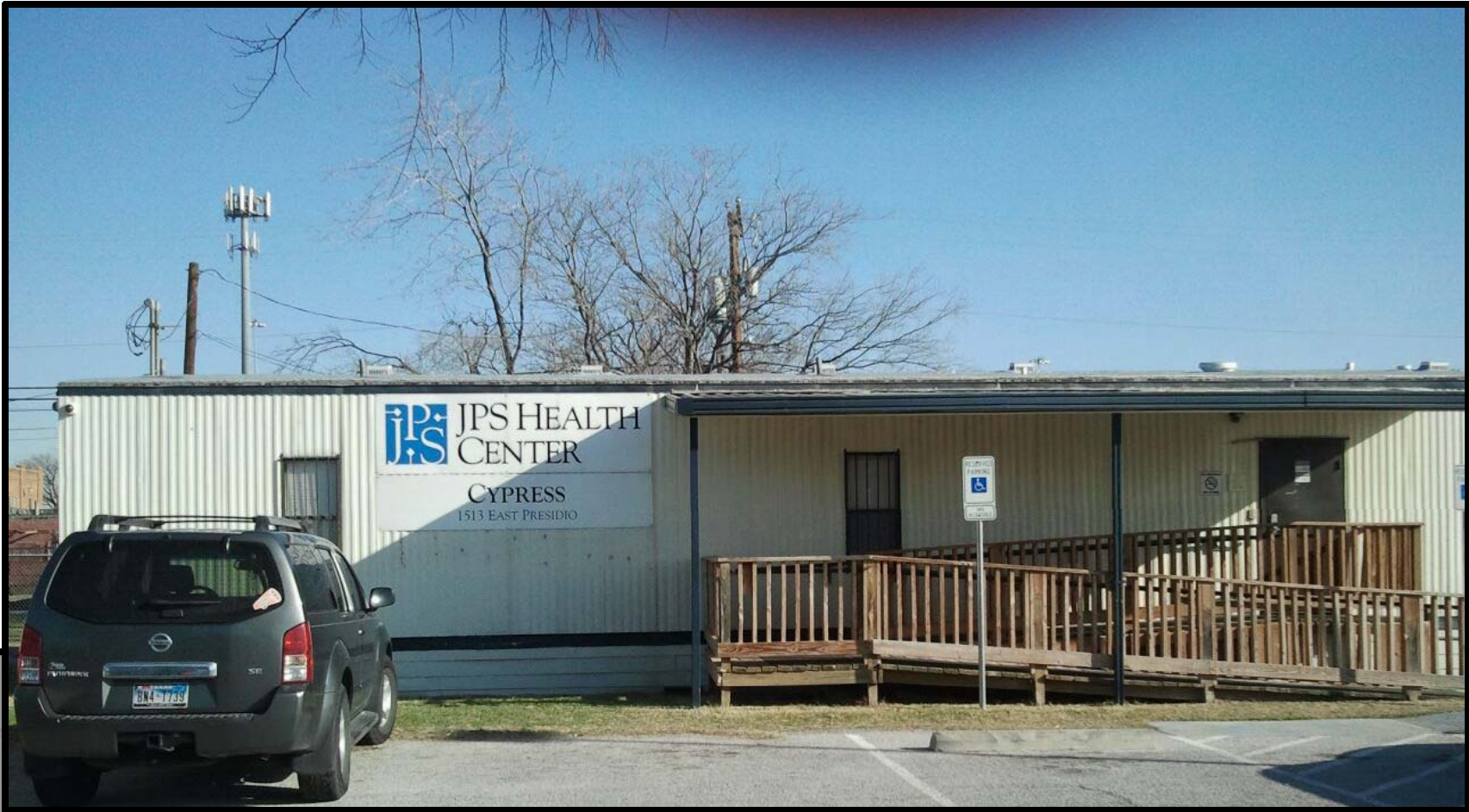


# Redefining the Gap



# Dental Services WERE Available

- Six JPS Health Network Health Centers had Dental Services, five days a week
- Adults enrolled in the JPS Connection may receive discounted services for urgent care.
- Dental Care included state of the art equipment and provide basic dental care that includes exams, cleaning, fillings, extractions and denture services.
- New temporary clinic across street from Emergency shelters with 1 dental chair



# What was the Gap?

1. Knowledge that the County Hospital provided direct dental care OTHER than extractions.
2. Co-Pays.

**Funding:**  
***Where did you  
get the cash ?***



# Show me the money.

1. We had just created a **Direct Client Services Fund for critical documents:** birth certificate and ID/drivers license fees
  - Centralized in access and administration: one to many design
  - Open to all eligible CoC agencies
  - Money goes right to an individual clients needs where ever they present, when no other \$ available
  - Nimble, moves fast

# Show me the money.

- ONE bank account SOLELY for the purpose of DCSF
- Connected to a PayPal contribution/payment account for projects that are online payable
- Transparent Accounting, Accountability, Reporting
- ACH account info for all service providers and TCHC
- United Way Campaign Check off Item.

- › Donate Online
- › Leadership Society
- › Young Leaders Society
  - › Benefits of YLS
  - › YLS Ambassadors
  - › YLS Calendar
  - › Casino Night 2012
- › Women's Leadership Council
  - › WLC Calendar
  - › Women's Fund
  - › WLC Learning & Networking
  - › WLC Volunteering
- › Hispanic Leadership Society
- › Tocqueville Society
  - › Benefits of Tocqueville
- › Donate Stock
- › Planned Giving

+ GIVE NOW

Give Now Button Sm

Giving to the United Way Community Fund is the easiest and most powerful way to improve your community. You can do it online, and it only takes a few minutes.

Your contribution will advance the common good by

- Helping children, youth and adults achieve their potential through education
- Helping families become financially stable and independent
- Improving people's health
- And much more.

You can stipulate that part of your donation be directed to a particular area of concern, such as education, income or health, or to a specific United Way partner agency.



## Invest Your Donation

- United Way of Metropolitan Tarrant County



**UNITED WAY COMMUNITY FUND IS THE WAY TO HELP THE MOST PEOPLE**

Please invest all of my donation wherever it is needed to make the greatest community impact.

United Way of Tarrant County meets existing and emerging needs by distributing resources and partnering with community organizations which help to create lasting change and a healthier community.

**Our Mission:** To improve lives across our diverse communities by:

- Prioritizing needs in education, income and health
- Forming innovative and effective partnerships with other organizations
- Strategically raising and investing resources to make lasting change



I would like my contributions invested in one or more United Way or a specific targeted Impact Area or Special Issue (you can select from a list on the next page).

[← Back](#)

[Continue →](#)

%

**Income**

Helping families become financially stable and self-sufficient

%

**Health**

Promoting healthy aging and independent living for seniors and people with disabilities

%

**Homelessness "Special Focus"**

Helping families become financially stable and independent in Tarrant County through this "Special Focus" area.

%

**Women's Fund**

%

**Total**

Step 1: Pledge  
Information

Step 2: Donor  
Information

Step 3: Review

Step 4: Complete

← Back

Delete this pledge ✕

### Transaction

Status	Pending
Payment Type	Debit Card
Pledge	\$10.00
Payment Detail	charged on 3/11/2013
Debit Card	
Expiration	
Name On Card	
Billing Address	
Email Address	

### Charity Details

100.00 % Homelessness "Special Focus"

# Relationships Matter.

- Had to compel United Way to go outside their primary focus areas (*its good to be the Mayor!*)
- Politicians and other Big Players serve on the Homelessness Initiatives Allocations Committee:
  - ✓ Buy-In
  - ✓ Hands-On
  - ✓ Homelessness stays on the political landscape
  - ✓ Stories of Hope make great speech material

# **Collaboration: *Coercion, Contracts and MOUs***



# The Big Idea.

- Bill **ME**.
- Make ME (TCHC) a **payee** just like Medicaid, private pay insurance.
- I will approve patient (just like photocopying your health insurance card) so you are **GUARANTEED** to get paid.
- I know their case manager, I know where they are (HMIS)

# The Coercion.

- I put the VP of Planning and Development for the County Hospital on my Board of Directors
- Provide bus passes for the county clinic's patients
- Guaranteed payment

# The Contract.

- They had the lawyers and I agreed to anything.
- Agreed list of fee for service – up front pricing.
- Signed and sealed.
- ACH information swapped
- 3 hour training on how I was going to do it with County staff

**SCHEDULE A**  
**Effective January 1<sup>st</sup>, 2011 to December 31<sup>st</sup>, 2011**

TYPE OF SERVICE	PROCEDURE CODE	FACILITY REIMBURSEMENT
<b>DENTAL DIAGNOSIS</b>		
Periodic oral examination	D0120	\$29.44
Limited oral evaluation - problem focused	D0140	\$19.16
Dental/Orthodontia	D0145	\$144.97
Comprehensive oral evaluation - new or established patient	D0150	\$36.04
Dental/Orthodontia	D0160	\$15.25
Dental/Orthodontia	D0170	\$16.88
Dental/Orthodontia	D0180	\$8.02
Intraoral - complete series (including bitewings)	D0210	\$72.08
Intraoral - periapical first film	D0220	\$12.82
Intraoral - periapical each additional film	D0230	\$11.74
Intraoral B192- occlusal film	D0240	\$10.00
Extraoral - first film	D0250	\$18.75
Extraoral - each additional film	D0260	\$12.50
Bitewing - single film	D0270	\$5.00
Bitewing - two films	D0272	\$23.86
Bitewing - four films	D0273	\$29.60
Bitewing - four films	D0274	\$35.32
Dental/Orthodontia	D0277	\$31.75
Posterior-anterior or lateral skull and facial bone survey film	D0290	\$33.75
Dental/Orthodontia	D0310	\$45.00
Dental/Orthodontia	D0320	\$75.00
Dental/Orthodontia	D0321	\$35.00
Dental/Orthodontia	D0322	\$33.75
Panoramic film	D0330	\$65.08
Cephalometric film	D0340	\$33.75
Dental/Orthodontia	D0350	\$18.75
Dental/Orthodontia	D0360	\$288.75
Dental/Orthodontia	D0362	\$173.25
Dental/Orthodontia	D0363	\$231.00
Dental/Orthodontia	D0415	\$25.00
Dental/Orthodontia	D0460	\$12.50
Diagnostic Casts	D0470	\$22.50
Dental/Orthodontia	D0502	\$57.50
<b>PREVENTIVE DENTISTRY</b>		
Prophylaxis-adult (permanent teeth)	D1110	\$56.00
Prophylaxis-child (primary teeth)	D1120	\$37.50
Topical application of fluoride (including prophylaxis child)	D1203	\$15.00
Topical application of fluoride (excluding prophylaxis child)	D1204	\$15.00

Topical application of fluoride (excluding prophylaxis adult)	D1206	\$15.00
Dental/Orthodontia	D1330	\$12.50
Sealant-per tooth	D1351	\$28.82
Space maintainer-fixed unilateral	D1510	\$160.00
Space maintainer-fixed bilateral	D1515	\$237.50
Space maintainer-removable unilateral	D1520	\$75.00
Space maintainer-removable bilateral	D1525	\$106.25
Recementation of space maintainer	D1550	\$18.75
Dental/Orthodontia	D1555	\$50.00
<b>RESTORATIVE DENTISTRY</b>		
Amalgam-one surface permanent	D2140	\$65.72
Amalgam-two surfaces permanent	D2150	\$87.46
Amalgam-three surfaces permanent	D2160	\$111.42
Amalgam-four or more surfaces permanent	D2161	\$60.04
Resin-one surface anterior	D2330	\$79.34
Resin-two surfaces anterior	D2331	\$105.14
Resin-three surface anterior	D2332	\$137.28
Resin-four or more surfaces or involving incisal	D2335	\$170.38
Resin based composite crown, anterior	D2390	\$150.00
Resin based composite - one surface, posterior	D2391	\$84.08
Resin based composite - two surfaces, posterior	D2392	\$110.20
Resin based composite - three surfaces, posterior	D2393	\$101.18
Resin based composite - four or more surfaces, posterior (permanent)	D2394	\$75.06
Gold foil-one surface	D2410	\$75.00
Gold foil-two surfaces	D2420	\$125.00
Gold foil-three surfaces	D2430	\$125.00
Inlay-metallic-one surface	D2510	\$181.25
Inlay-metallic-two surfaces	D2520	\$264.00
Inlay-metallic-three surfaces	D2530	\$264.00
Onlay 3 to 4 or More Surfaces (Metallic)	D2542	\$264.00
Onlay 3 to 4 or More Surfaces (Metallic)	D2543	\$264.00
Inlay-porcelain/ceramic-one surface	D2544	\$264.00
Inlay-porcelain/ceramic-two surfaces	D2610	\$264.00
Inlay-porcelain/ceramic-three surfaces	D2620	\$264.00
Inlay-porcelain/ceramic-three surfaces	D2630	\$264.00
Onlay-porcelain/ceramic-two surfaces	D2642	\$264.00
Onlay-porcelain/ceramic-three surfaces	D2643	\$264.00
Dental/Orthodontia	D2644	\$264.00
Inlay-composite/resin-one surface (laboratory processed)	D2650	\$264.00
Inlay-composite/resin-two surfaces (laboratory processed)	D2651	\$264.00
Onlay-composite/resin-three surfaces (laboratory processed)	D2652	\$264.00
Dental/Orthodontia	D2662	\$264.00
Dental/Orthodontia	D2663	\$264.00
Dental/Orthodontia	D2664	\$264.00

Crown resin (laboratory)	D2710	\$264.00
Crown resin with high noble metal	D2720	\$264.00
Crown resin with predominantly base metal	D2721	\$264.00
Crown resin with noble metal	D2722	\$264.00
Crown -porcelain/ceramic substrate	D2740	\$264.00
Crown-porcelain fused to high noble metal	D2750	\$528.00
Crown-porcelain fused to predominantly base	D2751	\$528.00
Crown-porcelain fused to noble metal	D2752	\$528.00
Dental/Orthodontia	D2780	\$264.00
Dental/Orthodontia	D2781	\$264.00
Dental/Orthodontia	D2782	\$264.00
Dental/Orthodontia	D2783	\$264.00
Crown-full cast high noble metal	D2790	\$528.00
Crown-full cast predominantly base metal	D2791	\$264.00
Crown-full cast noble metal	D2792	\$264.00
Dental/Orthodontia	D2794	\$264.00
Recement inlay	D2910	\$18.75
Dental/Orthodontia	D2915	\$18.75
Recement crown	D2920	\$20.00
Prefabricated stainless steel crown-primary	D2930	\$156.06
Prefabricated stainless steel. crown-permanent	D2931	\$162.50
Prefabricated resin crown	D2932	\$68.75
Prefabricated stainless steel crown with resin	D2933	\$156.06
Dental/Orthodontia	D2934	\$156.06
Sedative filling	D2940	\$36.58
Core build-up including any pins	D2950	\$45.00
Pin retention-per tooth in addition to restoration	D2951	\$12.50
Cast post and core in addition to crown	D2952	\$87.50
Dental/Orthodontia	D2953	\$43.75
Prefabricated post and core in addition to crown	D2954	\$75.00
Dental/Orthodontia	D2955	\$75.00
Dental/Orthodontia	D2957	\$37.50
Labial veneer (lamine) chairside	D2960	\$112.50
Labial veneer (resin laminate) laboratory	D2961	\$181.25
Labial veneer (porcelain laminate) laboratory	D2962	\$212.50
Temporary (fractured tooth)	D2970	\$200.00
Dental/Orthodontia	D2971	\$112.50
Crown repair by report	D2980	\$50.00
<b>ENDODONTIC PROCEDURES (ONLY ANTERIOR TEETH)</b>		
Pulp cap direct (excluding final restoration)	D3110	\$16.25
Dental/Orthodontia	D3120	\$30.00
Therapeutic pulpotomy (excluding final restoration)	D3220	\$87.96
Dental/Orthodontia	D3230	\$38.75
Dental/Orthodontia	D3240	\$43.98
Anterior (excluding final restoration)	D3310	\$355.98

Bicuspid (excluding final restoration)	D3320	\$412.50
Molar (excluding final restoration)	D3330	\$624.26
Retreatment-anterior by report	D3346	\$156.25
Retreatment-bicuspid by report	D3347	\$206.25
Retreatment-molar by report	D3348	\$275.00
Dental/Orthodontia	D3351	\$75.00
Dental/Orthodontia	D3352	\$50.00
Dental/Orthodontia	D3353	\$100.00
Apicoectomy/periradicular surgery-anterior	D3410	\$131.25
Apicoectomy/periradicular surgery-bicuspid (first root)	D3421	\$162.50
Apicoectomy/periradicular surgery-molar (first root)	D3425	\$162.50
Apicoectomy/periadicular surgery (each additional root)	D3426	\$75.00
Retrograde filling per root	D3430	\$50.00
Root amputation per root	D3450	\$75.00
Dental/Orthodontia	D3460	\$212.50
Dental/Orthodontia	D3470	\$125.00
Dental/Orthodontia	D3910	\$18.75
Hemisection(including any root removal) not including root canal therapy	D3920	\$81.25
Dental/Orthodontia	D3950	\$50.00
<b>PERIDONTAL PROCEDURES</b>		
Gingivectomy or gingivoplasty per quadrant	D4210	\$162.50
Gingivectomy or gingivoplasty per tooth	D4211	\$50.00
Gingival curettage surgical per quadrant by report		
Dental/Orthodontia	D4230	\$162.50
Dental/Orthodontia	D4231	\$97.50
Gigival flap procedure including root planning per quadrant	D4240	\$181.25
Dental/Orthodontia	D4241	\$55.00
Dental/Orthodontia	D4245	\$181.25
Clinical crown lengthening hard tissue	D4249	\$162.50
Osseous surgery (including flap entry and closure per quadrant)	D4260	\$225.00
Dental/Orthodontia	D4261	\$67.00
Dental/Orthodontia	D4266	\$275.00
Dental/Orthodontia	D4267	\$325.00
Pedicle soft tissue graft procedure	D4270	\$193.75
Free soft tissue graft procedure (including donor site surgery)	D4271	\$206.25
Dental/Orthodontia	D4273	\$225.00
Dental/Orthodontia	D4274	\$125.00
Dental/Orthodontia	D4275	\$225.00
Dental/Orthodontia	D4276	\$225.00
Dental/Orthodontia	D4320	\$62.50
Dental/Orthodontia	D4321	\$100.00
Periodontal scaling and root planning per quadrant	D4341	\$56.25
Dental/Orthodontia	D4342	\$7.00

Full mouth debridement to enable comprehensive periodontal evaluation and diagnosis	D4355	\$75.00
Dental/Orthodontia	D4381	\$30.00
Periodontal maintenance procedures (following active therapy)	D4910	\$37.50
Dental/Orthodontia	D4920	\$25.00
<b>REMOVABLE DENTURES</b>		
Complete denture maxillary (upper)	D5110	\$375.00
Complete denture Mandibular (lower)	D5120	\$375.00
Immediate denture maxillary (upper)	D5130	\$387.50
Immediate denture mandibular (lower)	D5140	\$387.50
Maxillary partial denture resin base (including any conventional clasp rest and teeth)	D5211	\$275.00
Mandibular partial denture resin base (including any conventional clasp rest and teeth)	D5212	\$275.00
Maxillary partial denture cast metal framework with resin denture bases	D5213	\$400.00
Mandibular partial denture cast metal framework with resin denture bases	D5214	\$400.00
Removable unilateral partial denture one piece cast metal (including clasps and teeth)	D5281	\$250.00
Adjust complete denture maxillary (upper)	D5410	\$18.75
Adjust complete denture mandibular (lower)	D5411	\$18.75
Adjust partial denture maxillary (upper)	D5421	\$18.75
Adjust partial denture Mandibular (lower)	D5422	\$18.75
Repair broken complete denture base	D5510	\$50.00
Replace missing or broken teeth complete denture (each tooth)	D5520	\$43.75
Repair resin denture base	D5610	\$115.00
Repair framework	D5620	\$56.25
Repair or replace broken clasp	D5630	\$50.00
Replace broken teeth per tooth	D5640	\$43.75
Add tooth to existing partial denture	D5650	\$50.00
Add clasp to existing partial denture	D5660	\$62.50
Dental/Orthodontia	D5670	\$175.00
Dental/Orthodontia	D5671	\$175.00
Rebase complete maxillary denture (upper)	D5710	\$137.50
Rebase complete mandibular denture (lower)	D5711	\$137.50
Rebase maxillary partial denture (upper)	D5720	\$137.50
Rebase mandibular partial denture (lower)	D5721	\$137.50
Reline complete maxillary denture chairside (upper)	D5730	\$81.25
Reline complete mandibular denture chairside (lower)	D5731	\$81.25
Reline maxillary partial denture chairside (upper)	D5740	\$75.00
Reline mandibular partial denture chairside (lower)	D5741	\$75.00
Reline complete maxillary denture laboratory (upper)	D5750	\$118.75
Reline complete mandibular denture laboratory (lower)	D5751	\$118.75
Reline maxillary partial denture laboratory (upper)	D5760	\$118.75



Reline mandibular partial denture laboratory (lower)	D5761	\$118.75
Dental/Orthodontia	D5810	\$200.00
Dental/Orthodontia	D5811	\$200.00
Interim partial denture maxillary (upper)	D5820	\$162.50
Interim partial denture mandibular (lower)	D5821	\$162.50
Tissue conditioning maxillary (upper)	D5850	\$37.50
Tissue conditioning mandibular (lower)	D5851	\$37.50
Dental/Orthodontia	D5860	\$387.50
Dental/Orthodontia	D5861	\$387.50
Dental/Orthodontia	D5862	\$162.50

# The MOUs.

- Agencies that wanted to access the Direct Client Service signed a simple MOU with the CoC and completed ACH banking form information after mandatory training (GoTo Recorded training)

# **How it Works:** ***Assessments, Eligibility*** ***and Referrals***

# Referral Starts with Case Management

- Client must be ENROLLED in a shelter, housing, program or case management program (including street outreach)
- Updated, accurate, HMIS client records requirement.
- Fund of last resort
- Complete the [DCSF Dental Request Form](#)



**AFTER TCHC**

**APPROVAL**

***PATIENT should***

**take form to**

**JPS HEALTH CENTER**

**CYPRESS CLINIC**

1513 E. Presidio

Fort Worth, TX 76102

817-852-8380

Monday-Friday: 8:00am-5:00pm

Clinic closed 12:00pm-1:00pm

Direct Client Services Fund

**2013 DENTAL SERVICES REFERRAL REQUEST FORM**

Date: \_\_\_\_\_ Directions Home Client? Y  N

Agency/Program Name: \_\_\_\_\_

Client Name: \_\_\_\_\_

ETO Client ID #: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

Client Address / Agency of Residence: \_\_\_\_\_

Client Phone (if available): \_\_\_\_\_

Appointment Date/Time (if known): \_\_\_\_\_

**CASE MANAGER REFERRAL INFORMATION**

Detail the dental service need for this client:

\_\_\_\_\_  
\_\_\_\_\_

Detail why there are no other financial resources available to the client for these dental services:

\_\_\_\_\_  
\_\_\_\_\_

*By our signatures, we affirm that this agency has enrolled the above client in a Directions Home or CoC funded Case Management program and the client is **actively engaged in program services and case management with our agency**. The client has a completed HUD Assessment in ETO. We further affirm that the client and the agency have no other resources to pay for the dental services needed.*

**PRINT CLEARLY**

Case Manager Sign: (X) \_\_\_\_\_

Print Case Manager Name: \_\_\_\_\_

Case Manager Email: \_\_\_\_\_

Case Manager Telephone: \_\_\_\_\_

TCHC Approval Stamp:

**AGENCY INSTRUCTIONS:**

**SUBMIT A COPY OF THIS COMPLETED & SIGNED FORM IN PDF FORMAT**

**VIA EMAIL OR FAX TO:**

CJCrain@AHomeWithHope.org

FAX: 817-509-9089

TCHC will approve within 2 business days. **DO NOT** send patient to JPS clinic without a copy of the TCHC APPROVED form.

QUESTIONS: 817-991-9127

# Referral Starts with Case Management

- Dental Referral is a part of Goal Attainment within the Case Plan.
- We ask that CM start the dental conversation after a few successful appointments where the client shows up – incentivize.
- They complete the form WITH the client
- They apply, and submit to TCHC office.
- [DENIALS can happen](#)



**Direct Client Services Fund**

**DENTAL SERVICES DENIAL/RESUBMISSION FORM**

Date: \_\_\_\_\_

Client Name: \_\_\_\_\_

**WHY DENIED:**

- Missing or Incomplete Information
- Information on form does not match ETO HMIS records
- Needs ETO HUD Intake Assessment (required of all participants)
- Needs ETO HUD Mid-Program Assessment  
(required if last assessment is older than three months)
- Client income does not meet “last resort” eligibility
- Client does not reside in the City of Fort Worth
- Client is not in a Directions Home or CoC program

**CASE MANAGER RESPONSE**

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**When Denial Issue is addressed, resubmit your DCSF form to TCHC with completed information.**

TCHC Signature: \_\_\_\_\_

# **“Making Dents”**

Student Video by Texas  
Christian University



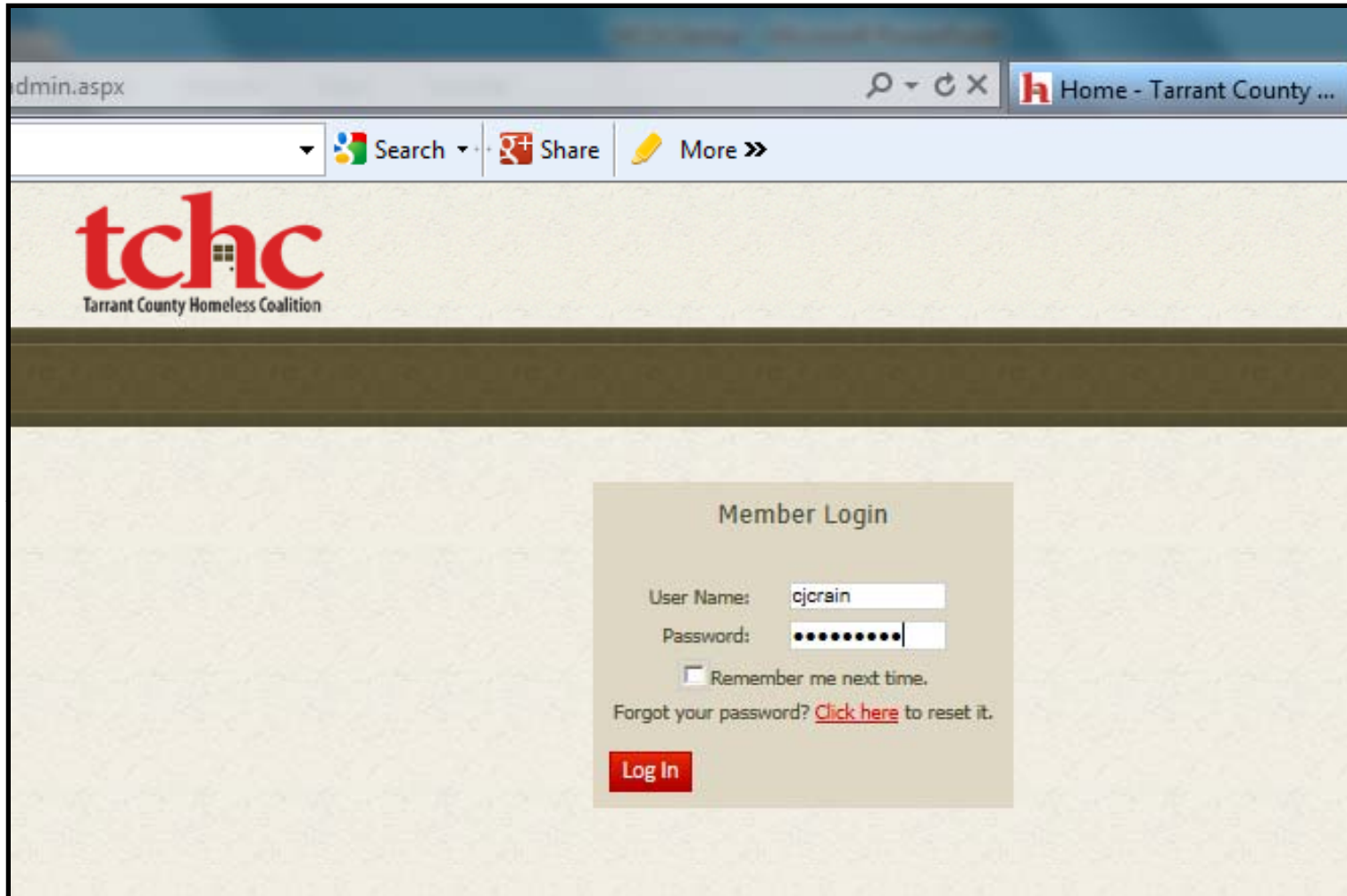
develops Strategies



**Paying the Bills:**  
***Minimize Administration***  
***Indirect Costs***

# Getting Paid.

- Hospital has a dental program lead
- Submit a payment request by the 15<sup>th</sup> of the month and I pay within 10 business days.
- Billing Documentation: [Our TCHC Dental Request Form](#)



<http://www.ahomewithhope.org>



### Direct Client Services Fund Request

This will generate a new fund request for review. Please fill out all information to the best of your ability.

You will receive an email after submitting and again when the request status is changed.

**Please Note:** You may only submit 1 request per month! Thank you for your cooperation!

Agency Name:

Month of Reimbursement:

Program	DV	HMIS #	Category	Amount
<a href="#">+ Add New Line</a>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<b>Total</b>				\$ 0.00

Upload Receipts and Proof of Last Resort *(PDF files only)*



### Direct Client Services Fund Request

This will generate a new fund request for review. Please fill out all information to the best of your ability.

You will receive an email after submitting and again when the request status is changed.

**Please Note:** You may only submit 1 request per month! Thank you for you cooperation!

Agency Name:

Month of Reimbursement:

Program	DV	HMIS #	Category	Amount
<a href="#">+ Add New Line</a>				
<input type="text" value="Non-Directions Home"/>	<input type="checkbox"/>	<input type="text" value="091233"/>	<input type="text" value="Health Care"/>	\$ <input type="text" value="123.45"/>
<input type="text" value="Directions Home"/>	<input type="checkbox"/>	<input type="text" value="213333"/>	<input type="text" value="Critical Documents"/>	\$ <input type="text" value="18.00"/> <a href="#">Remove</a>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <a href="#">Remove</a>

Total \$ 141.45

Upload Receipts and Proof of Last Resort (PDF files only):



[SITE CONTENT](#)

[FUNDS REQUEST](#)

[CRITICAL DOCUMENTS](#)

[HOUSING INVENTORY](#)

[EVENT REGISTRATION](#)

[AGENCY LIST](#)

## Direct Services Fund Request

Review submitted funds requests. View a request to modify it's status or review attachments.

[Download Approved](#)

Request Date		Month	User	Status	Total	
03/12/13 04:16 PM	<a href="#">MHMR of Tarrant County - Homeless Services</a>	February 2013	frank.daltonjr@mhmrtc.org	Pending	\$1,169.50	
03/12/13 10:32 AM	<a href="#">ACH Child &amp; Family Services' Emer. Youth Shelter</a>	February 2013	bryan	Pending	\$1.00	
02/15/13 11:14 AM	<a href="#">MHMR of Tarrant County - Homeless Services</a>	January 2013	frank.daltonjr@mhmrtc.org	Approved	\$167.25	
01/28/13 12:11 PM	<a href="#">JPS Health Network</a>	December 2012	cteddy@jpshealth.org	Paid	\$2,554.20	
01/17/13 03:58 PM	<a href="#">Fort Worth Day Resource Center for the Homeless</a>	December 2012	jgrace	Paid	\$414.00	
12/17/12 02:44 PM	<a href="#">Tarrant County Homeless Coalition</a>	November 2012	cjcain	Paid	\$6,426.59	
12/03/12 02:59 PM	<a href="#">Fort Worth Day Resource Center for the Homeless</a>	November 2012	jgrace	Paid	\$951.00	
11/06/12 05:00 PM	<a href="#">MHMR of Tarrant County - Homeless Services</a>	October 2012	frank.daltonjr@mhmrtc.org	Paid	\$1,170.50	
10/11/12 11:34 AM	<a href="#">MHMR of Tarrant County - Addiction Services</a>	September 2012	frank.daltonjr@mhmrtc.org	Paid	\$450.00	
10/09/12 05:20 PM	<a href="#">ACH Child &amp; Family Services' Emer. Youth Shelter</a>	October 2012	bryan	Denied	\$0.99	
10/09/12 01:39 PM	<a href="#">ACH Child &amp; Family Services' Emer. Youth Shelter</a>	September 2012	bryan	Denied	\$1.00	
10/03/12 10:21 AM	<a href="#">Catholic Charities</a>	September 2012	kellyrand	Paid	\$3,237.50	
09/27/12 04:25 PM	<a href="#">Fort Worth Day Resource Center for the Homeless</a>	September 2012	jgrace	Paid	\$960.00	
09/19/12 03:01 PM	<a href="#">Tarrant County Homeless Coalition</a>	September 2012	cjcain	Paid	\$1,318.82	

Reimbursement Request Detail



Request ID: 325053 (Submitted by ctddy@jpshealth.org at 1/28/2013 12:11:06 PM)

Agency Name: JPS Health Network

Month of Reimbursement: December 2012

Request Status:

Admin Message:

Program	DV	HMIS #	Category	Amount
Non-Directions Home	N	p31354	Health Care	\$ 61.80
Directions Home	N	p21169	Health Care	\$ 86.40
Directions Home	N	p21169	Health Care	\$ 33.00
Directions Home	N	p24774	Health Care	\$ 25.20
Directions Home	N	p24774	Health Care	\$ 260.40
Directions Home	N	p24774	Health Care	\$ 24.00
Non-Directions Home	N	36515	Health Care	\$ 117.00
Non-Directions Home	N	36515	Health Care	\$ 100.80
Directions Home	N	113389	Health Care	\$ 24.00
Directions Home	N	68365	Health Care	\$ 33.00
Directions Home	N	68365	Health Care	\$ 117.00
Directions Home	N	p27179	Health Care	\$ 24.00
Directions Home	N	p27179	Health Care	\$ 520.80
Directions Home	N	p27179	Health Care	\$ 24.00
Non-Directions Home	N	p27179	Health Care	\$ 24.00
Non-Directions Home	N	2755379	Health Care	\$ 408.60
Directions Home	N	11242	Health Care	\$ 86.40
Non-Directions Home	N	56355	Health Care	\$ 33.00
Non-Directions Home	N	56355	Health Care	\$ 25.20
Directions Home	N	pns20074895	Health Care	\$ 25.20
Directions Home	N	pns20074895	Health Care	\$ 86.40
Non-Directions Home	N	ugm20091822	Health Care	\$ 24.00
Non-Directions Home	N	35803	Health Care	\$ 117.00
Non-Directions Home	N	35803	Health Care	\$ 31.80
Non-Directions Home	N	35803	Health Care	\$ 241.20

Total \$ 2554.20

Receipts and Proof of Last Resort

[325053 - December 2012 \(Adobe PDF\)](#)

Save

# Getting Paid.

- TCHC reconciles the request.
- Send the treasurer and bookkeeper the check request like any other TCHC invoice.
- Approved, ACH paid
- I maintain a simple excel spreadsheet to track total funds spent per client and report to United Way.
- Admin time for all DCSF is about 30 - 45 minutes per month.



**Performance:**  
***\$\$, ## and unexpected  
outcomes***

# The Numbers.

- Started August 2011
- 84 patients completed dental treatment plan through December 2012
- Total spent: \$28,017.12
- \$345.89 average per patient
- 122 active within a dental treatment plan today (1-4 month process depending on extent of damage, healing after extractions, dentures).

# Unexpected Outcomes

- Hospital processed patients and eligibility for other benefits: 9 patients DID have health care benefits for some dental that they did not know about.

# Unexpected Outcomes

## DINKAS

- Homeless Clinic that is right across the street from three emergency shelters has a sustained DNKA rate of 24%
- Of the 218 patients approved and made an appointment at the evaluation clinic, or one of four other dental clinics al over town.....
- 12 did not keep their appointment. **5.5% DNKA rate!**

# Unexpected Outcomes

My friend Russell

# Other Applications of the Direct Client Service Fund

# Top 5 Most Pressing Needs for Consumers

2013

1. **Transportation/Bus Passes**
2. **Job Placement/Employment Training**
3. **Health Care Needs/Medication/Dental**
4. **Food/Hygiene Items/Clothing**
5. **ID/Birth Certificate**

# DCSF – Fund of last resort

1. Taxi Voucher Match (50%), Shell Gas Cards, +500 bus passes a month, minor care repair
2. GED Exam Fee / Gap financing for Child Care before CCMS kicks in (TANF work/education requirement); tools, boots
3. OTC items in bulk/RX Co-Pays at county hospital/Walgreens gift cards
4. In/Out patient treatment beds Gap financing until State kicks in (\*priority to housed clients)
5. McDonalds \$5 gift certificates
6. ID/Birth Certificate
7. Bulk purchase mattresses (frames and delivery).



Questions?  
*Other cool ideas?*