

TEXAS REGISTER

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How to Use the Texas Register

Information Available: The 11 sections of the *Texas Register* represent various facets of state government. Documents contained within them include:

Governor - Appointments, executive orders, and proclamations.

Attorney General - summaries of requests for opinions, opinions, and open records decisions.

Secretary of State - opinions based on the election laws.

Texas Ethics Commission - summaries of requests for opinions and opinions.

Emergency Rules - sections adopted by state agencies on an emergency basis.

Proposed Rules - sections proposed for adoption.

Withdrawn Rules - sections withdrawn by state agencies from consideration for adoption, or automatically withdrawn by the *Texas Register* six months after the proposal publication date.

Adopted Rules - sections adopted following a 30-day public comment period.

Tables and Graphics - graphic material from the proposed, emergency and adopted sections.

Open Meetings - notices of open meetings.

In Addition - miscellaneous information required to be published by statute or provided as a public service.

Specific explanation on the contents of each section can be found on the beginning page of the section. The division also publishes cumulative quarterly and annual indexes to aid in researching material published.

How to Cite: Material published in the *Texas Register* is referenced by citing the volume in which the document appears, the words "TexReg" and the beginning page number on which that document was published. For example, a document published on page 2402 of Volume 20 (1995) is cited as follows: 20 TexReg 2402.

In order that readers may cite material more easily, page numbers are now written as citations. Example: on page 2 in the lower-left hand corner of the page, would be written "20 TexReg 2 issue date," while on the opposite page, page 3, in the lower right-hand corner, would be written "issue date 20 TexReg 3."

How to Research: The public is invited to research rules and information of interest between 8 a.m. and 5 p.m. weekdays at the *Texas Register* office, Room 245, James Earl Rudder Building, 1019 Brazos, Austin. Material can be found using *Texas Register* indexes, the *Texas Administrative Code*, section numbers, or TRD number.

Texas Administrative Code

The *Texas Administrative Code (TAC)* is the official compilation of all final state agency rules published in the *Texas Register*. Following its effective date, a rule is entered into the *Texas Administrative Code*. Emergency rules, which may be adopted by an agency on an interim basis, are not codified within the *TAC*. West Publishing Company, the official publisher of the *TAC*, publishes on an annual basis.

The *TAC* volumes are arranged into Titles (using Arabic numerals) and Parts (using Roman numerals).

The Titles are broad subject categories into which the agencies are grouped as a matter of convenience. Each Part represents an individual state agency. The *Official TAC* also is available on WESTLAW, West's computerized legal research service, in the TX-ADC database.

To purchase printed volumes of the *TAC* or to inquire about WESTLAW access to the *TAC* call West: 1-800-328-9352.

The Titles of the *TAC*, and their respective Title numbers are:

1. Administration
4. Agriculture
7. Banking and Securities
10. Community Development
13. Cultural Resources
16. Economic Regulation
19. Education
22. Examining Boards
25. Health Services
28. Insurance
30. Environmental Quality
31. Natural Resources and Conservation
34. Public Finance
37. Public Safety and Corrections
40. Social Services and Assistance
43. Transportation

How to Cite: Under the *TAC* scheme, each section is designated by a *TAC* number. For example in the citation 1 TAC §27.15:

1 indicates the title under which the agency appears in the *Texas Administrative Code*; *TAC* stands for the *Texas Administrative Code*; §27.15 is the section number of the rule (27 indicates that the section is under Chapter 27 of Title 1; 15 represents the individual section within the chapter).

How to update: To find out if a rule has changed since the publication of the current supplement to the *Texas Administrative Code*, please look at the *Table of TAC Titles Affected*. The table is published cumulatively in the blue-cover quarterly indexes to the *Texas Register* (January 21, April 15, July 12, and October 11, 1994). In its second issue each month the *Texas Register* contains a cumulative *Table of TAC Titles Affected* for the preceding month. If a rule has changed during the time period covered by the table, the rule's *TAC* number will be printed with one or more *Texas Register* page numbers, as shown in the following example.

TITLE 40. SOCIAL SERVICES AND ASSISTANCE
Part I. Texas Department of Human Services
40 TAC §3.704.....950, 1820

The *Table of TAC Titles Affected* is cumulative for each volume of the *Texas Register* (calendar year).

Update by FAX: An up-to-date *Table of TAC Titles Affected* is available by FAX upon request. Please specify the state agency and the *TAC* number(s) you wish to update. This service is free to *Texas Register* subscribers. Please have your subscription number ready when you make your request. For non-subscribers there will be a fee of \$2.00 per page (VISA, MasterCard). (512) 463-5561.

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In the November 21, 1995, Texas Register, Volume 20, Number 87, Part II, the second page of the Table Contents inadvertently repeated the second page from Part I. The missing Table of contents pages are printed in this issue on page 10157.

Name: Rosendo Garza

Grade:

School: Homer Hanna High School, Brownsville ISD



**PREFERRED PROVIDER PROVISIONS
(PPO)**

Your Employer has elected this PPO Option.

If you or your Dependent receive Covered Services from a Preferred Provider, the percentage payable will be increased and subject to any deductibles (and copayments) as shown in the Schedule of Benefits.

A Preferred Provider is a Hospital, Skilled Nursing Facility or any other medical or health-related service facility, Physician, Provider or Other Health Care Practitioner who has contracted with Us for the purpose of reducing health care costs by negotiating fees.

A Non-Preferred Provider is a Hospital, Physician, Provider or Other Health Care Practitioner who has not contracted with Us.

PPO Service Area means the geographical area in which Preferred Providers have contracted with Us are located.

[The following counties are designated as your PPO Service Area: _____]

[The following zip codes are designated as your PPO Service Area: _____]

[Your PPO Service Area is a 50 mile radius from your principal place of employment.]

[Your PPO Service Area is described in _____.]

A list of Preferred Providers in your PPO Service Area will be given to you at the time your coverage becomes effective. Any changes to this list will be provided to you not less than annually. You may call Us during regular business hours to receive a current up-to-date list of Preferred Providers.

When an Insured Person requires Covered Services which are not available through a Preferred Provider, benefits for Covered Services received from Non-Preferred Providers will be paid as if the Covered Services were received from Preferred Providers.

FIGURE NO. 30: 28 TAC §26.27(b) - Page 2 of 2

When an Insured Person receives covered Emergency Care services from a Non-Preferred Provider, those services will be paid as if they were received from a Preferred Provider. However, once the Insured Person can be safely transferred to a Preferred Provider, he will be required to transfer to a Preferred Provider in order to continue receiving the Preferred Provider level of benefits. If the Insured Person chooses not to transfer, benefits will be payable at the Non-Preferred Provider level.

When services are received from Preferred Providers, benefit payments will be made directly to the Preferred Providers. This will apply regardless of any other provision in the Policy to the contrary.

TEXAS SMALL EMPLOYER GROUP HEALTH BENEFIT PLAN GROUP APPLICATION

[Application is hereby made to:

(Insurance Company Name)

Employer Name:

Address:

(Street)

(City)

(State)

(Zip Code)

1 Total Number of Employees (Part-time and full-time) -----

2. Total Number of Eligible Employees (A full-time Employee is one who usually works at least [30] hours per week.)-----

This amount must be at least [75%] of the total number of Eligible Employees.

TAKE THE FOLLOWING CHOICES:

• **Open Enrollment Period** is a 31-day period of time, provided annually, in which Eligible Employees and Dependents may enroll for coverage.

The Open Enrollment Period shall be from [] through [].

2. **Waiting Period** means the length of time, established by the employer, that an Employee must be continuously employed before the Employee is eligible to apply for coverage under the Policy. The Waiting Period may not exceed 90 days from the first day of employment.

The Employer chooses to establish a Waiting Period of: _____ days.]

69 APP

BENEFIT PLANS OFFERED: (Check plan and plan options chosen.)

___ **BASIC COVERAGE (NON-PPO PLAN)**

Policy Year Deductible: ___\$500 [Insert other options carrier will offer.]
Coinsurance Maximum: ___\$3,000 [Insert other options carrier will offer.]
Percentage Payable: ___80% [Insert other options carrier will offer.]

___ **BASIC COVERAGE (PPO PLAN)**

[Policy Year Deductible: ___\$500 [Insert other options carrier will offer.]]
[Preferred Provider/Non-Preferred Provider Deductible:
___\$250/\$500 [Insert other options carrier will offer.]]
[Office Visit Copayment: ___\$10 ___\$15]
Coinsurance Maximum: ___\$3,000 [Insert other options carrier will offer.]
Percentage Payable (PPO/Non-PPO): ___90%/70% [Insert other options carrier will offer.]

___ **CATASTROPHIC CARE (NON-PPO PLAN)**

Policy Year Deductible: ___\$2,500 ___\$5,000 [Insert other options carrier will offer.]
Coinsurance Maximum: ___\$5,000 ___\$10,000 [Insert other options carrier will offer.]
Percentage Payable: ___80% ___90% [Insert other options carrier will offer.]

___ **CATASTROPHIC CARE (PPO PLAN)**

[Policy Year Deductible: ___\$2,500 ___\$5,000 [Insert other options carrier will offer.]]
[Preferred Provider/Non-Preferred Provider Deductible:
___\$1,250/\$2,500 ___\$2,500/\$5,000 [Insert other options carrier will offer.]]
Coinsurance Maximum: ___\$5,000 ___\$10,000 [Insert other options carrier will offer.]
Percentage Payable (PPO/Non-PPO): ___90%/70% ___80%/60%
[Insert other options carrier will offer.]

___ **[Additional Plans Carrier may offer. (Carrier should provide description of options.)]**

FIGURE NO. 31: 28 TAC §26.27(b) - Page 3 of 3

[The following riders are required to be offered with the Basic Coverage Benefit Plan:

<u>Accepts</u>	<u>Rejects</u>	
()	()	Alcohol and Drug Abuse Benefit Rider
()	()	Mental Health Benefit Rider
()	()	Prescription Drug Benefit Rider
()	()	Preventive Care Benefit Rider]
[()	()	[Additional Riders Offered.]]

[The following riders are required to be offered with the Catastrophic Care Benefit Plan:

<u>Accepts</u>	<u>Rejects</u>	
()	()	Alcohol and Drug Abuse Benefit Rider
()	()	Mental Health Benefit Rider
()	()	Prescription Drug Benefit Rider]
[()	()	[Additional Riders Offered.]]

to the Employer:

Benefits for Eligible Expenses incurred for treatment of Preexisting Conditions will not be paid for a period of [12] months from the Insured Person's Effective Date of coverage.]

An Affiliation Period will be imposed on all new and late enrollees. An enrollee must complete an Affiliation Period during which time premiums are not collected and issued coverage is not effective. For new enrollees, the Affiliation Period under the Policy is [90] days; for late enrollees, the Affiliation Period under the Policy is [180] days.]

Application Date

Signature of {employer} {policyholder}

(Signature of agent/company officer)

COMPLIANCE RIDER FOR HB369

This rider is made part of the Policy/Certificate to which it is attached and amends the following provisions:

ELIGIBILITY FOR COVERAGE

Employee Coverage:

You are an Eligible Employee if you:

1. work on a full time basis; and
2. usually work at least 30 hours a week

Eligible Employee includes a sole proprietor, a partner, and an independent contractor, if the sole proprietor, partner or independent contractor is included as an Employee under a Health Benefit Plan of the Employer. [Eligible Employee also includes an Employee of an Employer member of an association.] The term does not include:

1. an Employee who works on a part-time, temporary, seasonal or substitute basis; or
2. an Employee who is covered under:
 - a. another Health Benefit Plan;
 - b. a self-funded or self-insured employee welfare benefit plan that provides health benefits and that is established in accordance with the Employee Retirement Income Security Act of 1974;
 - c. the Medicaid program if the employee elects not to be covered;
 - d. another federal program, including the CHAMPUS program or Medicare program, if the employee elects not to be covered; or
 - e. a benefit plan established in another country if the employee elects not to be covered.

369 END

EFFECTIVE DATES

Eligible Employees:

In order for an Eligible Employee's coverage to take effect, the Eligible Employee must submit written enrollment for coverage for himself and any Dependents. The Effective Date of coverage under the Policy is the date shown in the Certificate of Insurance issued to the Insured Person.

Any person covered by a previous group health plan of the Employer on the day prior to the Policy Effective Date, including any person who has continued group coverage under applicable federal or state law, is eligible on the Policy Effective Date.

Coverage under the Policy shall become effective on the Policy Effective Date for all existing Eligible Employees and Dependents upon completion of an application and election of coverage. This includes any Eligible Employee or Dependent who is confined in a Hospital or other institution. If the Policy is replacing a discontinued group health plan, coverage for an Eligible Employee or Dependent may be delayed only until the expiration of any applicable extension of benefits provided by the previous group health plan.

Initial Enrollment for New Eligible Employees:

If We receive your application or enrollment form within 31 days of [your date of employment] [completion of your Waiting Period established by the Employer], [upon completion of the Affiliation Period,] your coverage will become effective on the date set out on your certificate face page. [The **Waiting Period** is the length of time that you must be continuously employed before you are eligible to apply for coverage under the Policy. The Waiting Period under the Policy is [90] days from the first date of employment.]

If you do not enroll within 31 days of [your date of employment] [completion of your Waiting Period established by the Employer], coverage will become effective in accordance with the provisions for Late Enrollees.

Dependents:

If you have eligible Dependents on the date your coverage begins, your Dependents' coverage will begin on your Certificate Effective Date if:

1. you enroll your Dependent for coverage on or before your Effective Date; and
2. you pay the appropriate premium.

FIGURE NO. 32: 28 TAC §26.27(b) - Page 3 of 6

If you have Dependents who are not enrolled on the date your coverage begins and you subsequently apply for Dependent coverage, coverage for your Dependent(s) will become effective in accordance with the provision for Late Enrollees.

Newly Acquired Dependents:

If you acquire new eligible Dependents after the date your coverage begins, coverage for your Dependent will become effective in accordance with the following provisions:

Newborn Children

Coverage will be automatic for the first 31 days following the birth of your newborn Child and will terminate on the 32nd day. To continue coverage beyond 31 days, you must notify Us within 31 days of birth and pay the required premium within that 31 day period or a period consistent with Our next billing cycle. If you notify Us after that 31 day period, your newborn Child will become effective in accordance with the provisions for Late Enrollees.

[If you decide not to continue coverage for your Dependent Child beyond the 31 day period, premium will be charged for the 31 days coverage was in force.]

Court Ordered Coverage for a Dependent

If a court has ordered you to provide coverage for a minor Child, coverage will be automatic for the first 31 days from the date the employer receives notification of the court order. To continue coverage beyond 31 days, you must notify Us and pay the required premium within that 31 day period. If you notify Us after that 31 day period, your Dependent's coverage will become effective in accordance with the provisions for Late Enrollees.

If a court has ordered you to provide coverage for a spouse, coverage will be automatic for the first 31 days following the date on which the court order is issued. To continue coverage beyond 31 days, you must notify Us and pay the required premium within that 31 day period. If you notify Us after that 31 day period, your Dependent's coverage will become effective in accordance with the provisions for Late Enrollees.

Other Dependents

Written enrollment must be received within 31 days of the date that a spouse or Child first qualifies as an eligible Dependent . Coverage will become effective on the first day of the month following the date that application for coverage is received. If application is not made within the initial 31 days, then your Dependent's coverage will become effective in accordance with the provisions for Late Enrollees.

If you have coverage for your spouse and existing children or coverage for existing children only, coverage for any additional children will become effective as of the date they become your Dependent provided that enrollment for coverage is made within 31 days of eligibility.

If you ask that your Dependent be insured again after having canceled his or her coverage while your Dependent was still entitled to coverage, your Dependent's coverage will become effective in accordance with the provisions for Late Enrollees.

In no event will your Dependent's coverage become effective for coverage prior to your Certificate Effective Date.

Late Enrollees:

Late Enrollee means any Eligible Employee or Dependent who requests enrollment in the Employer's Health Benefit Plan after the expiration of the Initial Enrollment Period or after the expiration of the annual Open Enrollment Period. **Initial Enrollment Period** is the defined time frame for enrollment outlined in the above Effective Dates provision or otherwise in effect at the time of your employment date. **Open Enrollment Period** means a 31-day period provided annually, in which you and your eligible dependents may enroll for coverage.

A late enrollee is eligible to enroll for coverage during the next annual Open Enrollment Period and may be subject to [a [12] month Pre-Existing Condition limitation period] [a [180] day affiliation period].

Exceptions to Late Enrollee Provisions:

1. An Eligible Employee or Dependent is not a late enrollee if the Eligible Employee or Dependent:
 - a. was covered under another Employer Health Benefit Plan during the Initial Enrollment Period; and

- b. declined coverage under the Policy during the Initial Enrollment Period in writing on the basis of the coverage under another Employer Health Benefit Plan; and
 - c. coverage under the other Health Benefit Plan is terminating due to termination of the plan, termination of employment, death of a spouse, or divorce.
 - d. requests enrollment within 31 days after the date coverage ends under another Employer Health Benefit Plan.
2. The Employee is employed by an employer who offers multiple health benefit plans and the Employee elects a different Health Benefit Plan during an Open Enrollment Period.
 3. A court has ordered coverage to be provided for a minor child under a covered Employee's plan and request for enrollment is made within 31 days from the date the employer receives notification of the court order.
 4. A court has ordered coverage to be provided for a spouse under a covered Employee's plan and request for enrollment is made within 31 days after issuance of the court order.

[PREEXISTING CONDITIONS

Preexisting Condition means a disease or condition for which medical advice, diagnosis, care or treatment was recommended or received during the [six months] before the effective date of coverage. Benefits for Eligible Expenses incurred for treatment of a Preexisting Condition will not be paid for a period of [12] months from the Insured Person's Effective Date of coverage.

The Preexisting Condition limitation shall not apply to an Insured Person who was continuously covered for a minimum of [12] months by a Health Benefit Plan that was in effect up to a date not more than 60 days before the Effective Date of coverage under the Policy, excluding any Waiting Period.

Credit shall be given for the time the Insured Person was covered under a previous Health Benefit Plan if the previous Health Benefit Plan was in effect at any time during the [12] months before the Effective Date of coverage under the Policy.]

[AFFILIATION PERIOD

An Affiliation Period may be imposed in lieu of a Preexisting Condition Limitation.

Affiliation period means a period not to exceed 90 days for new enrollees and not to exceed 180 days for late enrollees during which premiums are not collected and the issued coverage is not effective.

Upon completion of the Waiting Period, you must complete an Affiliation Period before premiums are collected and coverage under the Policy becomes effective. For new enrollees, the Affiliation Period under the Policy is [90] days; for late enrollees, the Affiliation Period under the Policy is [180] days. The Affiliation Period will begin upon completion of the Waiting Period.]

TIME LIMIT ON CERTAIN DEFENSES:

Representations: All statements made by the [Policyholder or] Employer shall be considered representations and not warranties. We must provide the [Policyholder or] Employer with a copy of any statements used to non-renew coverage or adjust premiums. All statements made by you shall be considered representations and not warranties. We must provide you or your Beneficiary with a copy of any statements used to non-renew coverage or adjust premiums.

[Pre-Existing Conditions: After [one year] from the Certificate Effective Date, We will not reduce or deny any claim under the Policy because an Illness or Injury existed before the Certificate Effective Date.]

**TEXAS SMALL EMPLOYER GROUP HEALTH BENEFIT PLAN
CONTRACT and CERTIFICATE OF COVERAGE
(Herein called the Contract)**

NON-FEDERALLY QUALIFIED PLAN

This Small Employer Group Health Benefit Plan Contract and Certificate of Coverage are issued to You and Your Dependents (if any) who have enrolled in the Health Benefit Plan. This Contract, application, forms and any attachments thereto constitute the entire Contract. You and Your Dependents agree to adhere to these provisions for Covered Services by completing the enrollment form, payment of applicable premium and acceptance of this Contract.

issued by

[Name of HMO]
[Address of HMO]
[City & State]
[Telephone Number]
[1-800-Number]

THE GROUP AGREEMENT UNDER WHICH THIS CERTIFICATE IS ISSUED IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. YOU SHOULD CONSULT YOUR EMPLOYER TO DETERMINE WHETHER YOUR EMPLOYER IS A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM.

[Form Number]
369 GRP CONT

IMPORTANT NOTICE

AVISO IMPORTANTE

To obtain information or make a complaint:

Para obtener informacion o para someter una queja:

You may contact your (title) at (telephone number)

Puede comunicarse con su (title) al (telephone number)

You may call (company)'s toll-free telephone number for information or to make a complaint at

Usted puede llamar al numero de telefono gratis de (company)'s para informacion o para someter una queja' al

1-XXX-XXX-XXXX

1-XXX-XXX-XXXX

You may also write to (company) at:

Usted tambien puede escribir a (company):

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at

Puede comunicarse con el Departamento de Seguros de Texas para obtener informacion acerca de companias, coberturas, derechos o quejas al

1-800-252-3439

1-800-252-3439

You may write the Texas Department of Insurance
P.O. Box 149104
Austin, TX 78714-9104
FAX #(512)475-1771

Puede escribir al Departamento de Seguros de Texas
P.O. Box 149104
Austin, TX 78714-9104
FAX #(512)475-1771

PREMIUM OR CLAIM DISPUTES: Should you have a dispute concerning you premium or about a claim you should contact the (agent) (company) (agent or the company) first. If the dispute is not resolved, you may contact the Texas Department of Insurance.

DISPUTAS SOBRE PRIMAS O RECLAMOS: Si tiene una disputa concerniente a su prima o a un reclamo, debe comunicarse con el (agente) (la compania) (agente o la compania) primero. So no se resuelve la disputa, puede entonces comunicarse con el departamento (TDI).

ATTACH THIS NOTICE TO YOUR POLICY: This notice is for information only and does not become a part or condition of the attached document.

UNA ESTE AVISO A SU POLIZA: Este aviso es solo para proposito de informacion y no se convierte en parte o condicion del documento adjunto.

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II. SCHEDULE OF BENEFITS

I. CONTRACT PROVISIONS

A. DEFINITIONS

Affiliated Employer: A person connected by common ownership with a small employer. The term includes a person that owns a small employer, shares directors with a small employer, or is eligible to file a consolidated tax return with a small employer.

[Affiliation Period: Means a period not to exceed 90 days for new enrollees and not to exceed 180 days for late enrollees during which premiums are not collected and the issued coverage is not effective.]

Ambulatory Surgical Center: Means an appropriately licensed institution or facility, either free-standing or as part of a Hospital, with permanent facilities equipped and operated for the primary purpose of performing surgical procedures and to which a patient is admitted to and discharged from in a twenty-four (24) hour period.

Copayment: The payment required from the Member at the time Covered Services are delivered.

Covered Class: All employees who reside or work in the Service Area and are eligible but not covered under another health benefit plan or an employee welfare benefit plan that is established according to Employee Retirement Income Security Act of 1974 (29 U.S.C. Section 1001 et Seq.).

Covered Services: Those Medically Necessary services that are listed in the Covered Services provision of this Contract when provided or authorized by the Member's Primary Care Provider or the Health Plan.

Dependent: A Member of Your family who meets the eligibility requirement of this Contract, who is listed by You on the enrollment application, and for whom the required premium has been paid.

Emergency Care: Emergency services provided after the sudden onset of acute symptoms of sufficient severity, including severe pain, such that the absence of immediate medical attention could reasonably be expected to result in:

- (1) placing the patient's health in serious jeopardy;
- (2) serious impairment to bodily functions; or
- (3) serious dysfunction of any bodily organ or part.

You can use the appeals process described in the Complaint Procedure to resolve a dispute regarding Emergency Care.

Eligible Employee: An employee who works on a full-time basis and usually works at least 30 hours a week and meets all applicable eligibility requirements of this Contract. This term includes a sole proprietor, a partner, and an Independent Contractor, if the sole proprietor, partner, or Independent Contractor is included as an employee under a health benefit plan of a small employer. The term does not include:

- (1) an employee who works on a part-time, temporary, **seasonal**, substitute basis;
- (2) an employee who is covered under:**
 - (a) another health benefit plan
 - (b) **a self-funded or self-insured** employee welfare benefit plan that provides health benefits and that is established according to Employee Retirement Income Security Act of 1974 (29 U.S.C. Section 1001 et seq.)
 - (c) the Medicaid program if the employee elects not to be covered**
 - (d) another federal program, including the CHAMPUS program or Medicare program, if the employee elects not to be covered**
 - (e) a benefit plan established in another country if the employee elects not to be covered.**

Experimental or Investigative: Means the Health Plan determines that one or more of the following is true:

- (1) The service or supply is under study or in a clinical trial to evaluate its toxicity, safety or efficacy for a particular diagnosis or set of indications. Clinical trials include but are not limited to phase I, II and III clinical trials.
- (2) The prevailing opinion within the appropriate specialty of the United States medical profession is that the service or supply needs further evaluation for the particular diagnosis or set of indications before it is used outside clinical trials or other research settings.

We will determine if this item 2 is true based on:

- (a) Published reports in authoritative medical literature; and

- (b) Regulations, reports, publications and evaluations issued by government agencies such as the Agency for Health Care Policy and Research, the National Institutes of Health and the FDA.

(3) In the case of a drug, a device or other supply that is subject to FDA approval:

- (a) It does not have FDA approval; or
- (b) It has FDA approval only under its Treatment Investigation New Drug regulation or a similar regulation;
- (c) It has FDA approval, but it is being used for an indication or at a dosage that is not accepted off-label use. Unlabeled uses of FDA-approved drugs are not considered experimental or investigational if they are determined to be:
 - 1) included in one or more of the following medical compendia: the American Medical Association Drug Evaluations, the American Hospital Formulary Service-Drug Information, and the United States Pharmacopoeia-Drug Information and other authoritative compendia as identified from time to time by the Secretary of Health and Human Services or
 - 2) can be established based on supportive clinical evidence in peer-reviewed medical publications.

(4) The provider's institutional review board acknowledges that the use of the service or supply is experimental or investigational and subject to that board's approval.

(5) Research protocols indicate that the service or supply is experimental or investigational. This item 5 applies for protocols used by the Member's provider as well as for protocols used by other providers studying substantially the same service or supply.

Health Plan: [The Health Maintenance Organization name]

Home Health Agency: An agency or organization that is duly licensed to provide skilled nursing services and other therapeutic services in the home.

Hospital: An acute care, duly licensed institution that is primarily engaged in providing, on an inpatient basis, medical care and treatment for sick and injured persons through medical, diagnostic, and major surgical facilities. All services must

be provided on its premises under the supervision of a staff of physicians and with 24 hour a day nursing and physician services.

Initial Enrollment Period: A period of time established by the Group and Health Plan during which Eligible Employees and their Dependents first become eligible to

enroll as Members. It starts on the date of the Member's first initial date of eligibility and ends 31 days later.

Medically Necessary: The Covered Services prescribed by your Physician, Provider, or Other Health Care Practitioner to diagnose or treat an Injury or Illness and is known to be safe and effective by the majority of licensed practitioners who diagnose or treat that injury or illness. Such services must be:

- (1) Performed in the least costly setting available where the services and treatments can be safely and appropriately provided;
- (2) Not provided primarily for the convenience of you, your Physician, or the facility providing the service;
- (3) Consistent with professionally recognized standards of care with respect to quality, frequency and duration;
- (4) Not primarily Educational, Experimental or Investigative; and
- (5) Consistent with your symptoms, diagnosis or treatment.

You can use the Appeals Process under Complaints Procedure to resolve a dispute regarding medical necessity.

Member: Any person covered under this Contract.

Open Enrollment Period: A 31 day period of time, occurring at least once a year, established by the Group and the Health Plan during which You and Your eligible Dependents may be enrolled as Members.

Out-of-Service-Area: Any location outside Health Plan's Service Area.

Participating Provider: Duly licensed physicians, hospitals, skilled nursing facilities, extended care facilities, home health agencies, alcoholism and drug abuse facilities, health professionals and any other licensed health professionals, facilities or providers who have entered into a written agreement with Health Plan to provide medical, hospital, or other Covered Services to Members.

Physician: Anyone licensed to practice medicine in the state of Texas.

Primary Care Provider: The participating physician or participating provider who is responsible for providing, arranging, and coordinating all aspects of a Member's health care.

Reasonable Charges: The usual charge made by a group, entity, or person who renders or furnishes covered services, treatments or supplies; provided the charge

is not in excess of the general level of charges made by others who render or furnish the same or similar services, treatments or supplies to persons:

- (1) who reside in the same geographical area;
- (2) whose illness or injury is comparable in nature and severity.

You may provide your own estimate of the Reasonable Charge by surveying providers in your area and request that We reconsider our determination.

You may use the Appeals Process under Complaint Procedure to resolve a dispute regarding Reasonable Charges.

Service Area: [The HMO service area]

Small Employer: A person that is actively engaged in business and that, on at least 50 percent of its working days during the preceding calendar year employed at least three but not more than 50 eligible employees, including the employees of an affiliated employer, the majority of whom were employed in this state.

Specialist Physician: A participating physician, other than a Primary Care Provider, under Contract with Health Plan to provide Covered Services upon referral by the Primary Care Provider.

YOU and YOUR: The Eligible Employee.

[Waiting Period: A period of time, as established by the employer, during which new employees are not eligible for coverage under this Contract. In no case will coverage begin later than ninety (90) days after the date employment begins.]

WE, US, or OUR: the Health Plan.

B. WHO IS ELIGIBLE FOR COVERAGE UNDER THIS PLAN?

FOR EMPLOYEE COVERAGE

You are eligible for Employee Coverage if:

- You are in the Covered Class, and
- You live or work in the Service Area

FOR DEPENDENT COVERAGE

Dependents include:

- (1) Your spouse
- (2) Unmarried children less than age 19, including:
 - (a) a natural born child, an adopted child, a child waiting for adoption, stepchild or a child who resides with You in a customary parent-child relationship;
 - (b) grandchild, upon payment of premium, who is a Dependent for purposes of federal income taxes.
 - (c) a child who is a full-time student under the age of 23 and who is financially dependent on You. While the student is enrolled in a school outside the service area, he/she will be eligible for emergency services only;
 - (d) a child who is disabled to such an extent as to be Dependent upon You for care or support;
 - (e) newborn coverage will be automatic for the first 31 days following the birth of Your newborn Child **and will terminate on the 32nd day.** To continue coverage beyond the 31 days, You must notify Us within 31 days of birth and pay the required premium within that 31 day period or a period consistent with Our next billing cycle. If You notify Us after that 31 day period, Your newborn Child will become effective in accordance with the provisions for Late Enrollees.

[If You decide not to continue coverage for Your Dependent Child beyond the 31 day period, premium will be charged for the 31 days coverage was in force.]

(3) Court Ordered Coverage for a Dependent

If a court has ordered You to provide coverage for a minor Child, coverage will be automatic for the first 31 days following the date of employer notification **regardless of whether the Child lives in the service area**. To continue coverage beyond 31 days, You must notify Us and pay the required premium within that 31 day period. If You notify Us after the 31 day period, Your Dependent's coverage will become effective in accordance with the provisions for Late Enrollees.

If a court has ordered You to provide coverage for a spouse, coverage will be automatic for the first 31 days following the date on which the court order is issued.. To continue coverage beyond 31 days, You must notify Us and pay the required premium within that 31 day period. If You notify Us after the 31 day period, Your Dependent's coverage will become effective in accordance with the provisions for Late Enrollees.

C. WHEN YOU MAY ENROLL

You may enroll Yourself and Your Dependents in the Health Plan during the Initial Enrollment Period, during the Open Enrollment Period or when You meet Your Group's eligibility requirements.

The group must notify Us, in writing of the effective date of enrollments, terminations or changes on a monthly basis.

Late Enrollee

A late enrollee is an Eligible Employee or Dependent who requests enrollment in a small employer's health benefit plan after the expiration of the Initial Enrollment Period established under the terms of the first plan for which that employee or Dependent was Eligible through the Small Employer **or after the expiration of an open enrollment period**. **Initial Enrollment Period** is the defined time frame for enrollment outlined in the above Definitions Section or otherwise in effect at the time of your employment date. An Eligible Employee or Dependent is not a Late Enrollee if:

1. The individual:

(a) was covered under another employer-provided health benefit plan at the time the individual was eligible to enroll;

(b) declines in writing, at the time of the initial eligibility, stating that coverage under another employer-provided health plan was the reason for declining enrollment;

(c) has lost coverage under another employer health benefit plan as a result of the termination of employment, the termination of the other plan's coverage, death of a spouse, or divorce; and

(d) requests enrollment within thirty-one (31) days after termination of coverage under another employer health benefit plan.

2. The individual is employed by an employer who offers multiple health plans and the individual elects a different health benefit plan during an Open Enrollment Period.

3. A court has ordered coverage to be provided for a spouse or minor child under Your plan and a request for enrollment is made within thirty-one (31) days from the date of employers notification.

A late enrollee may not enroll until the next open enrollment period. [an enrollee may be subject to an **Affiliation Period** of [0-180 days].

[D. SELECTING YOUR PRIMARY CARE PROVIDER

Each Member shall, at time of enrollment in the Health Plan, select a Primary Care Provider from the Health Plan's published list of physicians.

The member shall look to the selected Primary Care Provider to direct his/her care, and shall accept procedures and/or treatment recommended by the Primary Care Providers.]

[E. CHANGING YOUR PRIMARY CARE PROVIDER

You may request a change in your Primary Care Provider by submitting a change request form to Health Plan at least thirty (30) days prior to the requested effective date of transfer.]

F. WHEN YOU BECOME COVERED

Coverage for You and Your Dependents is effective on the date that We receive a properly completed enrollment application that was submitted to Us during a period when enrollments were permitted, provided that:

1. No services shall be covered until Your effective date of coverage.
2. Coverage for a newly acquired Dependent should take effect on the date the new dependent is adopted or placed for adoption, or guardianship papers are signed by the court, or married, as the case may be, if:
 - (a) we are notified by You of the adoption, or marriage within 31 days after the same occurs; or
 - (b) all applicable premium is paid.
3. Your Dependent shall not be covered under this Contract until You are covered.

G. WHEN DOES COVERAGE END?

Coverage under this Contract shall end.

1. For You and Your Dependents if there is:
 - (a) failure to pay premium or Copayment as required by the terms of the Health Plan. Coverage may be terminated after not less than (30) days written notice.
 - (b) fraud or material misrepresentation, except as described in the incontestability provision, coverage may be canceled after not less than (15) days written notice.
 - (c) fraud in the use of services or facilities, coverage may be canceled after not less than (15) days written notice.
 - (d) failure to meet eligibility requirements, coverage may be canceled immediately, subject to continuation of coverage and conversion privilege provisions.
 - (e) misconduct detrimental to safe plan operations and the delivery of services, coverage may be canceled immediately.

(f) failure to establish a satisfactory patient-physician relationship if it is shown that the Health Plan has, in good faith, provided You or Your Dependent with the opportunity to select an alternative plan physician, You are notified in writing at least 30 days in advance that the Health Plan considers the patient-physician relationship to be unsatisfactory and specifies the changes that are necessary in order to avoid termination, and You or Your Dependent has failed to make such changes, coverage may be canceled at the end of the thirty (30) days.

2. For the Group in the case of:

(a) nonpayment of premium, all coverage may be canceled at the end of the grace period as described in the Grace Period provision.

(b) fraud or misrepresentation of a material fact on the part of the Group, coverage may be canceled after 15 days written notice.

(c) non-compliance with Health Plan provisions which may include failure of the small employer to maintain status as a small employer.

(d) failure to maintain the required premium contribution.

(e) failure to maintain the minimum participation requirements.

3. Non-renewal of Group Coverage:

The Health Plan may non-renew this Contract if the Health Plan elects to non-renew all the Health Plan Contracts issued to small employers in its service area of this state. The employer must receive notice by the 180th day before the date on which coverage terminates.

4. Unless otherwise stated, Notification will be given to You not later than the 30th day before the date on which the non-renewal of coverage is effective.

H. GRACE PERIOD

A Grace Period of thirty-one (31) days will be granted for the payment of any premium, during which time the Contract continues in force. In no event will any Grace Period extend beyond the date the Contract terminates. If You receive Covered Services during a Grace Period granted to the Group for the late payment of premiums, You may be held liable for the cost of those services if after the end of the grace period, payment is not received.

I. CONTINUATION OF HEALTH COVERAGE

If, under the provisions of Title X of the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA, Public Law 99-272), any Member has the right to continue coverage under the Health Plan beyond the date it would otherwise terminate. If the provisions of COBRA are inapplicable and the provisions of an applicable state statute grant the Member similar right to continuation of coverage, this Contract shall be deemed to allow continuation of coverage. This continuation of coverage will be to the extent necessary to comply with the provisions of the applicable statute. Contact Your employer for verification of eligibility and procedures to follow.

J. CONVERSION

If the Member is no longer eligible for coverage the member may, within 31 days after termination of coverage under the Contract, make application for a conversion plan without furnishing evidence of insurability. A conversion plan will be issued in accordance with the terms and conditions in effect at the time of such application for

coverage. No conversion plan is available if the Contract terminates for any reason in its entirety or if the member is:

1. terminated from the Contract for reason a, b, c, e, & f, under When Coverage Ends, or
2. You no longer live or work in the Service Area.

K. INCONTESTABILITY OF COVERAGE

This provision limits the Health Plan's use of Your statements in contesting Your coverage under this Contract. The Health Plan issues this coverage based upon statements made by You. The statements are considered to be truthful and are made to the best of Your knowledge and belief. The following rules apply to each statement.

The statement will not be used in a contest to void Your coverage or reduce benefits unless:

- (a) it is in a written enrollment application signed by You; and
- (b) a copy of the enrollment application is or has been furnished to You or Your personal representative.

L. COORDINATION OF BENEFITS

Health Plan is not responsible for paying claims or coordinating benefits for services that are not eligible for coverage under terms of this Contract or authorized by Health Plan according to the terms, conditions, and limitations of this Contract. Health Plan is not responsible for paying claims or coordinate benefits for services that no charge would be made if You did not have coverage.

For the purposes of this section:

"Plan" means any policy or plan of health care or accident coverage which

provides health care services or indemnity benefits, including, without limitation, any groups or association, accident or health insurance policies, group subscriber Contracts, plans of self-insurance, prepayment plans or Contracts, federal, state or local governmental programs providing medical benefits or reimbursement of medical costs, Workers' Compensation, and Employers' Liability Insurance, or similar act or law, but shall not include individual accident, health or Medicaid.

"Primary Responsibility" means the obligation of a Plan to provide its services or benefits first. Any eligible expenses not then covered are to be covered by whichever Plan(s) is (are) not considered to have Primary Responsibility.

1. Determination of Order of Benefits

If any Member is eligible for services or benefits under two or more Plans, the coverage under those Plans will be coordinated so that not more than 100% of any allowable expenses will be paid for, or provided by all such Plans combined. Primary Responsibility for providing these services will be determined in the following order:

- (a) The benefits of a Plan which covers the Member on whose expenses claim is based other than as a Dependent shall be determined before the benefits of a Plan which covers such person as a Dependent.
- (b) The benefits of a Plan that covers the person on whose expenses claim is based as a Dependent of a person whose date of birth, excluding year of birth, occurs earlier in a calendar year shall be determined before benefits of Plan that covers such person as a Dependent of a person whose date of birth, excluding year of birth, occurs later in a Calendar year. If either Plan does not have the provisions of this paragraph regarding Dependents, which results either in each Plan determining its benefits before the other or in each Plan determining its benefits after the other, the provisions, of this

paragraph shall not apply, and the rule set forth in the Plan that does not have the provisions of this paragraph shall determine the order of benefits; except that in the case of a person for whom claim is made as Dependent child:

(i) when the parents are separated or divorced and the parent with custody of the child has not remarried, the benefits of a Plan which covers the child as a Dependent of the parent with custody of the child will be determined before the benefits of a Plan which covers the child as a Dependent of the parent without custody.

(ii) when the parents are divorced and the parent with custody of the child has remarried, the benefits of a Plan which covers the child as a Dependent of the parent with custody shall be determined before the benefits of a Plan which covers that child as a Dependent of the stepparent, and the benefits of a plan which covers that child as a Dependent of the stepparent will be determined before the benefits of a Plan which covers that child as a Dependent of the parent without custody, and

(iii) notwithstanding subparagraphs (i) and (ii) of this paragraph, when the parents are divorced or separated and there is a court decree which would otherwise establish financial responsibility for the medical, dental, or other health care expenses with respect to the child, the benefits of a Plan that covers the child as a Dependent of the parent with such financial responsibility shall be determined before the benefits of any other Plan which covers the child as a Dependent child.

(c) When paragraphs (a) and (b) do not establish an order of benefits determination, the benefits of a Plan which has covered the person on whose expenses claim is based for the longer period of time shall be determined before the benefits of a Plan which has covered such person the shorter period of time, except that:

(i) the benefits of a Plan covering the person on whose expenses claim is based as a laid-off or retired employee or as the Dependent of such person shall be determined after the benefits of any other Plan covering such person as an employee other than as a laid-off or retired employee or a Dependent of such person; and

(ii) if either Plan does not have a provision regarding laid-off or retired employees, and as a result, each Plan determines its benefits after the

other, then the provisions of subparagraph (i) of this paragraph do not apply.

2. Health Plan shall be entitled to:

- (a) Determine whether and to what extent a Covered Person has indemnity or other coverage for the Covered Services provided under this Contract;
- (b) Establish in accordance with (1) through (3) above priorities for determining Primary Responsibility among the Plans obligated to provide health care services or indemnity benefits;
- (c) Release to or obtain from any other Plan any information needed to implement this provision; and
- (d) Recover the value of Health Services rendered to the Covered Person under this Contract to the extent that such Health Services are actually provided or indemnified by any other Plan.

The order of Primary Responsibility shall not apply when the covered Person is entitled to receive health care services or benefits, or be indemnified for services or benefits (i) under any Workers' Compensation Act or similar law, (ii) under any

Employers' Liability Insurance and (iii) in a Hospital or facility owned, operated or funded by any federal, state or local government, or through any federal, state or local government program(s) providing medical benefits or reimbursement of medical costs, unless statutes or regulations governing such programs provide otherwise, in such instances, the Primary Responsibility shall always rest with that Plan(s), person, or agency, providing the health care services or indemnifying the services under (i), (ii), or (iii) above. If a Covered Person is eligible for services or benefits under two or more Plans, persons or agencies listed in (i), (ii), or (iii), Primary Responsibility shall be determined in the order listed above. In no case shall Health Plan be required where care is provided in a Hospital or facility owned or operated by any governmental agency to provide coverage beyond what the covered person would have otherwise been required to pay.

M. SUBROGATION

Health Plan will provide services if another person causes You or Your Dependents to become ill or injured. However, You or Your Dependent must reimburse Health Plan for the cost of the services up to the amount recovered from the other person.

You must assign to Health Plan Your right to receive payment for the services Health Plan provides under this Contract. Health Plan may ask You to provide a lien, a document, in which You authorize Health Plan to charge the responsible person or group for Health Plan's cost. Health Plan may file the lien with the person whose act caused the illness or injury, the person's agent, or the court.

Health Plan also has the right to sue in Your name. You must cooperate and assist Health Plan in its efforts to collect payment for services rendered. Also, You must not take any action that would decrease Health Plan's ability to collect money that is due them.

N. COMPLAINT PROCEDURES

If You have a complaint concerning the provision of Covered Services under this Contract, You may direct Your complaint to [name of HMO] at [address of HMO] , [phone number of HMO].

A representative of the Health Plan will contact You and attempt to resolve the complaint to Your satisfaction within fifteen (15) days of receipt of the complaint.

Appeals Process

If You are still dissatisfied, You can submit Your appeal in writing and it will be forwarded to a committee for further review.

Within thirty (30) days of receipt of Your appeal, the committee will notify You of the date and place of the hearing. Testimony, explanation or other information will be received from You, staff persons, administrators, providers or other persons for a fair appraisal of the appeal.

The committee will inform You in writing of their decision within fifteen (15) days of the conclusion of the hearing and of Your right to legal action.

O. NOTICE OF CLAIMS

You should not have to pay any amount for Covered Services except for the required Copayments. However, if You do pay more than the required Copayment for covered Services, You should file a claim with the Health Plan **within ninety (90)** days from the date such Covered Services were first incurred. If You file a claim **after** the 90 day period, You are required to document why You could not submit the claim within the allotted time. Under no circumstances, will payment be made for claims submitted more than one year after Covered Services were first incurred.

P. PAYMENT OF CLAIMS

Payment of claims to the Member as described in O. above, will be handled as follows:

1. No later than the fifteenth day after receipt of a claim from a Member the Health Plan will:
 - (a) acknowledge receipt of the claim;
 - (b) begin any investigation of the claim; and
 - (c) request any necessary information, statements or forms from the Member. Additional requests for information may be made during the course of the investigation.
2. No later than the fifteenth day after receipt of all requested items and information, the Health Plan will:
 - (a) notify the Member of the acceptance or rejection of the claim and the reason if rejected; or
 - (b) notify the Member that additional time is needed and state the reason.
3. No later than the forty-fifth day after the Member has been notified of the need for additional time to make a decision, Health Plan shall accept or reject the claim.
4. Claims will be paid no later than the fifth day after notification of acceptance of claim.
5. No action shall be taken to recover loss under this Contract until sixty (60) days after the claim has been filed according to the requirements of this Contract. Action shall not be taken at all unless it is taken within one (1) year from the time that the claim is required to be filed by this Contract.

Q. GENERAL PROVISIONS

1. Amendment

No change in this agreement will be valid unless evidenced by an amendment signed by an officer of Health Plan and attached to this Contract. No agent or other

person, except an officer of Health Plan, has the authority to waive any conditions or restrictions of this Contract.

2. Release and Confidentiality of Medical Records

Health Plan agrees to maintain and preserve the confidentiality of any and all medical records of the Member. However, the Member authorizes the release of information, as permitted by law, and access to any and all of Member medical records for purposes reasonably related to the provision of benefits under this Contract, to Health Plan, its agents and employees, Member's Primary Care Provider, participating providers, outside providers of Utilization Review Committee and appropriate governmental agencies.

3. Clerical Error

Clerical error or delays in keeping records for this Contract:

- (a) Will not deny coverage that otherwise would have been granted;
- (b) Will not continue coverage that otherwise would have terminated; and
- (c) May require a change in premium

If any important facts given to the Health Plan about You are not accurate and they affect coverage:

- (a) the true facts will be used to decide whether coverage is in force.
- (b) any necessary and permitted adjustment to the premium will be made.

4. Notice

Workers' Compensation Not Affected

5. Validity

The unenforceability or invalidity of any provision of this Contract shall not effect the enforceability or validity of the rest of this Contract.

6. Conformity with State Law

Any Provision not in conformity with the Texas HMO Act or other applicable laws shall not be rendered invalid but shall be construed and applied as if it were in full compliance with the Texas HMO Act and other applicable laws.

R. EXCLUSIONS

The following are **non-covered** services and supplies:

1. Services not performed, arranged, authorized or approved in advance by Your Primary Care Provider or Health Plan.
2. Services or care incurred while You are not covered.
3. Unless medically necessary, private room accommodations to the extent that the charges for private room accommodations exceed the institution's most common semi-private room charge.
4. Injury or illness arising out of employment for wage or profit.
5. Services and supplies to the extent they are covered by any governmental unit, except as required by federal law for veterans in Veteran's Administration or armed forces' facilities for non-service related medical conditions. This Contract will provide coverage on a primary or secondary basis as required by state or federal law.
6. Surgery and any related services intended to improve appearance. Exception: surgery and any related Covered Services necessary to restore bodily function, correct a deformity resulting from disease, trauma or congenital defect in newborns are covered.
7. Service and supplies for cosmetic purposes, including restoration of hair and appearance of skin.
8. Wigs or cranial prosthesis.
9. Charges for treatment, services or supplies that are Experimental or Investigational in nature.
10. [Insert language, if applicable, regarding Elective abortions.]
11. Any service or supply in connection with the diagnosis or treatment of infertility and any form or attempt of artificial fertilization or implantation, including artificial insemination, in-vitro fertilization, and gamete intra-fallopian transfer unless covered by Rider.
12. Sex change operations and reversal of elective sterilization procedures.

13. The purchase, examination, or fitting of hearing aids or eye glasses or contact lenses.
14. Practitioner, hospital or clinical services related to radial keratotomy, myopic keratomileusis, and any surgery that involves corneal tissue for the purpose of altering, modifying, or correcting myopia, hyperopia, or stigmatic error.
15. Services performed by any provider or physician who is a Member of Your immediate family, including any person who normally resides in Your home.
16. Any services or supply in the connection with routine foot care, including the removal of warts, corns, or calluses, the cutting and trimming of toenails, or foot care for flat feet, fallen arches and chronic foot strain, in the absence of severe systemic disease.
17. Any arch supports; orthopedic shoes; support hose; or similar type devices/appliances regardless of intended use.
18. All surgical or invasive procedures intended for the treatment of obesity. Also excluded is the reversal of such procedures unless it is deemed in advance as Medically Necessary by Health Plan.
19. Dietary regimen and treatment for reducing or controlling weight, including obesity treatment and exercise programs.
20. Acupuncture, naturopathy, megavitamins therapy, and psycho-surgery that is nutritionally based.
21. Personal items, such as TV, admitting kits, cots for family members, quest meals and other items which are not Medically Necessary.
22. All over-the counter supplies and medicines.
23. Confinement in a skilled nursing home, convalescent hospital, a facility or that part of a facility which is primarily for:
 - (a) rest care, convalescent custodial care;
 - (b) the care of the mentally ill, drug addicts, or alcoholics; or
 - (c) rehabilitation, training, schooling, or occupational therapy.
24. Orthomolecular therapy, including nutrients, vitamins, and food supplements.

25. Care for conditions that state or local laws, regulations, ordinances or similar provisions require to be provided in a public institution.
26. For Hypnotism or hypnotic anesthesia.
27. Long term care services.
28. Any service or supply received by an Insured Person as a result of or in connection with a court order, unless otherwise a Covered Service.
29. Any services or supplies provided as, or in conjunction with, chelation therapy, except for treatment of acute metal poisoning.
30. Physical examinations and other services required for obtaining or maintaining employment, insurance, or government licensing.
31. Any act of war, declared or undeclared, or during active service in the Armed Services or auxiliary units. Upon receipt of written request, a prorata refund of premiums will be provided for the period a Member is in the military service on full-time active duty.
32. Any medical social services or vocational counseling.
33. Any service or supply to eliminate or reduce a dependency on or addiction to tobacco.
34. Any service or supply provided for inpatient or outpatient mental health unless provided by Rider.
35. Any service or supply provided for prescription expenses unless provided by Rider.
36. Any services or supply in connection with Chiropractic and Podiatric Services.

**SMALL GROUP BASIC BENEFIT PLAN
SCHEDULE OF BENEFITS**

Contract Year Copayment Maximum

**1,000 per Member
\$3,000 per Family**

COVERED SERVICES AND BENEFITS

You shall be entitled to receive the following services of Physicians and other health care providers including medical, surgical, diagnostic, therapeutic and preventive services, which are generally and customarily provided in the Health Plan Service Area, and which are determined to be Medically Necessary. When you require care by health care providers and facilities other than your Primary Care Provider, then your Primary Care Provider must make a written referral for such care.

Only services that are performed, prescribed, directed or authorized by a Health Plan Physician, and/or referred by a Primary Care Provider, are Covered Services.

Neither Health Plan nor Health Plan Physicians shall have any liability whatsoever for any services sought or received by you from a non-plan physician, provider or facility, except as defined in Emergency Care services herein, unless prior referral authorization arrangements have been made by the Primary Care Provider or Health Plan.

A.	Preventive Health Services	COPAYMENT
	Primary Care Provider office visit	[\$0-\$20.00]
	Includes but not limited to, the following services:	per visit
	Childhood immunizations	
	Pap Test	
	Mammography	
	Colo-rectal screenings	
	Prostate cancer screenings	
	Vision, speech and hearing testing for children	
	under the age of nineteen	
	Well child care	
	Periodic personalized physical exams	
	(frequency dependent upon age and medical condition)	

[Form Number]
369 HMO-SCHB

- B. Diagnostic and Therapeutic Services**
 Referral Specialist Physician Visits and care,
 when pre-authorized by Primary Care Provider.
 Maternity (pre-and post-natal) care
 X-rays and Laboratory test

[\$0-\$20.00]
per visit

- C. Hospital Services.**

 - 1. Inpatient Services.** **[\$250-\$1000.00]**
 Semi-private room and board.
 Drugs, medications, biologicals and
 their administration,
 Use of operating and delivery rooms
 and related facilities,
 Anesthesia and oxygen services,
 Care and services in an intensive
 care unit when Medically Necessary,
 General nursing care,
 Radiation therapy, inhalation therapy
 and chemotherapy, and
 Administration of blood and blood
 components.

 - 2. Outpatient Services.** **[\$250-\$1000.00]**
 Outpatient services including
 surgical services and supplies provided
 by an Ambulatory Surgical Center or
 Outpatient facility.

per episode

- D. Ambulance Services** **[\$0-\$75.00]**

- E. Home Health Services** **[\$0-\$20.00]**
 per visit
 Maximum of [20-
 40]-visits per
 Contract year

- F. Rehabilitation Services** **[\$0-\$20.00]**
 Rehabilitation services include
 occupational, physical, speech
 and language therapy provided on
 an outpatient basis when prescribed by
 a Participating Provider.

per visit
Maximum of 30
visit per Medical
episode

G. Durable Medical Equipment **Limited to \$200.00
per Contract year.**
Rental or purchase at
Our option of durable medical
equipment required for therapeutic
use including repairs and necessary
maintenance of purchased equipment,
not otherwise provided for under a
manufacturer's warranty or purchase
agreement.

H. Emergency Care Services. **[\$0-\$50.00]
waived if
admitted
to hospital**

- **Within The Service Area.**

If emergency services are required within the service area, you must notify your Primary Care Provider prior to receiving care. Prior approval is not required for life-threatening emergencies. You should, in the instance of a life-threatening emergency, seek emergency care of life-threatening conditions and then contact your Primary Care Provider, not later than twenty-four hours after services are received.

Charges for any services provided at the emergency room without prior approval of the Primary Care Provider are your responsibility, except where a life-threatening condition is present.

- **Outside The Service Area.**

Emergency services outside the service area are provided to assist you if you sustain an accidental injury or become ill while temporarily away from the Service Area.

If you require treatment for an accident or sudden onset of an acute medical condition (high fever, vomiting, etc.) which requires Emergency Care while outside the Service Area, medical treatment may be sought without first contacting the Primary Care Provider. Initial treatment only is covered without the Primary Care Provider's approval. You should notify your Primary Care Provider within 24 hours of provision of such treatment, or as soon thereafter as is practical, so that the Primary Care Provider may initiate necessary follow up care.

If you are admitted to the hospital for an emergency condition by a health care provider other than your Primary Care Provider, You or a family member must notify your Primary Care Provider at the earliest time reasonably possible to allow your Primary Care Provider to coordinate any necessary follow up care.

You can use the Appeals Process under Complaint Procedure to resolve a dispute regarding Emergency Care.

**Texas Small Employer Group Health Benefit Plan
Health Maintenance Organization**

GROUP APPLICATION

To the extent herein defined and limited, this contract provides for a program of prepaid health care benefits arranged through [Health Maintenance Organization] (hereinafter referred to as "HMO").

Issued by:

[Health Maintenance Organization]
[Address]
[City, State]
[Telephone number]

A Health Maintenance Organization authorized under the Laws of the State of Texas.

This AGREEMENT is between [_____](hereinafter referred to as the "Group") and [Name of HMO]. It entitles the Member and his or her enrolled Dependents, if any, to receive the benefits hereinafter set forth for the Contract Year, subject to the terms and conditions of this agreement and upon payment of stipulated premium.

Agreement: This Agreement consists of the Texas Small Employer Group Health Benefit Plan, Schedule of Benefits and the following Riders attached:

[Form Number]
369 HMO-APP

Accepts	Rejects		PREMIUM
()	()	Prescription Drug Benefit Rider	\$ _____
()	()	Drug and Alcohol Abuse Benefit Rider	\$ _____
()	()	Infertility Benefit Rider	\$ _____
()	()	Mental Health Benefit Rider	\$ _____
(.....)	()	Others	\$ _____

[ADDITIONAL RIDERS]

Open Enrollment Period:

A 31 day period of time, occurring at least once a year, established by Group and the HMO during which You and Your eligible dependents may be enrolled as Members.

The Open Enrollment Period shall be from [_____] through [_____].

Waiting Period:

A period of time during which new employees who have enrolled under this contract are not covered.

The waiting period shall be [0 - 90 days].

Affiliation Period:

A period of time during which premiums are not collected and the issued coverage is not effective:

The affiliation period shall be [0 - 90 days] for new enrollees and [0 - 180 days] for late enrollees.

Effective Date:

The Effective Date of this Agreement shall be at 12:01 a.m. on [_____].

ELIGIBLE EMPLOYEE & PARTICIPATION REQUIREMENT

The Employer will contribute and amount equal to [_____] percent.

At least [_____] per cent of the Eligible Employees are apply for enrollment.

SCHEDULE OF RATES AND PREMIUMS

Monthly Premium Rates:

Effective From [_____] to [_____].

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed on this _____ day of _____, 19__.

[Name of HMO]

By: _____

By: _____

Authorized Signature

[Officer of the HMO]

**Texas Small Employer Group Health Benefit Plan
Health Maintenance Organization - Rider**

PRESCRIPTION DRUGS BENEFIT RIDER

This rider is made a part of the Contract/Evidence of Coverage to which it is attached. This rider is subject to all provisions, terms, definitions, exclusions and limitations of the Contract which are not in conflict with the provisions of this rider.

The benefits under this rider will be provided in consideration of the payment of the premium.

DEFINITION:

Brand Name Drug means a prescription drug to which a manufacturer has assigned a unique, proprietary trade name and which, when dispensed, can only be the prescription drug bearing such manufacturer's trade name.

Generic Drug means a prescription drug which is bio-equivalent and therapeutically equivalent to a Brand Name prescription drug.

Heritable Disease means an inherited disease that may result in mental or physical retardation or death.

Phenylketonuria (PKU) means an inherited condition that may cause severe mental retardation if not treated.

Prescription Drug means any Federal Legend Prescription Drug or other medication approved by the FDA (Food and Drug Administration) and dispensed for an indication authorized by the FDA that requires the prescription written by an authorized licensed Participating Provider pursuant to state and Federal law.

BENEFITS:

The prescription co-payment **[\$0-\$15.00]** is paid by You or your Dependent when prescription drugs are dispensed by a Participating pharmacist for use by You or Your Dependent, while covered under this rider:

[Form Number]
369 HMO-RX

1. Drugs and medicines, which by law, can only be obtained with a Participating Provider's written prescription;
2. Injectable insulin prescribed by a Participating Provider;
3. Formulas necessary for the treatment of Phenylketonuria (PKU) or other heritable diseases when ordered by a Participating Provider;
4. Oral contraceptives, regardless of their intended use.

Charges for Name Brand drugs will only be covered if there is no Generic drug available or if the Participating Provider specifically prescribes a Name Brand drug for the Member and Generic selection is not permitted or if cost of Name Brand drug is less than cost of the Generic drug.

EXCLUSIONS:

To the extent there is not a conflict, the limitations and exclusions of the Contract apply to this rider. In addition to the limitations and exclusions of the Contract, the following limitations and exclusions apply.

We will not pay benefits for any of the following:

1. Drugs or medications which can be lawfully obtained without a Participating Provider's prescription, except insulin;
2. Any charge incurred for the administration of prescription drugs or injectable insulin by a Participating Provider;
3. Drugs and substances which are Experimental or Investigational in nature;
4. Drugs taken or given while you or your Dependent are confined on an inpatient or outpatient basis in a Hospital, extended care facility, nursing home, or similar institution that has a facility for providing drugs;
5. Refill of a prescription for more than the number of times specified by the Participating Provider; or refill dispensed after one year from the order of the Participating Provider;

6. Any quantity of drugs or medicines dispensed which, when taken according to the direction of the Participating Provider, exceed a 34-day supply or 100 unit dose, whichever is greater;
7. Vitamins, prescription vitamins (except prenatal prescription vitamins), dietary supplements (except for Phenylketonuria or other heritable diseases), cosmetic, health and beauty aids;
8. Charges for drugs in excess of the Reasonable and Customary charges in the area where the drugs are dispensed;
9. Therapeutic devices or appliances including hypodermic needles or syringes, support garments and other non-medical items regardless of their intended use;
10. Rogaine when prescribed for hair loss;
11. Retin-A, except when used to treat acne in persons age 25 and under;
12. Smoking cessation products;
13. Blood and blood plasma;
14. Appetite suppressants or any other drugs prescribed for weight loss;
15. Contraceptive devices, infertility medications, and **self** injectable drugs, except insulin;
16. Biological sera;
17. Drugs or medications furnished by any government organization or agency unless there is an unconditional legal obligation on the part of the Member to pay such expense, except Medicaid.

TERMINATION:

This rider will terminate upon the earlier of:

1. The date the Contract terminates; or
2. On the first premium due date following Our receipt of the Employer's written request that this rider be terminated.

FIGURE NO. 37: 28 TAC §26.27(b)

**Texas Small Employer Group Health Benefit Plan
Health Maintenance Organization - Rider**

DRUG AND ALCOHOL ABUSE BENEFIT RIDER

This rider is made a part of the Contract/Evidence of Coverage to which it is attached. This rider is subject to all provisions, terms, definitions, exclusions and limitations of the Contract which are not in conflict with the provisions of this rider.

The benefits under this rider will be provided in consideration of the payment of the premium.

BENEFITS:

**Inpatient Copayment [\$250-\$1000.00] per admission
Outpatient Copayment [\$0-\$20.00] per visit**

Drug and Alcohol Abuse is limited to [5-10] visits per Contract year.

Diagnosis, medical treatment and referral service (including referral services to appropriate ancillary services) for the abuse of or addiction to alcohol and drugs must include:

1. detoxification for alcoholism or drug abuse on either an outpatient or inpatient basis, whichever is Medically Necessary.
2. referral services may be either for medical or non medical ancillary services.

TERMINATION:

This rider will terminate upon the earlier of:

- a. The date the Contract terminates; or
- b. The first premium due date following [Health Plan] receipt of the Employer's written request that this rider be terminated.

[Form Number]
369 HMO-DAA

**Texas Small Employer Group Health Benefit Plan
Health Maintenance Organization - Rider**

INFERTILITY BENEFIT RIDER

This rider is made a part of the Contract/Evidence of Coverage to which it is attached. This rider is subject to all provisions, terms, definitions, exclusions and limitations of the Contract which are not in conflict with the provisions of this rider.

The benefits under this rider will be provided in consideration of the payment of the premium.

Benefits:

Inpatient Copayment [\$250-\$1000.00] per admission
Outpatient Copayment [\$0-\$20.00] per visit

Coverage is provided for outpatient expenses of in vitro fertilization and infertility procedures are covered.

A. Infertility Services:

1. diagnosis testing to determine the cause of Infertility.
2. medical service to correct the cause of Infertility.
3. artificial insemination with your spouse's sperm only.

B. In vitro Fertilization:

1. the patient for the in vitro fertilization procedures must be a Member of the plan.
2. the fertilization or attempt at fertilization of the patient's oocytes is made only with the patient's spouse's sperm.
3. the patient and the patient's spouse have a history of infertility of at least five continuous years duration or the infertility is associated with one or more of the following conditions:

[Form Number]
369 HMO-INF

- (a). endometriosis
 - (b). Exposure in utero to diethylstilbestrol (DES)
 - (c). Blockage of, or surgical removal of one or both fallopian tubes
 - (d). Oligospermia
4. [the patient has been unable to attain a successful pregnancy through any less costly applicable infertility treatments for which coverage is unavailable under the agreement]; and
 5. the in vitro fertilization procedures are performed by, or are arranged by a participating Physician and are performed at a participating medical facility that conforms to the American College of Obstetric and Gynecology guidelines for invitro fertilization clinics or to the American Fertility Society minimal standards for programs of in vitro fertilization.

TERMINATION:

This rider will terminate upon the earlier of:

1. The date the Contract terminates; or
2. On the first premium due date following Our receipt of the Employer's written request that this rider be terminated.

**Texas Small Employer Group Health Benefit Plan
Health Maintenance Organization - Rider**

MENTAL HEALTH BENEFIT RIDER

This rider is made a part of the Contract/Evidence of Coverage to which it is attached. This rider is subject to all provisions, terms, definitions, exclusions and limitations of the Contract which are not in conflict with the provisions of this rider.

All services covered under this Rider must be provided by a Participating Provider and must be based on an Individual Treatment Plan.

**Inpatient Copayment [\$250-\$1000.00] per admission
Outpatient Copayment [\$0-\$20.00] per visit**

Definitions

1. **"Acute Psychiatric Conditions"** means those situations where the member has a mental illness which substantially impairs the member's thought, perception of reality emotional process, or judgment of grossly impairs behavior as manifested by recent disturbed behavior and which would otherwise necessitate confinement in a hospital if such care and treatment were not available through a crisis stabilization unit or residential treatment center for children or adolescents.
2. **"Crisis Stabilization Unit"** means a 24-hour residential program that is usually short-term in nature and that provides intensive supervision and highly structured activities to persons who are demonstrating an acute demonstrable psychiatric crisis of moderate to severe proportions.
3. **"Individual Treatment Plan"** means a treatment plan with specific attainable goals and objectives appropriate to both the patient and the treatment modality of the program.

[Form Number]
369 HMO-MHMR

4. **"Psychiatric Day Treatment Facility"** means a mental health facility that provides treatment for individuals suffering from acute, mental and nervous disorders in a structured psychiatric program using individualized treatment plans with specific attainable goals and objectives appropriate both to the patient and the treatment modality of the program and that is clinically supervised by a doctor of medicine who is certified in psychiatry by the American Board of Psychiatry and Neurology. Psychiatric Day Treatment Facility may include a mental health facility that provides treatment for not more than eight hours in any 24-hour period after which the member is allowed to leave. Such facility must be accredited by the Joint Commission on Accreditation of Healthcare Organizations.

5. **"Residential Treatment Center for Children and Adolescents"** means a child-care institution that provides residential care and treatment for emotionally disturbed children and adolescents and that is accredited as a residential treatment center by the Council on Accreditation, the Joint Commission on Accreditation of Hospitals, or the American Association of Psychiatric Services for Children.

Benefits

A. Inpatient Hospital Services

Inpatient Services

Semi-private room and board,
 Drugs, medications, biologicals and their administration,
 Care and services in an intensive care unit when Medically Necessary,
 General nursing care,
 Ancillary hospital services

Evaluation, treatment or crisis intervention is provided for **Acute Psychiatric Conditions**. Inpatient stays must be authorized by your Primary Care Provider, approved by [HMO Named], and the services provided by a Participating Provider. This benefit is limited to [30 days] of inpatient treatment days per contract year.

Instead of inpatient hospital treatment, care may be received in a psychiatric day facility, residential treatment facility for children and adolescents, or crisis stabilization units as defined:

- a. One day in an approved inpatient psychiatric Hospital equals one (1) inpatient treatment day.
- b. One day in an approved Psychiatric Day Treatment Facility equals one-half (1/2) of one inpatient treatment day.
- c. One day in an approved Crisis Stabilization Unit or Adolescent Residential Treatment Center for Children and Adolescents equals one-half (1/2) of one inpatient treatment day.

B. Outpatient Services

Coverage is provided for twenty (20) outpatient visits per member per year, as may be necessary and appropriate for short term evaluative or crisis intervention mental health services, or both.

General Provisions

- 1 A monthly premium charge for this Rider is included in Your premium for the Small Employer Group Health Benefit Plan Contract.
2. This Rider will terminate automatically when Your coverage terminates. This Rider will also terminate if You become a Conversion Subscriber, unless otherwise prohibited by applicable law.
3. All terms, limitations, and exclusions stated in Your Evidence of Coverage remain the same unless modified by this Rider.

Exclusions and Limitations

- 1 Inpatient services for attention deficit disorder are excluded.
- 2 Court-ordered evaluation, diagnosis, testimony and treatment for mental conditions are excluded, unless otherwise covered by Your Evidence of Coverage.

This rider will terminate upon the earlier of;

1. The date the Contract terminates; or
2. On the first premium due date following Our receipt of the Employer's written request that this rider be terminated.

FIGURE NO. 40: 28 TAC §26.27(b)

**(SMALL EMPLOYER CARRIER STATUS) CERTIFICATION TO
TEXAS DEPARTMENT OF INSURANCE
RELATING TO MARKETING IN THE SMALL EMPLOYER MARKET IN ACCORDANCE WITH
28 TAC CHAPTER 26 AND INSURANCE CODE, CHAPTER 26**

Filing is on behalf of:

Insert Name of Health Carrier (Insurance Company or HMO) / Tx. Co. ID # / NAIC #

- (1) The health carrier intends to offer, renew, issue and issue for delivery health benefit plans to small employers and therefore will operate in accordance with Insurance Code, Chapter 26 and this chapter, or
- (2) The health carrier does not intend to offer, issue or issue for delivery, health benefit plans to small employers; however, the health carrier intends to offer to/renew health benefit plans issued prior to January 1, 1994. With respect to plans issued between September 1, 1993, and January 1, 1994, the health carrier intends to comply with Insurance Code, Chapter 26, and this chapter, as applicable.
- (3) The health carrier does not intend to offer, issue or issue for delivery, health benefit plans to small employers in the State of Texas and intends to nonrenew all health benefit plans issued to small employers in Texas.
- (4) The health carrier has no health benefit plans, issued to small employers or to employees of a small employer, which are in force on or after September 1, 1993, and the health carrier does not intend to offer, issue or issue for delivery health benefit plans to small employers.

The undersigned certifies that the carrier intends to operate in accordance with this certification unless or until changed in accordance with 28 TAC Section 26.6. If changed, the carrier will promptly (and at least 30 days prior to any change) notify the department of any new election, with a new certification on this form.

Signature and Title of Person Certifying
Chief Executive Officer, Actuary, or Attorney for the named Health Carrier

Date

[Form No.] 369 Cert SEHC Status

SUMMARY OF STANDARD SMALL EMPLOYER HEALTH BENEFIT PLANS

The Small Employer Health Insurance Availability Act requires small employer carriers to make available two standard health benefit plans: the Basic Coverage Benefit Plan and the Catastrophic Care Benefit Plan. The following information is a brief summary of the deductibles, coinsurance maximums, percentages payable, benefits and exclusions contained in the standard health benefit plans. The lifetime maximum under both plans is \$2,000,000.

DEDUCTIBLES, COINSURANCE MAXIMUMS & PERCENTAGES PAYABLE

Basic Coverage Benefit Plan: - The following option must be offered:

- \$500 Policy Year Deductible; \$3,000 Policy Year Coinsurance Maximum; Percentage Payable of 80%.

If the carrier is offering a policy with Preferred Provider (PPO) benefits the carrier must offer a Policy Year Deductible of \$500 (or a Non-PPO Policy Year Deductible of \$500 with a PPO Policy Year Deductible of \$250 - a Per Office Visit Copayment of \$10 or \$15 may be used in lieu of the PPO Policy Year Deductible); \$3,000 Policy Year Coinsurance Maximum; Percentages Payable of 90% when PPO providers are utilized and 70% when Non-PPO providers are utilized.

Catastrophic Care Benefit Plan: - Two options must be offered:

- (1) \$2,500 Policy Year Deductible; \$5,000 Coinsurance Maximum; Percentages Payable of 80% and 90%.
- (2) \$5,000 Policy Year Deductible; \$10,000 Coinsurance Maximum; Percentages Payable of 80% and 90%.

If the carrier is offering a policy with Preferred Provider (PPO) benefits, the following two options must be offered:

- 1) a Policy Year Deductible of \$2,500 (or a Non-PPO Policy Year Deductible of \$2,500 with a PPO Policy Year Deductible of \$1,250); Policy Year Coinsurance Maximum of \$5,000; Percentages Payable of: a) 80% when PPO providers are utilized and 60% when Non-PPO providers are utilized; and b) 90% when PPO providers are utilized and 70% when Non-PPO providers are utilized.
- 2) a Policy Year Deductible of \$5,000 (or a Non-PPO Policy Year Deductible of \$5,000 with a PPO Policy Year Deductible of \$2,500); Policy Year Coinsurance Maximum of \$10,000; Percentages Payable of: a) 80% when PPO providers are utilized and 60% when Non-PPO providers are utilized; and b) 90% when PPO providers are utilized and 70% when Non-PPO providers are utilized.

BENEFITS PROVIDED

BASIC COVERAGE BENEFIT PLAN	CATASTROPHIC CARE BENEFIT PLAN
<ul style="list-style-type: none"> • physician, provider or other health care practitioner services • hospital charges • ICU/CCU • miscellaneous hospital services and supplies • anesthesia and its administration • assistant surgery fee • ground or air ambulance services • outpatient services for emergency care • outpatient surgical services and supplies • durable medical equipment - \$200 limit per year • radiation therapy, inhalation therapy and chemotherapy • X-ray and laboratory services • maternity benefits • physical therapy, occupational therapy, speech-language therapy - 30 visit limit per year • home health care services - 30 visit limit per year • certain tissue transplants and replacements services in a skilled nursing facility - 30 day limit per year 	<ul style="list-style-type: none"> • physician, provider or other health care practitioner services • hospital charges • ICU/CCU • miscellaneous hospital services and supplies • anesthesia and its administration • assistant surgery fee • ground or air ambulance services • outpatient services for emergency care • outpatient surgical services and supplies • durable medical equipment • radiation therapy, inhalation therapy and chemotherapy • X-ray and laboratory services • maternity benefits • physical therapy, occupational therapy, speech-language therapy • home health care services - 40 visit limit per year • certain tissue transplants and replacements • services in a skilled nursing facility • oxygen and the rental of equipment for its administration • certain organ transplants • hospice care

EXCLUSIONS AND LIMITATIONS

Benefits will be payable if a covered service and rendered by an institution or person acting within the scope of licensure. Benefits will not be payable unless services are medically necessary, are not Experimental or Investigational in nature, are not in excess of the Reasonable and Customary charges and are recognized as a covered service. Unless provided by rider, the Policy does not cover expenses incurred resulting from: reversal of sterilization, gender change, participation in a riot illegal occupation or felony, treatment provided by any Immediate Family Member, war, active service in the Armed Forces, on the job injuries, cosmetic Surgery, obesity, charges incurred for which you travel outside the United States to receive treatment, care received in Veterans Administration hospitals for service connected disabilities, treatment provided in a government hospital unless there is a legal obligation to pay, service or treatment which the Insured Person is not legally required to pay, TV and other personal items, dental services and temporomandibular joint dysfunction unless due to accidental injury, eyeglasses, contact lenses, hearing aids, a dependency on or addiction to tobacco, alcohol or a controlled substance, autopsy, private duty nursing, infertility or attempt of artificial fertilization or implantation, arch supports, orthopedic shoes or support hose, room and board for diagnosis or evaluation, transportation (except ambulance service), court ordered treatment which is not otherwise covered under the policy, routine foot care, medical social services, chelation therapy, mammography, preventive care, mental health, prescription drugs, and loss or impairment of speech or hearing.

The Basic Coverage Benefit Plan does not include services in connection with any organ transplant.

RIDERS

The following riders must be offered:

BASIC COVERAGE BENEFIT PLAN	CATASTROPHIC CARE BENEFIT PLAN
<p>1. Alcohol & Drug Abuse Benefit Rider</p> <ul style="list-style-type: none"> • Benefits payable for the diagnosis or treatment of the abuse and/or addiction to alcohol and drugs limited to either 5 or 10 days per policy year. <p>2. Mental Health Benefit Rider</p> <ul style="list-style-type: none"> • 30 days of inpatient care per insured person per policy year. • 20 outpatient treatments per insured person per policy year. <p>3. Preventive Care Benefit Rider</p> <p>4. Prescription Drug Benefit Rider</p> <ul style="list-style-type: none"> • Benefits payable at 50% for drugs and medicines, injectable insulin, oral contraceptives and formularies for Heritable Disease. <p style="text-align: center;">or</p> <ul style="list-style-type: none"> • Prescription Drug Card Program: <ul style="list-style-type: none"> • \$8 copayment for Generic • \$12 copay for Name Brand 	<p>1. Alcohol & Drug Abuse Benefit Rider</p> <ul style="list-style-type: none"> • Benefits payable for the diagnosis or treatment of the abuse and/or addiction to alcohol and drugs limited to either 5 or 10 days per policy year. <p>2. Mental Health Benefit Rider</p> <ul style="list-style-type: none"> • 30 days of inpatient care per insured person per policy year. • 20 outpatient treatments per insured person per policy year. <p>Not available under this plan.</p> <p>3. Prescription Drug Benefit Rider</p> <ul style="list-style-type: none"> • Benefits payable at 50% for drugs and medicines, injectable insulin, oral contraceptives and formularies for Heritable Disease. <p style="text-align: center;">or</p> <ul style="list-style-type: none"> • Prescription Drug Card Program: <ul style="list-style-type: none"> • \$8 copayment for Generic • \$12 copay for Name Brand

For more information and details regarding the Small Employer Health Benefit Plans, contact a Small Employer Carrier or insurance agent.

[Form No.] 369 SUMM

**APPLICATION TO
TEXAS DEPARTMENT OF INSURANCE
(RISK-ASSUMING/REINSURED CARRIER)
ACCORDING TO 28 TAC, CHAPTER 26 AND INSURANCE CODE, ARTICLE 26**

Filing is on behalf of:

Insert Name of Health Carrier (Insurance Company/HMO) / Tx. Co. ID # / NAIC #

SECTION I

INITIAL ELECTION: RISK-ASSUMING CARRIER (Complete Sections II and III)
 REINSURED CARRIER (Complete Section III)

SECTION II - To be completed by applicant to be Risk-Assuming Carrier.

1. Financial Condition:

In addition to the financial information already on file with the Department, please attach any further information that you would like to be considered with your application.

2. History of Rating and Underwriting Small Employer Groups:

- a) Attach a description of your experience of underwriting to identify high risks.
- b) What is your aggregate rate increase since September 1, 1993, for small employer groups:
 _____ % increase in Texas only. _____ % increase Nationwide.
- c) Attach any additional information on rating and underwriting that you wish to be considered.

3. Commitment to Market Fairly to all Small Employers in the State or in Established Geographic Service Area(s):

- a) Attach a description of your commitment to market fairly to all small employers in the state or in your established geographic service area.
- b) Provide sample material used, or which you plan to use, to market to small employers.

[Form No.] 369 RISK

4. Experience Managing the Risk of Small Employer Groups:

a) Attach a description of your experience in managing the risk of small employer groups (number of years, volume of business, results, etc.).

b) List other states, with guaranteed issue requirements, in which you provide small employer group coverage.

c) Provide the total number of lives currently covered by you under guarantee issue for small employer groups? _____

d) List the states in which you voluntarily participate in their reinsurance programs for small employer groups.

e) Attach a description of how you plan to manage the risk of guaranteed issue as a Risk-Assuming Carrier.

SECTION III Contact Person:

(Name & Title)

(Address)

(Phone Number)

/ _____
(Fax Number)

Complete and return to :

**Deputy Insurance Commissioner
Life/Health Group, MC-106-1A
P.O. Box 149104
Austin, Texas 78714-9104**

**Call Mike Boerner at 512/322-5067
if you have any questions.**

[Form No.] 369 RISK

(ANNUAL LISTING - EXEMPT FORMS & SEHBPs) CERTIFICATION TO
TEXAS DEPARTMENT OF INSURANCE
RELATING TO REQUIREMENTS OF
28 TAC CHAPTER 26 AND INSURANCE CODE, CHAPTER 26

Certification is on behalf of:

_____/_____/_____
Insert Name of Small Employer Carrier (Insurance Company or HMO) / Tx. Co. ID # / NAIC #

The undersigned certifies that the carrier has offered and intends to continue offering plans in accordance with this certification unless or until changed in accordance with 28 TAC Sections 26.6 and 26.20. If changed, the carrier will promptly (and at least 30 days prior to any change) notify the department of any change (on this form).

Please check the provisions below as applicable.

___ A. The policy, contract, certificate or evidence of coverage forms listed below (excluded from the definition of "Health benefit plan" under 28 TAC Chapter 26 and Insurance Code, Chapter 26) are offered, delivered, issued for delivery or renewed to or through small employers in Texas by the named health carrier. (list forms by form number/s and include the date of approval or filing, a brief description of the type of coverage, and the policyholder name if other than an employer or employee) (attach separate sheet if necessary)

___ B. The named health carrier is not offering or marketing to small employers as a health benefit plan the excluded plans described in A above and the carrier is complying with the provisions of Insurance Code, Chapter 26 and 28 TAC Chapter 26 to the extent applicable.

___ C. The named health carrier is no longer marketing to small employers in Texas the following health benefit plan/s or rider/s previously filed or certified with the Department: (include in the list of plans each form filed for the plan and each rider by form number and include the date of approval or filing, a brief description of the type of coverage provided and the policyholder name if other than the employer or employee) (attach separate sheet if necessary)

____D. The named health carrier no longer wishes to offer the following plans or riders of those listed in C above and requests that this checked provision serve as a formal withdrawal of the plan/s or riders in the small employer market. (attach separate sheet if necessary)

____E. The named health carrier plans to market to small employers in Texas the following health benefit plan/s and rider/s previously filed or certified with the Department (include in the list of plans each form filed for the plan and each rider by form number, the date of approval or filing, a brief description of the type of coverage and the policyholder by name if other than the employer or employee) (attach separate sheet if necessary)

I certify that the information provided in this document is true and accurate based upon my best knowledge, information and belief.

Signature and Title of Person Certifying
Chief Executive Officer, Actuary, or Attorney for the named Health Carrier

Date

FIGURE NO. 44: 28 TAC §26.27(b)

**(GEOGRAPHIC SERVICE AREAS) CERTIFICATION TO
TEXAS DEPARTMENT OF INSURANCE
ACCORDING TO 28 TAC CHAPTER 26 AND INSURANCE CODE, CHAPTER 26**

Filing is on behalf of:

Insert Name of Health Carrier (Insurance Company/HMO) / Tx. Co. ID # / NAIC #

Check one of the following to describe this filing:

- Initial filing of the small employer geographic service area.
(Refer to Article 26.22(c), Texas Insurance Code and 28 TAC §26.19(b)(1)(A).)
- Annual Filing of the small employer geographic service area.
(Refer to 28 TAC §26.19(b)(1)(B).)
- Request to change the small employer geographic service area.
 - Expansion of the small employer geographic service area.
 - Refusal to renew a small employer geographic service area.
(Provide documentation stating reasons for requesting the withdrawal and a list of the geographic service areas that will be non-renewed. Refer to Article 26.24, Texas Insurance Code.)

The named health carrier's small employer geographic service areas are defined/identified as follows:

- By Zipcode (Attachment prepared by carrier should further define/specify); or
- By County (Attachment prepared by carrier should further define/specify); or
- By Map (Attachment prepared by carrier should further define/specify area); or
- Entire State of Texas

The undersigned certifies that the carrier intends to operate in accordance with this geographic certification unless or until changed in accordance with 28 TAC Sections 26.6(c) and 26.19(b). If changed, the carrier will promptly (and at least 30 days prior to any change) notify the department of any change, on this form.

Signature and Title of Person Certifying
Chief Executive Officer, Actuary, or Attorney for the named Health Carrier

Date

[Form No.] 369 Cert GEOG

**TEXAS DEPARTMENT OF INSURANCE
STATE OF TEXAS**

**REGULATIONS TO IMPLEMENT THE SMALL EMPLOYER HEALTH INSURANCE
AVAILABILITY ACT**

Certification Form for Prototype Forms

I hereby certify, on behalf of _____, that
(Name of Insurance Company)

I have reviewed the requirements of the Small Employer Health Insurance Availability Act (Insurance Code, Chapter 26) and the Regulations to Implement the Small Employer Health Insurance Availability Act (Chapter 26, Texas Administrative Code) and to the best of my knowledge, this certification filing complies with all laws and regulations. This certification filing, includes the attached listing of prototype forms, the completed information for variable provisions, any alternate or additional forms and any required documentation to complete this filing.

Signature and Title of Person Certifying
Chief Executive Officer, Actuary, or Attorney for the named Health Carrier

Date

FIGURE NO. 45: 28 TAC §26.27(b) - Page 2 of 6

The prototype forms checked below will be used with this plan and will comply in all respects to the variable requirements of 28 TAC §26.14. Each alternate form and form number with Flesch Score indicated below for the optional prototype forms is enclosed with this filing for review and approval.

GROUP BASIC COVERAGE BENEFIT PLAN

PROTOTYPE FORM NUMBER	FORM DESCRIPTION	PERMISSIBLE ALTERNATE FORM/FLESCH SCORE* (Form No.)
<input type="checkbox"/> 369 SE.BASC	Policy Face Page (Employer)	<input type="checkbox"/> _____
<input type="checkbox"/> 369 ASSN.BASC	Policy Face Page (Association)	<input type="checkbox"/> _____
<input type="checkbox"/> 369 MET.BASC	Policy Face Page (MET)	<input type="checkbox"/> _____
<input type="checkbox"/> TOLLFREE	Tollfree Number & Information	<input type="checkbox"/> _____
<input type="checkbox"/> 369 CERT.BASC	Certificate Face Page	<input type="checkbox"/> _____
<input type="checkbox"/> TOLLFREE	Tollfree Number & Information	<input type="checkbox"/> _____
<input type="checkbox"/> 369 TCG	Table of Contents	<input type="checkbox"/> _____
<input type="checkbox"/> 369 SCH.BASC	Schedule of Benefits (Non-PPO)	
<input type="checkbox"/> 369 SCHPPO.BASC	Schedule of Benefits (PPO)	
<input type="checkbox"/> 369 DEF.BASC	Policy Definitions	
<input type="checkbox"/> 369 BEN.BASC	Benefits Provided	
<input type="checkbox"/> 369 EXC.BASC	Exclusions and Limitations	
<input type="checkbox"/> 369 ACC	Alternate Cost Containment	<input type="checkbox"/> _____
<input type="checkbox"/> 369 PPO	Preferred Provider Provisions	
<input type="checkbox"/> 369 CONV	Continuation/ Conversion	
<input type="checkbox"/> 369 COB	Coordination of Benefits	
<input type="checkbox"/> 369 GGP	General Provisions	<input type="checkbox"/> _____
<input type="checkbox"/> 369 GRP	Group Provisions	<input type="checkbox"/> _____
<input type="checkbox"/> 369 ADB	Alcohol and Drug Abuse Benefit	
<input type="checkbox"/> 369 MHB	Mental Health Benefit	
<input type="checkbox"/> 369 PCR	Preventive Care	
<input type="checkbox"/> 369 RX	Prescription Drug	
<input type="checkbox"/> 369 APP	Group Application**	<input type="checkbox"/> _____

**All application, enrollment and participation agreement forms shall be included with this filing.

***ALTERNATE FORMS MAY ONLY BE SUBMITTED WHERE SPACE IS PROVIDED.**

FIGURE NO. 45: 28 TAC §26.27(b) - Page 3 of 6

The prototype forms checked below will be used with this plan and will comply in all respects to the variable requirements of 28 TAC §26.14. Each alternate form and form number with Flesch Score indicated below for the optional prototype forms is enclosed with this filing for review and approval.

GROUP CATASTROPHIC CARE BENEFIT PLAN

PROTOTYPE FORM NUMBER	FORM DESCRIPTION	PERMISSIBLE ALTERNATE FORM/FLESCH SCORE* (Form No.)
<input type="checkbox"/> 369 SE.CAT	Policy Face Page (Employer)	<input type="checkbox"/> _____
<input type="checkbox"/> 369 ASSN.CAT	Policy Face Page (Association)	<input type="checkbox"/> _____
<input type="checkbox"/> 369 MET.CAT	Policy Face Page (MET)	<input type="checkbox"/> _____
<input type="checkbox"/> TOLLFREE	Tollfree Number & Information	<input type="checkbox"/> _____
<input type="checkbox"/> 369 CERT.CAT	Certificate Face Page	<input type="checkbox"/> _____
<input type="checkbox"/> TOLLFREE	Tollfree Number & Information	<input type="checkbox"/> _____
<input type="checkbox"/> 369 TCG	Table of Contents	<input type="checkbox"/> _____
<input type="checkbox"/> 369 SCH.CAT	Schedule of Benefits (Non-PPO)	
<input type="checkbox"/> 369 SCHPPO.CAT	Schedule of Benefits (PPO)	
<input type="checkbox"/> 369 DEF.CAT	Policy Definitions	
<input type="checkbox"/> 369 BEN.CAT	Benefits Provided	
<input type="checkbox"/> 369 EXC.CAT	Exclusions and Limitations	
<input type="checkbox"/> 369 ACC	Alternate Cost Containment	<input type="checkbox"/> _____
<input type="checkbox"/> 369 PPO	Preferred Provider Provisions	
<input type="checkbox"/> 369 CONV	Continuation/ Conversion	
<input type="checkbox"/> 369 COB	Coordination of Benefits	
<input type="checkbox"/> 369 GGP	General Provisions	<input type="checkbox"/> _____
<input type="checkbox"/> 369 GRP	Group Provisions	<input type="checkbox"/> _____
<input type="checkbox"/> 369 ADB	Alcohol and Drug Abuse Benefit	
<input type="checkbox"/> 369 MHB	Mental Health Benefit	
<input type="checkbox"/> 369 RX	Prescription Drug	
<input type="checkbox"/> 369 APP	Group Application**	<input type="checkbox"/> _____

****All application, enrollment and participation agreement forms shall be included with this filing.**

***ALTERNATE FORMS MAY ONLY BE SUBMITTED WHERE SPACE IS PROVIDED.**

Filing Certification for Prototype Forms
[Form No.] 369 Cert Prototypes/Mrkt.

Page 3

PLEASE PROVIDE THE FOLLOWING INFORMATION REGARDING THE MARKET IN WHICH THE FORMS WILL BE USED:

- Small Employer Market Only
- All Employer Markets
- Small Employer and Other Markets
- Describe Other Markets: _____

Check the appropriate space(s) pertaining to your submission:

- a. "A.B.C." Association or Single Case Association (Must include face pages for each association along with all documentation required by 28 TAC §3.14(f).)
- b. "A.B.C." MET or Single Case MET (Must include face pages for each industry along with all documentation required by 28 TAC §3.14(g).)

PLEASE COMPLETE THE INFORMATION BELOW FOR VARIABLE PROVISIONS OF THE PROTOTYPE FORMS. CHOICES ELECTED APPLY UNIFORMLY TO ALL SMALL EMPLOYERS.

1. Required participation amount (Choose one of the following):

- 75% (Refer to Article 26.21(b), Texas Insurance Code.)
- Carrier chosen qualifying participation amount. (Refer to Article 26.21(d), Texas Insurance Code.)
 - Qualifying participation amount elected is: %

2. Required employer contribution amount. _____
(This amount should be in accordance with the carrier's usual and customary practices on all employer group health insurance plans in Texas. Refer to Article 26.21(b), Texas Insurance Code.)

3. Grace Period (for Group): Yes No If yes, Number of Days

4. Termination for failure of employer to maintain participation requirements (for Group):
 Yes No

5. Termination for failure of employer to maintain status as a small employer (for Group):
 Yes No

FIGURE NO. 45: 28 TAC §26.27(b) - Page 5 of 6

6. Choose one of the following:

- Policy Year means a 365 day period beginning on Policy Effective Date.
 Policy Year means a period of one full calendar year.

7. Choose one of the following:

- Prescription Drug Benefit (Form Number 369 RX)
 Prescription Drug Card Program (Provide a description of the program.)

If the Prescription Drug Benefit is elected, list the percentage payable amounts that will be offered. _____

8. Choose one of the following:

- a. An Affiliation Period will be used in lieu of a Preexisting Condition Limitation
(The time period may not exceed 90 for new enrollees or 180 day for late enrollees.
Refer to Article 26.49(e), Texas Insurance Code.)

The Affiliation Period will be: _____ days for New Enrollees _____ days for Late Enrollees

- b. A Preexisting Condition Limitation will be used.
(A Preexisting Condition Limitation may not exceed 12 months. Refer to Article
26.49(a), Texas Insurance Code.)

The Preexisting Condition Limitation will be for _____ months.

- c. Will not impose a Preexisting Condition Limitation or an Affiliation Period.

9. Describe the PPO Service Area by including one of the following:

- List of Counties List of Zip Codes A Service Area Map

10. Benefits will be reduced for failure to pre-certify. Yes No

Reduction: _____

(Penalties for noncompliance with cost containment provisions shall not reduce benefits more than 50% in the aggregate.)

11. Provide form numbers, approval dates (if applicable), and description of any additional riders that will be offered with the Mandated Health Benefit Plans. (Refer to Article 26.42(h), Texas Insurance Code.) If additional space is required, provide a separate list.

Form Number	Approval Date, if applicable.	Description of Rider

12. List any **additional** percentage payable, deductible and coinsurance amounts that will be offered with the following plans:

Basic Coverage (Non-PPO Plan):

Percentage Payable Amounts: _____
 Deductibles: _____
 Coinsurance Amounts: _____

Basic Coverage (PPO Plan):

Combination of Percentage Payable Amounts:
 PPO/Non-PPO %: _____
 Deductible Combinations:
 PPO/Non-PPO: _____
 [Office Visit Copayment Chosen: ___\$10 ___\$15]
 Coinsurance Amounts: _____

Catastrophic Care (Non-PPO Plan):

Percentage Payable Amounts: _____
 Deductibles: _____
 Coinsurance Amounts: _____

Catastrophic Care (PPO Plan):

Combination of Percentage Payable Amounts:
 PPO/Non-PPO %: _____
 Deductible Combinations:
 PPO/Non-PPO: _____
 Coinsurance Amounts: _____

TEXAS DEPARTMENT OF INSURANCE
STATE OF TEXAS

REGULATION TO IMPLEMENT THE SMALL EMPLOYER HEALTH INSURANCE
AVAILABILITY ACT

CERTIFICATION QUESTIONNAIRE WITH ELECTION FOR HMO SMALL EMPLOYER
PLAN

NAME OF HMO _____

PLEASE COMPLETE THE INFORMATION BELOW FOR VARIABLE PROVISIONS OF
THE PROTOTYPE FORM. CHOICES ELECTED APPLY UNIFORMLY TO ALL SMALL
EMPLOYERS.

1. Required participation amount: _____
2. Required employer contribution amount. _____
(This amount should be in accordance with the carrier's usual and customary practices
on all employer group health care plans in Texas. Refer to Article 26.21(b), Texas
Insurance Code.)
3. Grace Period (for Group): ___ Yes ___ No If yes,
 _____ Number of Days
4. Termination for failure of employer to maintain participation requirements (for Group):
 ___ Yes ___ No
5. Termination for failure of employer to maintain status as a small employer (for Group):
 ___ Yes ___ No
6. Choose one of the following:
 _____ Contract Year means a 365 day period beginning on Contract Effective Date.
 _____ Contract Year means a period of one full calendar year.
7. An Affiliation Period will be used in lieu of a Preexisting Condition Limitation(The time
period may not exceed 90 for new enrollees or 180 day for late enrollees. Refer to
Article 26.49(e), Texas Insurance Code.) ___ Yes ___ No

The Affiliation Period will be: ___ days for New Enrollees ___ days for Late
Enrollees

369 HMO-CERT

8. Describe the HMO Service Area by including one of the following:

List of Counties List of Zip Codes A Service Area Map

9. Provide form numbers, approval dates (if applicable), and description of any additional riders that will be offered with the Mandated Health Benefit Plans. (Refer to Article 26.42(b), Texas Insurance Code.) If additional space is required, provide a separate list.

Form Number	Approval Date, if applicable.	Description of Rider

FIGURE NO. 47: 28 TAC §26.27(b)

**(ANNUAL ACTUARIAL) CERTIFICATION TO
TEXAS DEPARTMENT OF INSURANCE
RELATING TO REQUIREMENTS OF
28 TAC CHAPTER 26 AND INSURANCE CODE, CHAPTER 26**

Certification is on behalf of:

Insert Name of Small Employer Carrier (Insurance Company or HMO) / Tx. Co. ID # / NAIC #

*** COMPLIANCE WITH UNDERWRITING AND RATING PROVISIONS**

The undersigned (certifying) actuary certifies that the underwriting and rating methods of the named small employer carrier:

- (1) Comply with accepted actuarial principals and practices;
- (2) Are uniformly applied to each small employer health benefit plan (as defined in Texas Insurance Code, Chapter 26) covering a small employer (as defined in Texas Insurance Code, Chapter 26); and
- (3) Comply with the provisions of Texas Insurance Code, Chapter 26, and 28 TAC Chapter 26.

*** REVIEW OF FILING(S) AND COMPLIANCE WITH STATUTES AND RULES**

The undersigned (certifying) actuary has reviewed the filing and based upon his/her best knowledge, information, and belief, such filed form(s), contract(s), certificate(s), policy(ies), or evidence of coverage(s) complies in all respects with all provisions of Texas Insurance Code, Chapter 26, and 28 TAC Chapter 26.

*** DOCUMENTATION FOR RATING METHODOLOGY, RATING PRACTICES AND UNDERWRITING PRACTICES**

The named carrier has in its possession or has been provided a complete and detailed description of the applicable rating methodology, including but not necessarily limited to, rating practices and renewal underwriting practices. Such documentation includes information that demonstrates that the applicable rating methods and practices are based on commonly accepted actuarial assumptions and are in accordance with sound actuarial principles.

Qualified Actuary (Certifying Actuary)/[Must have MAAA designation]

The named carrier agrees with the statements made by the certifying actuary and certifies that it will maintain at its principal place of business a complete and detailed description of rating and underwriting practices, along with documentation that demonstrates that rating methods and practices comply with applicable requirements and are in accordance with the certifying actuarial statement and applicable statutes and rules. The carrier also certifies that such documentation will be available to the Commissioner upon his/her request.

Chief Executive Officer, Actuary or Attorney for the Carrier

[Form No.] 369 Cert Actuarial

Due 3/1 Each Yr.

**CERTIFICATION TO
TEXAS DEPARTMENT OF INSURANCE
RELATING TO REQUIREMENTS OF 28 TAC ARTICLE 26.20(G) AND INSURANCE CODE, CHAPTER 26**

Certification is on behalf of:

_____ / _____ / _____
 Insert Name of Small Employer Carrier (Insurance Company or HMO) / Tx. Co. ID # / NAIC #

DATA ON SMALL EMPLOYER HEALTH BENEFIT PLANS (INS. CODE, CHAPTER 26, AND 28 TAC CHAPTER 26)

[Fill-in the applicable information in the following chart. A Key is attached which further explains each numbered item and the information which must be provided.]

ITEM NUMBER RELATING TO NUMBER OF PLANS ISSUED, SMALL EMPLOYER'S COVERAGE, AND LIVES COVERED (REFER TO ATTACHED KEY WHICH DESCRIBES EACH NUMBERED ITEM AND THE INFORMATION REQUESTED FOR EACH NUMBERED ITEM)	NUMBER OF SMALL EMPLOYERS	NUMBER OF LIVES COVERED
(1) Health Benefit Plans in previous calendar year.	Newly Issued / Renewed _____/_____	Newly Issued / Renewed _____/_____
(2) Various Plans:	Newly Issued / Renewed	Newly Issued / Renewed
2055		
(A) Preventive and Primary Care Benefit Plan	(A) _____/_____	(A) _____/_____
(B) In-Hospital Benefit Plan	(B) _____/_____	(B) _____/_____
(C) Standard Health Benefit Plan	(C) _____/_____	(C) _____/_____
(D) HMO Preventive and Primary Care Benefit Plan	(D) _____/_____	(D) _____/_____
(E) HMO Group Standard Benefit Plan	(E) _____/_____	(E) _____/_____
369		
(F) Basic Coverage Benefit Plan	(F) _____/_____	(F) _____/_____
(G) Catastrophic Care Benefit Plan	(G) _____/_____	(G) _____/_____
(H) HMO Small Employer Group Standard Benefit Plan	(H) _____/_____	(H) _____/_____

<p>(3) Riders</p> <p style="text-align: center;">2055</p> <p>(A) Prescription Drug rider with Preventive and Primary Care Benefit Plan;</p> <p>(B) Preventive and Primary Care Benefit Rider with the In-Hospital Benefit Plan</p> <p style="text-align: center;">369 Basic Coverage Benefit Plan</p> <p>(C) Alcohol & Drug Abuse Benefit Rider</p> <p>(D) Mental Health Benefit Rider</p> <p>(E) Prescription Drug Benefit Rider</p> <p>(F) Preventive Care Benefit Rider</p> <p style="text-align: center;">369 Catastrophic Care Benefit Plan</p> <p>(G) Alcohol & Drug Abuse Benefit Rider</p> <p>(H) Mental Health Benefit Rider</p> <p>(I) Prescription Drug Benefit Rider</p>	<p style="text-align: center;">Newly Issued / Renewed</p> <p>(A) _____ / _____</p> <p>(B) _____ / _____</p> <p>(C) _____ / _____</p> <p>(D) _____ / _____</p> <p>(E) _____ / _____</p> <p>(F) _____ / _____</p> <p>(G) _____ / _____</p> <p>(H) _____ / _____</p> <p>(I) _____ / _____</p>	<p style="text-align: center;">Newly Issued / Renewed</p> <p>(A) _____ / _____</p> <p>(B) _____ / _____</p> <p>(C) _____ / _____</p> <p>(D) _____ / _____</p> <p>(E) _____ / _____</p> <p>(F) _____ / _____</p> <p>(G) _____ / _____</p> <p>(H) _____ / _____</p> <p>(I) _____ / _____</p>
<p>(4) Small Employer Health Benefit Plans (List by Zip Code of employer's principal place of business; expand space as necessary.)</p>	<p style="text-align: center;">Zip Code # No. of Small Employers</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>(5) Small Employer Health Benefit Plans voluntarily not renewed by small employer (previous calendar year). _____</p>		
<p>(6) Small Employer Health Benefit Plans, terminated or non-renewed. _____</p>		
<p>(7) Plans issued to small employers that were uninsured for at least two months prior to issue. _____</p>		
<p>(8) Gross Premiums for Small Employer Health Benefit Plans. \$ _____</p>		

**KEY FOR NUMBERED ITEMS IN PRECEDING CHART
(REQUIRED UNDER INS. CODE, CHAPTER 26, AND 28 TAC §26.24)**

The following information, related to health benefits plans issued by health carriers to small employers in this state, is required to be provided no later than March 1 of each calendar year, under 28 TAC Article 26.27:

(1) The number of small employers that were issued and the number of lives covered under health benefit plans in the previous calendar year (separated as to newly issued plans and renewals);

(2) The number of small employers that were issued and the number of lives covered under the preventive and primary care benefit plan, the in-hospital benefit plan, the standard health benefit plan, basic coverage benefit plan, catastrophic care benefit plan, HMO preventive and primary care benefit plan, HMO group standard benefit planes and HMO small employer group health benefit plan in the previous calendar year (separated as to newly issued plans and renewals and as to class of business);

(3) The number of small employers that were issued and the number of lives covered under a prescription drug rider with the preventive and primary care benefit plan, a preventive and primary care benefit with the in-hospital benefit plan, an alcohol and drug abuse rider with the basic coverage and catastrophic benefit plans, a mental health benefit rider with the basic coverage and catastrophic care benefit plans, a prescription drug rider with the basic coverage and catastrophic care benefit plans and a preventive care rider with the basic coverage benefit plan.

(4) The number of small employer health benefit plans in force and the number of lives covered under those plans, broken down by Zip Code of employers' principal place of business, as of Dec. 31 of the previous year;

(5) The number of small employer health benefit plans that were voluntarily not renewed by small employers in the previous calendar year;

(6) The number of small employer health benefit plans that were terminated or non renewed (for reasons other than nonpayment of premium) by the health carrier in the previous calendar year; and

(7) The number of small employer health benefit plans that were issued to small employers that were uninsured for at least the two months prior to issue.

(8) The health carrier's gross premiums derived from health benefit plans delivered, issued for delivery, or renewed to small employers in the previous calendar year.

I certify that the information provided in this document is true and accurate based upon my best knowledge, information and belief.

Signature and Title of Person Certifying (on behalf of named carrier)
Chief Executive Officer, Actuary, or Attorney for the named Health Carrier

Date

FIGURE NO. 49: 28 TAC §26.27(b)

**REPORT TO TEXAS DEPARTMENT OF INSURANCE
(PRIVATE PURCHASING COOPERATIVES) STATEMENT OF
AMOUNTS COLLECTED AND EXPENSES INCURRED
IN ACCORDANCE WITH 28 TAC SECTION 26.22(B) AND INSURANCE CODE, CHAPTER 26**

Filing is on behalf of:

Insert Name of Private Purchasing Cooperative

\$ _____
Fill-in "Amounts Collected by Cooperative"

Specify Calendar Year During Which Amounts Were Collected

\$ _____
Fill-in "Expenses Incurred by Cooperative"

Specify Calendar Year During Which Expenses Were Incurred

I certify that the information provided in this document is true and accurate based upon my best knowledge, information and belief.

Signature and Title of Person Certifying on behalf of the Board of Directors for the Named Cooperative

Date

[Form No.] 369 Cert Coop

Due 3/1/EachYr

Texas Workers' Compensation Commission Figure 1: 28TAC § 134.1002 (f)(3)(A)

(3) Hand and Wrist Treatment Tables.

DIAGNOSIS	
Tendinitis Stenosing Tenosynovitis Musculotendinitis Musculotendinous Problems	
ICD-9 DIAGNOSIS CODES (May include but not limited to)	
726.4	Bursitis of hand/wrist, peri arthritis of wrist
726.91	Capsulitis, peri arthritis, tendinitis
727.03	Trigger finger
727.04	DeQuervain's disease, radial styloid tenosynovitis
727.05	Other tenosynovitis of hand and wrist

PRIMARY LEVEL OF CARE	
DURATION:	0 - 3 months
CLINICAL INDICATORS: (May include but not limited to)	1) History: a) repetitive motion; force b) acute injury with early positive response to treatment 2) Physical findings: a) no urgent surgical indicators b) no significant structural pathology suggesting surgical solutions c) swelling, pain, and tenderness 3) Post acute or chronic patient with acute exacerbation.
DIAGNOSTIC PROCEDURES: (May include but not limited to)	Physical examination Plain x-rays
TREATMENT INTERVENTIONS: (May include but not limited to)	Acupuncture Analgesics Antibiotics (with secondary infection) Concurrent home program Durable medical equipment (DME) Functional capacity evaluation (FCE) Injection with corticosteroids and/or analgesics (If further injections are required beyond the first three (3) injections, additional diagnostic studies may be warranted.) Job site analysis Limited oral corticosteroids Manipulation Modified activity of the extremity as indicated Non-steroidal anti-inflammatory drugs (NSAID) Orthotics/splints Outpatient evaluation and therapy 1) Attended modalities and procedures 2) Unattended modalities (limited to a maximum of two (2) weeks, if used solely)
EXPECTED OUTCOME:	Return to unrestricted work or Maximum Medical Improvement (MMI).
RETURN TO WORK ISSUES:	1) Ergonomic assessment 2) Job accommodations/modifications 3) A mild level of severity allows return to work within 0-3 months, with or without modified/transitional work and/or orthoses.

Texas Workers' Compensation Commission Figure 2: 28TAC § 134.1002 (f)(3)(B)
(Diagnosis: Tendinitis, Stenosing Tenosynovitis, Musculotendinitis - continued)

SECONDARY LEVEL OF CARE	
DURATION:	0 - 3 months
CLINICAL INDICATORS: (May include but not limited to)	1) Continued, persistent, and intermittent symptoms. 2) Limited-to-good response to primary treatment.
DIAGNOSTIC PROCEDURES: (May include but not limited to)	Biofeedback/behavioral pain management evaluation Bone scan (confirmatory test) Electromyogram (EMG)/nerve conduction studies (NC) (confirmatory test) Mental health evaluation/assessment Physical examination Plain x-rays
TREATMENT INTERVENTIONS: (May include but not limited to)	Analgesics Antidepressants Biofeedback/behavioral pain management/relaxation training Concurrent home program Durable medical equipment (DME) Functional capacity evaluation (FCE) Injection with corticosteroids and/or analgesics (If further injections are required beyond the first three (3) injections, additional diagnostic studies may be warranted.) Job site analysis Limited oral corticosteroids Manipulation Medication modification Mental health treatment Modified activity of the extremity as indicated Non-steroidal anti-inflammatory drugs (NSAID) Orthotics/splints Outpatient evaluation and therapy 1) Attended modalities and procedures 2) Unattended modalities (limited to a maximum of two (2) weeks, if used solely) Single or interdisciplinary program 1) Work conditioning 2) Work hardening
EXPECTED OUTCOME:	Return to unrestricted work or Maximum Medical Improvement (MMI).
RETURN TO WORK ISSUES:	1) Ergonomic assessment 2) Job accommodations/modifications

Texas Workers' Compensation Commission Figure 3: 28TAC § 134.1002 (f)(3)(C)
(Diagnosis: Tendinitis, Stenosing Tenosynovitis, Musculotendinitis - continued)

TERTIARY LEVEL OF CARE	
DURATION:	0 - 6 months
CLINICAL INDICATORS: (May include but not limited to)	1) Chronic, persistent, and recurring symptoms. 2) Documented history of persistent failure to respond to nonoperative/operative treatment.
DIAGNOSTIC PROCEDURES: (May include but not limited to)	Biofeedback/behavioral pain management evaluation Bone scan (confirmatory test) Electromyogram (EMG)/nerve conduction studies (NC) (confirmatory test) Magnetic resonance imaging (MRI) (confirmatory test) Mental health evaluation/assessment Physical examination Plain x-rays
TREATMENT INTERVENTIONS: (May include but not limited to)	Analgesics Antidepressants Biofeedback/behavioral pain management/relaxation training Concurrent home program Functional capacity evaluation (FCE) Interdisciplinary program 1) Chronic pain management 2) Outpatient medical rehabilitation Job site analysis Manipulation Medication modification Mental health treatment Modified activity of the extremity as indicated
EXPECTED OUTCOME:	Return to unrestricted work or Maximum Medical Improvement (MMI).
RETURN TO WORK ISSUES:	1) Ergonomic assessment 2) Job accommodations/modifications 3) Return to full duty work may not always be possible and may necessitate the introduction of vocational rehabilitation services by referral to Texas Rehabilitation Commission.

(4) Elbow Treatment Tables

DIAGNOSIS
Musculotendinitis/Tendinitis: Lateral Epicondylitis Medial Epicondylitis Musculotendinous and Periarticular Problems of the Elbow
ICD-9 DIAGNOSIS CODES (May include but not limited to)
726.31 - Medial epicondylitis 726.32 - Lateral epicondylitis, golfer's elbow, tennis elbow, epicondylitis

PRIMARY LEVEL OF CARE	
DURATION:	0 - 3 months
CLINICAL INDICATORS: (May include but not limited to)	1) History: a) insidious onset, but may be provoked by acute trauma b) pain with radiation into forearm with extension, flexion, or supination c) burning that may radiate d) possible loss of grip strength due to pain with grip 2) Physical findings: a) point tenderness over epicondyles and associated tendons b) reproduction of pain c) reduced grip strength due to pain with normal elbow motion d) swelling e) no urgent surgical indicators f) no significant structural pathology suggesting surgical solutions 3) Post acute or chronic patient with acute exacerbation
DIAGNOSTIC PROCEDURES: (May include but not limited to)	Physical examination Plain x-rays
TREATMENT INTERVENTIONS: (May include but not limited to)	Acupuncture Analgesics Antibiotics (with secondary infection) Concurrent home program Durable medical equipment (DME) Functional capacity evaluation (FCE) Injection with corticosteroids and/or analgesics (If further injections are required beyond the first three (3) injections, additional diagnostic studies may be warranted.) Job site analysis Limited oral corticosteroids Manipulation Modified activity of the extremity as indicated Non-steroidal anti-inflammatory drugs (NSAID) Orthotics/splints Outpatient evaluation and therapy 1) Attended modalities and procedures 2) Unattended modalities (limited to a maximum of two (2) weeks, if used solely)
EXPECTED OUTCOME:	Return to unrestricted work or Maximum Medical Improvement (MMI).
RETURN TO WORK ISSUES:	1) Ergonomic assessment 2) Job accommodations/modifications 3) A mild level of severity allows return to work within 0-3 months, with or without modified/transitional work and/or orthoses.

Texas Workers' Compensation Commission Figure 5: 28TAC § 134.1002 (f)(4)(B)
 (Diagnosis: Musculotendinitis/Tendinitis: Lateral Epicondylitis, Medial Epicondylitis - continued)

SECONDARY LEVEL OF CARE	
DURATION:	0 - 3 months
CLINICAL INDICATORS: (May include but not limited to)	1) Continued, persistent, and intermittent symptoms 2) Limited-to-good response to primary treatment.
DIAGNOSTIC PROCEDURES: (May include but not limited to)	Biofeedback/behavioral pain management evaluation Bone scan (confirmatory test) Electromyogram (EMG)/nerve conduction studies (NC) (confirmatory test) Mental health evaluation/assessment Physical examination Plain x-rays
TREATMENT INTERVENTIONS: (May include but not limited to)	Analgesics Antidepressants Biofeedback/behavioral pain management/relaxation training Concurrent home program Durable medical equipment (DME) Functional capacity evaluation (FCE) Injection with corticosteroids and/or analgesics (If further injections are required beyond the first three (3) injections, additional diagnostic studies may be warranted.) Job site analysis Limited oral corticosteroids Manipulation Medication modification Mental health treatment Modified activity of the extremity as indicated Non-steroidal anti-inflammatory drugs (NSAID) Orthotics/splints Outpatient evaluation and therapy 1) Attended modalities and procedures 2) Unattended modalities (limited to a maximum of two (2) weeks, if used solely) Single or interdisciplinary program 1) Work conditioning 2) Work hardening
EXPECTED OUTCOME:	Return to unrestricted work or Maximum Medical Improvement (MMI).
RETURN TO WORK ISSUES:	1) Ergonomic assessment 2) Job accommodations/modifications

Texas Workers' Compensation Commission Figure 6: 28TAC § 134.1002 (f)(4)(C)
(Diagnosis: Musculotendinitis/Tendinitis: Lateral Epicondylitis, Medial Epicondylitis - continued)

TERTIARY LEVEL OF CARE	
DURATION:	0 - 6 months
CLINICAL INDICATORS: (May include but not limited to)	1) Chronic, persistent, and recurring symptoms 2) Documented history of persistent failure to respond to nonoperative/operative treatment.
DIAGNOSTIC PROCEDURES: (May include but not limited to)	Biofeedback/behavioral pain management evaluation Bone scan (confirmatory test) Electromyogram (EMG)/nerve conduction studies (NC) (confirmatory test) Mental health evaluation/assessment Magnetic resonance imaging (MRI) (confirmatory test) Physical examination Plain x-rays
TREATMENT INTERVENTIONS: (May include but not limited to)	Antidepressants Biofeedback/behavioral pain management/relaxation training Concurrent home program Functional capacity evaluation (FCE) Interdisciplinary program 1) Chronic pain management 2) Outpatient medical rehabilitation Job site analysis Manipulation Medication modification Mental health treatment Modified activity of the extremity as indicated
EXPECTED OUTCOME:	Return to unrestricted work or Maximum Medical Improvement (MMI).
RETURN TO WORK ISSUES:	1) Ergonomic assessment 2) Job accommodations/modifications 3) Return to full duty work may not always be possible and may necessitate the introduction of vocational rehabilitation services by referral to Texas Rehabilitation Commission.

Texas Workers' Compensation Commission Figure 7: 28TAC § 134.1002 (f)(4)(D)

DIAGNOSIS
Olecranon Bursitis Olecranon Impingement
ICD-9 DIAGNOSIS CODES (May include but not limited to)
726.33 Bursitis of elbow

PRIMARY LEVEL OF CARE	
DURATION:	0 - 3 months
CLINICAL INDICATORS: (May include but not limited to)	<ol style="list-style-type: none"> 1) History: <ol style="list-style-type: none"> a) Generally insidious onset but may be due to an episode of acute trauma b) Pain over olecranon process c) Limitation or restriction of flexion/extension due to pain or swelling 2) Physical Findings: <ol style="list-style-type: none"> a) Distended olecranon bursa b) Mild to severe pain over bursa c) With posttraumatic infection, redness and heat over bursa and a purulent tap 3) No urgent surgical indicators on physical examination 4) No significant structural pathology suggesting surgical solutions
DIAGNOSTIC PROCEDURES: (May include but not limited to)	Aspiration; culture Physical examination Plain x-rays
TREATMENT INTERVENTIONS: (May include but not limited to)	Acupuncture Analgesics Antibiotics (with secondary infection) Aspiration Concurrent home program Durable medical equipment (DME) Functional capacity evaluation (FCE) Injection with corticosteroids and/or analgesics (If further injections are required beyond the first three (3) injections, additional diagnostic studies may be warranted.) Job site analysis Limited oral corticosteroids Modified activity of the extremity as indicated Non-steroidal anti-inflammatory drugs (NSAID) Orthotics/splints Outpatient evaluation and therapy <ol style="list-style-type: none"> 1) Attended modalities and procedures 2) Unattended modalities (limited to a maximum of two (2) weeks, if used solely)
EXPECTED OUTCOME:	Return to unrestricted work or Maximum Medical Improvement (MMI).
RETURN TO WORK ISSUES:	<ol style="list-style-type: none"> 1) Ergonomic assessment 2) Job accommodations/modifications 3) A mild level of severity allows return to work within 0-3 months, with or without modified/transitional work and/or orthoses.

Texas Workers' Compensation Commission Figure 8: 28TAC § 134.1002 (f)(4)(E)
(Diagnosis: Olecranon Bursitis, Olecranon Impingement - continued)

SECONDARY LEVEL OF CARE	
DURATION:	0 - 3 months
CLINICAL INDICATORS: (May include but not limited to)	1) Continued, persistent, and intermittent symptoms 2) Limited-to-good response to primary treatment
DIAGNOSTIC PROCEDURES: (May include but not limited to)	Arthrogram (confirmatory test) Biofeedback/behavioral pain management evaluation Bone scan (confirmatory test) Mental health evaluation/assessment Physical examination Plain x-rays Tomogram
TREATMENT INTERVENTIONS: (May include but not limited to)	Analgesics Antidepressants Aspiration Biofeedback/behavioral pain management/relaxation training Concurrent home program Durable medical equipment (DME) Functional capacity evaluation (FCE) Injection with corticosteroids and/or analgesics (If further injections are required beyond the first three (3) injections, additional diagnostic studies may be warranted.) Job site analysis Limited oral corticosteroids Medication modification Mental health treatment Modified activity of the extremity as indicated Non-steroidal anti-inflammatory drugs (NSAID) Orthotics/splints Outpatient evaluation and therapy 1) Attended modalities and procedures 2) Unattended modalities (limited to a maximum of two (2) weeks, if used solely) Single or interdisciplinary program 1) Work conditioning 2) Work hardening
EXPECTED OUTCOME:	Return to unrestricted work or Maximum Medical Improvement (MMI).
RETURN TO WORK ISSUES:	1) Ergonomic assessment 2) Job accommodations/modifications

Texas Workers' Compensation Commission Figure 9: 28TAC § 134.1002 (f)(4)(F)

Diagnosis: Olecranon Bursitis, Olecranon Impingement - continued

TERTIARY LEVEL OF CARE	
DURATION:	0 - 6 months
CLINICAL INDICATORS: (May include but not limited to)	<ol style="list-style-type: none"> 1) Chronic, persistent, and recurring symptoms 2) Documented history of persistent failure to respond to nonoperative/operative treatment.
DIAGNOSTIC PROCEDURES: (May include but not limited to)	Arthrogram (confirmatory test) Biofeedback/behavioral pain management evaluation Bone scan (confirmatory test) Magnetic resonance imaging (MRI) (confirmatory test) Mental health evaluation/assessment Physical examination Plain x-rays Tomogram
TREATMENT INTERVENTIONS: (May include but not limited to)	Analgesics Antidepressants Aspiration Biofeedback/behavioral pain management/relaxation training Functional capacity evaluation (FCE) Injection/aspiration with corticosteroids (If further injections are required beyond the first three (3) injections, additional diagnostic studies may be warranted.) Interdisciplinary program <ol style="list-style-type: none"> 1) Chronic pain management 2) Outpatient medical rehabilitation Job site analysis Limited oral corticosteroids Medication modification Mental health treatment Modified activity of the extremity as indicated Non-steroidal anti-inflammatory drugs (NSAID) Orthotics/splints
EXPECTED OUTCOME:	Return to unrestricted work or Maximum Medical Improvement (MMI).
RETURN TO WORK ISSUES:	<ol style="list-style-type: none"> 1) Ergonomic assessment 2) Job accommodations/modifications 3) Return to full duty work may not always be possible and may necessitate the introduction of vocational rehabilitation services by referral to Texas Rehabilitation Commission.

Texas Workers' Compensation Commission Figure 10: 28TAC § 134.1002 (f)(5)(A)

(5) Shoulder Treatment Tables

DIAGNOSIS
Tendinitis: Bicipital Supraspinatus (rotator cuff) Musculotendinous and Periarticular Problems of the Shoulder
ICD-9 DIAGNOSIS CODES (May include but not limited to)
726.10 - Rotator cuff, supraspinatus syndrome 726.12 - Bicipital tenosynovitis

PRIMARY LEVEL OF CARE	
DURATION:	0 - 3 months
CLINICAL INDICATORS: (May include but not limited to)	1) Pain with overhead activity 2) Pain with resisted supination 3) Night pain 4) No evidence of cervical spine pathology
DIAGNOSTIC PROCEDURES: (May include but not limited to)	Arthrogram Physical examination Plain x-rays
TREATMENT INTERVENTIONS: (May include but not limited to)	Acupuncture Analgesics Antibiotics (with secondary infection) Concurrent home program Durable medical equipment (DME) Functional capacity evaluation (FCE) Injection with corticosteroids (If further injections are required beyond the first three (3) injections, additional diagnostic studies may be warranted.) Job site analysis Limited oral corticosteroids Manipulation Modified activity of the extremity as indicated Non-steroidal anti-inflammatory drugs (NSAID) Orthotics/splints Outpatient evaluation and therapy 1) Attended modalities and procedures 2) Unattended modalities (limited to a maximum of two (2) weeks, if used solely)
EXPECTED OUTCOME:	Return to unrestricted work or Maximum Medical Improvement (MMI).
RETURN TO WORK ISSUES:	1) Ergonomic assessment 2) Job accommodations/modifications 3) A mild level of severity allows return to work within 0-3 months, with or without modified/transitional work and/or orthoses.

Texas Workers' Compensation Commission Figure 11: 28TAC § 134.1002 (f)(5)(B)
(Diagnosis: Tendinitis: Bicipital, Supraspinatus (rotator cuff) - continued)

SECONDARY LEVEL OF CARE	
DURATION:	0 - 3 months
CLINICAL INDICATORS: (May include but not limited to)	1) Continued, persistent, and intermittent symptoms 2) Limited-to-good response to primary treatment
DIAGNOSTIC PROCEDURES: (May include but not limited to)	Arthrogram Biofeedback/behavioral pain management evaluation Bone scan (confirmatory test) Electromyogram (EMG)/nerve conduction studies (NC) (confirmatory test) Mental health evaluation/assessment Physical examination Plain x-rays
TREATMENT INTERVENTIONS: (May include but not limited to)	Analgesics Antidepressants Biofeedback/behavioral pain management/relaxation training Concurrent home program Functional capacity evaluation (FCE) Injection with corticosteroids (If further injections are required beyond the first three (3) injections, additional diagnostic studies may be warranted.) Job site analysis Limited oral corticosteroids Manipulation Medication modification Mental health treatment Modified activity of the extremity as indicated Non-steroidal anti-inflammatory drugs (NSAID) Orthotics/splints Outpatient evaluation and therapy 1) Attended modalities and procedures 2) Unattended modalities (limited to a maximum of two (2) weeks, if used solely) Single or interdisciplinary program 1) Work conditioning 2) Work hardening
EXPECTED OUTCOME:	Return to unrestricted work or Maximum Medical Improvement (MMI).
RETURN TO WORK ISSUES:	1) Ergonomic assessment 2) Job accommodations/modifications

Texas Workers' Compensation Commission Figure 12: 28TAC § 134.1002 (f)(5)(C)
 (Diagnosis: Tendinitis: Bicipital, Supraspinatus (rotator cuff) - continued)

TERTIARY LEVEL OF CARE	
DURATION:	0 - 6 months
CLINICAL INDICATORS: (May include but not limited to)	1) Chronic, persistent, and recurring symptoms 2) Documented history of persistent failure to respond to nonoperative/operative treatment
DIAGNOSTIC PROCEDURES: (May include but not limited to)	Biofeedback/behavioral pain management evaluation Bone scan (confirmatory test) Electromyogram (EMG)/nerve conduction studies (NC) (confirmatory test) Magnetic resonance imaging (MRI) (confirmatory test) Mental health evaluation/assessment Physical examination Plain x-rays
TREATMENT INTERVENTIONS: (May include but not limited to)	Analgesics Antidepressants Biofeedback/behavioral pain management/relaxation training Concurrent home program Functional capacity evaluation (FCE) Interdisciplinary program <ol style="list-style-type: none"> 1) Chronic pain management 2) Outpatient medical rehabilitation Job site analysis Limited oral corticosteroids Manipulation Medication modification Mental health treatment Modified activity of the extremity as indicated
EXPECTED OUTCOME:	Return to unrestricted work or Maximum Medical Improvement (MMI).
RETURN TO WORK ISSUES:	1) Ergonomic assessment 2) Job accommodations/modifications 3) Return to full duty work may not always be possible and may necessitate the introduction of vocational rehabilitation services by referral to Texas Rehabilitation Commission.

DIAGNOSIS	
Rotator Cuff: Sprain/Strain Tear Shoulder Impingement Syndrome	
ICD-9 DIAGNOSIS CODES (May include but not limited to)	
840.4	Strain/sprain rotator cuff
726.2	Periarthritis of shoulder, acapulohumeral fibrositis
PRIMARY LEVEL OF CARE	
DURATION:	0 - 3 months
CLINICAL INDICATORS: (May include but not limited to)	1) History/Impingement syndrome and similar disorders: a) Symptoms may be gradual in onset or may be more immediate b) May be exacerbated by extremes of shoulder motion and sleeping on the affected extremity c) Pain on abduction of the affected shoulder which may limit active abduction and rotation d) Difficulty abducting the affected shoulder e) Pain in area of acromial process, typically without radiation 2) History/Rotator cuff tear a) May be acute or degenerative; onset commonly insidious b) Severe direct trauma to shoulder (acute) c) Pain on abduction of shoulder, with limited motion d) Inability to abduct the arm e) Pain over the tip of the shoulder f) Abduction and rotation of shoulder may be limited g) Failure of conservative therapy of other shoulder disorders 3) Physical Findings/Impingement syndrome and similar disorders: a) Tenderness over the humeral head or bicipital groove b) Tenderness on palpation of the coracoacromial joint c) Reproduction of symptoms with passive motion of the shoulder d) Decreased range of motion in cross body adduction and internal rotation e) Crepitus or popping with extension and flexion 4) Physical Findings/Rotator cuff tear a) Reproduction of symptoms with passive motion of the shoulder b) Inability to initiate or maintain abduction c) Tenderness of anterior rotator cuff (tip of shoulder) to palpation d) Atrophy of muscles of shoulder girdle if chronic and motion is painful or limited
DIAGNOSTIC PROCEDURES: (May include but not limited to)	Arthrogram Magnetic resonance imaging (MRI) Physical examination Plain x-rays
TREATMENT INTERVENTIONS: (May include but not limited to)	Analgesics Concurrent home program Functional capacity evaluation (FCE) Immobilizer/sling as indicated Injection with corticosteroids (If further injections are required beyond the first three (3) injections, additional diagnostic studies may be warranted.) Job site analysis Limited oral corticosteroids Manipulation Modified activity of the extremity as indicated Non-steroidal anti-inflammatory drugs (NSAID) Orthotics/splints/casts Outpatient evaluation and therapy 1) Attended modalities and procedures 2) Unattended modalities (limited to a maximum of two (2) weeks, if used solely)
EXPECTED OUTCOME:	Return to unrestricted work or Maximum Medical Improvement (MMI).
RETURN TO WORK ISSUES:	1) Ergonomic assessment 2) Job accommodations/modification

(Diagnosis: Rotator Cuff: Sprain/Strain, Tear, Shoulder Impingement Syndrome - continued)

SECONDARY LEVEL OF CARE	
DURATION:	0 - 3 months

CLINICAL INDICATORS: (May include but not limited to)	1) Continued, persistent, and intermittent symptoms 2) Limited-to-good response to primary treatment
DIAGNOSTIC PROCEDURES: (May include but not limited to)	Arthrogram Biofeedback/behavioral pain management evaluation Magnetic resonance imaging (MRI) Mental health evaluation/assessment Physical examination Plain x-rays
TREATMENT INTERVENTIONS: (May include but not limited to)	Analgesics Antidepressants Biofeedback/behavioral pain management/relaxation training Concurrent home program Functional capacity evaluation (FCE) Immobilizer/sling as indicated Injection with corticosteroids (If further injections are required beyond the first three (3) injections, additional diagnostic studies may be warranted.) Job site analysis Limited oral corticosteroids Manipulation Medication modification Mental health treatment Modified activity of the extremity as indicated Non-steroidal anti-inflammatory drugs (NSAID) Orthotics/splints/casts Outpatient evaluation and therapy <ol style="list-style-type: none"> 1) Attended modalities and procedures 2) Unattended modalities (limited to a maximum of two (2) weeks, if used solely) Single or interdisciplinary program <ol style="list-style-type: none"> 1) Work conditioning 2) Work hardening
EXPECTED OUTCOME:	Return to unrestricted work or Maximum Medical Improvement (MMI).
RETURN TO WORK ISSUES:	<ol style="list-style-type: none"> 1) Ergonomic assessment 2) Job accommodations/modifications

Texas Workers' Compensation Commission Figure 15: 28TAC § 134.1002 (f)(5)(F)
(Diagnosis: Rotator Cuff: Sprain/Strain, Tear, Shoulder Impingement Syndrome - continued)

TERTIARY LEVEL OF CARE	
DURATION:	0 - 6 months
CLINICAL INDICATORS: (May include but not limited to)	1) Chronic, persistent, and recurring symptoms 2) Documented history of persistent failure to respond to nonoperative/operative treatment
DIAGNOSTIC PROCEDURES: (May include but not limited to)	Arthrogram Biofeedback/behavioral pain management evaluation Magnetic resonance imaging (MRI) Mental health evaluation/assessment Physical examination Plain x-rays
TREATMENT INTERVENTIONS: (May include but not limited to)	Analgesics Antidepressants Biofeedback/behavioral pain management/relaxation training Functional capacity evaluation (FCE) Injection with corticosteroids (If further injections are required beyond the first three (3) injections, additional diagnostic studies may be warranted.) Interdisciplinary program 1) Chronic pain management 2) Outpatient medical rehabilitation Job site analysis Limited oral corticosteroids Manipulation Medication modification Mental health treatment Modified activity of the extremity as indicated Non-steroidal anti-inflammatory drugs (NSAID) Orthotics/splints/casts
	Return to unrestricted work or Maximum Medical Improvement (MMI).
RETURN TO WORK ISSUES:	1) Ergonomic assessment 2) Job accommodations/modifications 3) Return to full duty work may not always be possible and may necessitate the introduction of vocational rehabilitation services by referral to Texas Rehabilitation Commission.

Texas Workers' Compensation Commission Figure 16: 28TAC § 134.1002 (f)(6)(A)

(6) Upper Extremities Treatment Tables

DIAGNOSIS	
Neuropathy	
ICD-9 DIAGNOSIS CODES (May include but not limited to)	
353.0	Brachial plexus disorder, cervical rib syndrome, thoracic outlet syndrome, costoclavicular, scalenus anticus syndrome
354.0	Carpal tunnel syndrome, median nerve entrapment, partial thenar atrophy
354.2	Lesions of ulnar nerve, cubital tunnel syndrome, tardy ulnar nerve palsy
354.3	Lesion of radial nerve, acute radial nerve palsy

PRIMARY LEVEL OF CARE	
DURATION:	0 - 3 months
CLINICAL INDICATORS: (May include but not limited to)	1) History: <ul style="list-style-type: none"> a) Repetitive motion/force b) Pain and paresthesias c) Weakness d) Exposure to vibrations e) Exacerbation of symptoms by sleeping on affected extremity f) Relief by splinting in neutral position 2) Physical Findings: <ul style="list-style-type: none"> a) Reproduction of symptoms with percussion, compression or other provocative maneuver b) Weakness and/or atrophy of affected muscles
DIAGNOSTIC PROCEDURES: (May include but not limited to)	Biofeedback/behavioral pain management evaluation Mental health evaluation/assessment Physical examination Plain x-rays
TREATMENT INTERVENTIONS: (May include but not limited to)	Analgesics Biofeedback/behavioral pain management/relaxation training Concurrent home program Durable medical equipment (DME) Functional capacity evaluations (FCE) Injection with corticosteroids/steroids (If further injections are required beyond the first three (3) injections, additional diagnostic studies may be warranted.) Job site analysis Limited oral corticosteroids Manipulation Mental health treatment Modified activity of the extremity as indicated Non-steroidal anti-inflammatory drugs (NSAID) Nutritional supplements (Vitamins B1 and B6) in indicated doses Orthotics/splints Outpatient evaluation and therapy <ul style="list-style-type: none"> 1) Attended modalities and procedures 2) Unattended modalities (limited to a maximum of two (2) weeks, if used solely)
EXPECTED OUTCOME:	Return to unrestricted work or Maximum Medical Improvement (MMI).
RETURN TO WORK ISSUES:	1) Ergonomic assessment 2) Job accommodations/modifications 3) A mild level of severity allows return to work within 0-3 months, with or without modified/transitional work and/or orthoses.

Texas Workers' Compensation Commission Figure 17: 28TAC § 134.1002 (f)(6)(B)
 Diagnosis: Neuropathy - continued

SECONDARY LEVEL OF CARE	
DURATION:	0 - 3 months
CLINICAL INDICATORS: (May include but not limited to)	1) Continued, persistent, and intermittent symptoms 2) Limited-to-good response to primary treatment.
DIAGNOSTIC PROCEDURES: (May include but not limited to)	Biofeedback/behavioral pain management evaluation Electromyogram (EMG)/nerve conduction (NC) studies Magnetic resonance imaging (MRI) (if mass lesion is suspected in nerve compression syndrome) Mental health evaluation/assessment Physical examination Plain x-rays
TREATMENT INTERVENTIONS: (May include but not limited to)	Analgesics Antidepressants Biofeedback/behavioral pain management/relaxation training Concurrent home program Durable medical equipment (DME) Functional capacity evaluations (FCE) Injection with corticosteroids/steroids (If further injections are required beyond the first three (3) injections, additional diagnostic studies may be warranted.) Job site analysis Limited oral corticosteroids Manipulation Medication modification Mental health treatment Modified activity of the extremity as indicated Non-steroidal anti-inflammatory drugs (NSAID) Orthotics/splints Outpatient evaluation and therapy 1) Attended modalities and procedures 2) Unattended modalities (limited to a maximum of two (2) weeks, if used solely) Peripheral nerve blocks Single or interdisciplinary program 1) Work conditioning 2) Work hardening
EXPECTED OUTCOME:	Return to unrestricted work or Maximum Medical Improvement (MMI).
RETURN TO WORK ISSUES:	1) Ergonomic assessment 2) Job accommodations/modifications

Texas Workers' Compensation Commission Figure 18: 28TAC § 134.1002 (f)(6)(C)
 (Diagnosis: Neuropathy - continued)

TERTIARY LEVEL OF CARE	
DURATION:	0 - 6 months
CLINICAL INDICATORS: (May include but not limited to)	1) Chronic, persistent, and recurring symptoms 2) Documented history of persistent failure to respond to nonoperative/operative treatment.
DIAGNOSTIC PROCEDURES: (May include but not limited to)	Biofeedback/behavioral pain management evaluation Electromyogram (EMG)/nerve conduction (NC) studies Magnetic resonance imaging (MRI) (if mass lesion is suspected in nerve compression syndrome) Mental health evaluation/assessment Physical examination Plain x-rays
TREATMENT INTERVENTIONS: (May include but not limited to)	Antidepressants Biofeedback/behavioral pain management/relaxation training Concurrent home program Functional capacity evaluations (FCE) Interdisciplinary program 1) Chronic pain management 2) Outpatient medical rehabilitation Job site analysis Manipulation Medication modification Mental health treatment Modified activity of the extremity as indicated
EXPECTED OUTCOME:	Return to unrestricted work or Maximum Medical Improvement (MMI).
RETURN TO WORK ISSUES:	1) Ergonomic assessment 2) Job accommodations/modifications 3) Return to full duty work may not always be possible and may necessitate the introduction of vocational rehabilitation services by referral to Texas Rehabilitation Commission.

DIAGNOSIS	
Muscle/Ligament/Capsular Injuries: Acute Chronic	
ICD-9 DIAGNOSIS CODES (May include but not limited to)	
840	Strain/sprain shoulder and upper arm
841	Strain/sprain elbow and forearm
842	Strain/sprain wrist and hand

PRIMARY LEVEL OF CARE	
DURATION:	0 - 3 months
CLINICAL INDICATORS: (May include but not limited to)	<ol style="list-style-type: none"> 1) Brief history of acute injury with early positive response to treatment. 2) No urgent surgical indicators on physical examination. 3) No significant structural pathology, suggesting surgical solutions. 4) Post acute or chronic patient with acute exacerbation. 5) Swelling, pain, and tenderness. 6) Limited range of motion.
DIAGNOSTIC PROCEDURES: (May include but not limited to)	Arthrogram Bone scan Computerized axial tomography (CAT) scan Magnetic resonance imaging (MRI) Physical examination Plain x-rays
TREATMENT INTERVENTIONS: (May include but not limited to)	Analgesics Concurrent home program Durable medical equipment (DME) Functional capacity evaluation (FCE) Injection with corticosteroids (If further injections are required beyond the first three (3) injections, additional diagnostic studies may be warranted.) Job site analysis Limited oral corticosteroids Manipulation Modified activity of the extremity as indicated Non-steroidal anti-inflammatory drugs (NSAID) Orthotics/splints Outpatient evaluation and therapy <ol style="list-style-type: none"> 1) Attended modalities and procedures 2) Unattended modalities (limited to a maximum of two (2) weeks, if used solely)
EXPECTED OUTCOME:	Return to unrestricted work or Maximum Medical Improvement (MMI).
RETURN TO WORK ISSUES:	<ol style="list-style-type: none"> 1) Ergonomic assessment 2) Job accommodations/modifications 3) A mild level of severity allows return to work within 0-3 months, with or without modified/transitional work and/or orthoses.

Texas Workers' Compensation Commission Figure 20: 28TAC § 134.1002 (f)(6)(E)
(Diagnosis: Muscle/Ligament/Capsular Injuries: Acute, Chronic - continued)

SECONDARY LEVEL OF CARE	
DURATION:	0 - 3 months
CLINICAL INDICATORS: (May include but not limited to)	<ol style="list-style-type: none"> 1) Continued persistent and intermittent symptoms 2) Limited-to-good response to primary treatment
DIAGNOSTIC PROCEDURES: (May include but not limited to)	Arthrogram Biofeedback/behavioral management evaluation Bone scan Computerized axial tomography (CAT) scan Mental health evaluation/assessment Physical examination Plain x-rays Tomogram
TREATMENT INTERVENTIONS: (May include but not limited to)	Analgesics Antidepressants Biofeedback/behavioral management/relaxation training Concurrent home program Durable medical equipment (DME) Functional capacity evaluation (FCE) Injection with corticosteroids (If further injections are required beyond the first three (3) injections, additional diagnostic studies may be warranted.) Job site analysis Limited oral corticosteroids Manipulation Medication modification Mental health treatment Modified activity of the extremity as indicated Non-steroidal anti-inflammatory drugs (NSAID) Orthotics/splints Outpatient evaluation and therapy <ol style="list-style-type: none"> 1) Attended modalities and procedures 2) Unattended modalities (limited to a maximum of two (2) weeks, if used solely) Single or interdisciplinary program <ol style="list-style-type: none"> 1) Work conditioning 2) Work hardening
EXPECTED OUTCOME:	Return to unrestricted work or Maximum Medical Improvement (MMI).
RETURN TO WORK ISSUES:	<ol style="list-style-type: none"> 1) Ergonomic assessment 2) Job accommodations/modifications 3) A mild level of severity allows return to work within 0-3 months, with or without modified/transitional work and/or orthoses

Texas Workers' Compensation Commission Figure 21: 28TAC § 134.1002 (f)(6)(F)
(Diagnosis: Muscle/Ligament/Capsular Injuries: Acute, Chronic - continued)

TERTIARY LEVEL OF CARE	
DURATION:	0 - 6 months
CLINICAL INDICATORS: (May include but not limited to)	1) Chronic, persistent, and recurring symptoms 2) Documented history of persistent failure to respond to nonoperative/operative treatment
DIAGNOSTIC PROCEDURES: (May include but not limited to)	Repeat diagnostic studies from previous levels as indicated
TREATMENT INTERVENTIONS: (May include but not limited to)	Analgesics Antidepressants Biofeedback/behavioral pain management/relaxation training Concurrent home program Durable medical equipment (DME) Functional capacity evaluation (FCE) Injection with corticosteroids (If further injections are required beyond the first three (3) injections, additional diagnostic studies may be warranted.) Interdisciplinary program: 1) Chronic pain management 2) Outpatient medical rehabilitation Job site analysis Limited oral corticosteroids Manipulation Medication modification Mental health treatment Modified activity of the extremity as indicated Non-steroidal anti-inflammatory drugs (NSAID) Orthotics/splints
EXPECTED OUTCOME:	Return to unrestricted work or Maximum Medical Improvement (MMI).
RETURN TO WORK ISSUES:	1) Ergonomic assessment 2) Job accommodations/modifications 3) Return to full duty work may not always be possible and may necessitate the introduction of vocational rehabilitation services by referral to Texas Rehabilitation Commission.

Texas Workers' Compensation Commission Figure 22: 28TAC § 134.1002 (f)(6)(G)

DIAGNOSIS			
Fractures			
ICD-9 DIAGNOSIS CODES (May include but not limited to)			
810	Fracture clavicle	815	Fracture metacarpal bones
811	Fracture scapula	816	Fracture one or more phalanges of hand
812	Fracture humerus	817	Multiple fractures of hand bones
813	Fracture radius and ulna	818	Ill defined fracture of upper limb
814	Fracture carpal bones	819	Multiple fractures involving both upper limbs and upper limbs with ribs, and sternum

PRIMARY LEVEL OF CARE	
DURATION:	0 - 3 months
CLINICAL INDICATORS: (May include but not limited to)	<ol style="list-style-type: none"> 1) Brief history of acute injury with early positive response to treatment. 2) No urgent surgical indicators on physical examination. 3) No significant structural pathology, suggesting surgical solutions. 4) Post acute or chronic patient with acute exacerbation. 5) Swelling, pain, and tenderness. 6) Limited range of motion.
DIAGNOSTIC PROCEDURES: (May include but not limited to)	Bone scan Computerized axial tomography (CAT) scan Physical examination Plain x-rays Tomogram
TREATMENT INTERVENTIONS: (May include but not limited to)	Analgesics Concurrent home program Durable medical equipment (DME) Functional capacity evaluation (FCE) Job site analysis Limited oral corticosteroids Modified activity of the extremity as indicated Non-steroidal anti-inflammatory drugs (NSAID) Orthotics/splints/casts Outpatient evaluation and therapy <ol style="list-style-type: none"> 1) Attended modalities and procedures 2) Unattended modalities (limited to a maximum of two (2) weeks, if used solely)
EXPECTED OUTCOME:	Return to unrestricted work or Maximum Medical Improvement (MMI).
RETURN TO WORK ISSUES:	<ol style="list-style-type: none"> 1) Ergonomic assessment 2) Job accommodations/modifications 3) A mild level of severity allows return to work within 0-3 months, with or without modified/transitional work and/or orthoses.

Texas Workers' Compensation Commission Figure 23: 28TAC § 134.1002 (f)(6)(H)

(Diagnosis: Fractures - continued)

SECONDARY LEVEL OF CARE	
DURATION:	0 - 3 months
CLINICAL INDICATORS: (May include but not limited to)	1) Continued, persistent, and intermittent symptoms 2) Limited-to-good response to primary treatment
DIAGNOSTIC PROCEDURES: (May include but not limited to)	Biofeedback/behavioral pain management evaluation Bone scan Computerized axial tomography (CAT) scan Magnetic resonance imaging (MRI) (confirmatory test to rule out occult fracture) Mental health evaluation/assessment Physical examination Plain x-rays Tomogram
TREATMENT INTERVENTIONS: (May include but not limited to)	Analgesics Antidepressants Biofeedback/behavioral pain management/relaxation training Concurrent home program Durable medical equipment (DME) Functional capacity evaluation (FCE) Job site analysis Limited oral corticosteroids Medication modification Mental health treatment Modified activity of the extremity as indicated Non-steroidal anti-inflammatory drugs (NSAID) Orthotics/splints/casts Outpatient evaluation and therapy 1) Attended modalities and procedures 2) Unattended modalities (limited to a maximum of two (2) weeks, if used solely) Single or interdisciplinary program 1) Work conditioning 2) Work hardening
EXPECTED OUTCOME:	Return to unrestricted work or Maximum Medical Improvement (MMI).
RETURN TO WORK ISSUES:	1) Ergonomic assessment 2) Job accommodations/modifications

Texas Workers' Compensation Commission Figure 24: 28TAC § 134.1002 (f)(6)(I)
(Diagnosis: Fractures - continued)

TERTIARY LEVEL OF CARE	
DURATION:	0 - 6 months
CLINICAL INDICATORS: (May include but not limited to)	1) Chronic, persistent, and recurring symptoms 2) Documented history of persistent failure to respond to nonoperative/operative treatment
DIAGNOSTIC PROCEDURES: (May include but not limited to)	Biofeedback/behavioral pain management evaluation Bone scan Computerized axial tomography (CAT) scan Magnetic resonance imaging (MRI) (confirmatory test to rule out occult fracture) Mental health evaluation/assessment Physical examination Plain x-rays Tomogram
TREATMENT INTERVENTIONS: (May include but not limited to)	Analgesics Antidepressants Biofeedback/behavioral pain management/relaxation training Concurrent home program Durable medical equipment (DME) Functional capacity evaluation (FCE) Interdisciplinary program 1) Chronic pain management 2) Outpatient medical rehabilitation Job site analysis Limited oral corticosteroids Medication modifications Mental health treatment Modified activity of the extremity as indicated Non-steroidal anti-inflammatory drugs (NSAID) Orthotics/splints/casts
EXPECTED OUTCOME:	Return to unrestricted work or Maximum Medical Improvement (MMI).
RETURN TO WORK ISSUES:	1) Ergonomic assessment 2) Job accommodations/modifications 3) Return to full duty work may not always be possible and may necessitate the introduction of vocational rehabilitation services by referral to Texas Rehabilitation Commission.

Texas Workers' Compensation Commission Figure 25: 28TAC § 134.1002 (f)(6)(J)

DIAGNOSIS
Avascular Necrosis
ICD-9 DIAGNOSIS CODES (May include but not limited to)
733.40 Aseptic necrosis of bone

PRIMARY LEVEL OF CARE	
DURATION:	0 - 3 months
CLINICAL INDICATORS: (May include but not limited to)	<ol style="list-style-type: none"> 1) Pain at rest 2) Recent history of corticosteroid use or of physical stress 3) Limited range of motion 4) Weakness of extremity
DIAGNOSTIC PROCEDURES: (May include but not limited to)	Bone scan Magnetic resonance imaging (MRI) Physical examination Plain x-rays
TREATMENT INTERVENTIONS: (May include but not limited to)	Analgesics Concurrent home program Durable medical equipment (DME) Functional capacity evaluation (FCE) Job site analysis Limited oral corticosteroids Manipulation Modified activity of the extremity as indicated Non-steroidal anti-inflammatory drugs (NSAID) Orthotics/splints/casts Outpatient evaluation and therapy <ol style="list-style-type: none"> 1) Attended modalities and procedures 2) Unattended modalities (limited to a maximum of two (2) weeks, if used solely)
EXPECTED OUTCOME:	Return to unrestricted work or Maximum Medical Improvement (MMI).
RETURN TO WORK ISSUES:	<ol style="list-style-type: none"> 1) Ergonomic assessment 2) Job accommodations/modifications 3) A mild level of severity allows return to work within 0-3 months, with or without modified/transitional work and/or orthoses.

Texas Workers' Compensation Commission Figure 26: 28TAC § 134.1002 (f)(6)(K)
(Diagnosis: Avascular Necrosis - continued)

SECONDARY LEVEL OF CARE	
DURATION:	0 - 3 months
CLINICAL INDICATORS: (May include but not limited to)	1) Continued, persistent, and intermittent symptoms 2) Limited-to-good response to primary treatment
DIAGNOSTIC PROCEDURES: (May include but not limited to)	Arthrogram Biofeedback/behavioral pain management evaluation Bone scan Mental health evaluation/assessment Magnetic resonance imaging (MRI) Physical examination Plain x-rays
TREATMENT INTERVENTIONS: (May include but not limited to)	Analgesics Antidepressants Biofeedback/behavioral pain management/relaxation training Concurrent home program Durable medical equipment (DME) Functional capacity evaluation (FCE) Job site analysis Limited oral corticosteroids Manipulation Medication modification Mental health treatment Modified activity of the extremity as indicated Non-steroidal anti-inflammatory drugs (NSAID) Orthotics/splints/casts Outpatient evaluation and therapy 1) Attended modalities and procedures 2) Unattended modalities (limited to a maximum of two (2) weeks, if used solely) Single or interdisciplinary program 1) Work conditioning 2) Work hardening
EXPECTED OUTCOME:	Return to unrestricted work or Maximum Medical Improvement (MMI).
RETURN TO WORK ISSUES:	1) Ergonomic assessment 2) Job accommodations/modifications

TERTIARY LEVEL OF CARE	
DURATION:	0 - 6 months
CLINICAL INDICATORS: (May include but not limited to)	1) Chronic, persistent, and recurring symptoms 2) Documented history of persistent failure to respond to nonoperative/operative treatment
DIAGNOSTIC PROCEDURES: (May include but not limited to)	Arthrogram Biofeedback/behavioral pain management evaluation Bone scan Mental health evaluation/assessment Magnetic resonance imaging (MRI) Physical examination Plain x-rays
TREATMENT INTERVENTIONS: (May include but not limited to)	Analgesics Antidepressants Biofeedback/behavioral pain management/relaxation training Concurrent home program Durable medical equipment (DME) Functional capacity evaluation (FCE) Interdisciplinary program 1) Chronic pain management 2) Outpatient medical rehabilitation Job site analysis Limited oral corticosteroids Manipulation Medication modification Mental health treatment Modified activity of the extremity as indicated Non-steroidal anti-inflammatory drugs (NSAID) Orthotics/splints/casts
EXPECTED OUTCOME:	Return to unrestricted work or Maximum Medical Improvement (MMI).
RETURN TO WORK ISSUES:	1) Ergonomic assessment 2) Job accommodations/modifications 3) Return to full duty work may not always be possible and may necessitate the introduction of vocational rehabilitation services by referral to Texas Rehabilitation Commission.

Texas Workers' Compensation Commission Figure 28: 28TAC § 134.1002 (f)(6)(M)

DIAGNOSIS			
Intra-articular Pathology Traumatic Arthritis			
ICD-9 DIAGNOSIS CODES (May include but not limited to)			
716.11	Traumatic arthropathy - shoulder	718.11	Loose body articular cartilage - shoulder
716.12	Traumatic arthropathy - upper arm	718.12	Loose body articular cartilage - upper arm
716.13	Traumatic arthropathy - forearm	718.13	Loose body articular cartilage - forearm
716.14	Traumatic arthropathy - hand	718.14	Loose body articular cartilage - hand

PRIMARY LEVEL OF CARE	
DURATION:	0 - 3 months
CLINICAL INDICATORS: (May include but not limited to)	<ol style="list-style-type: none"> 1) Limited range of motion 2) Pain with use of joint 3) Weakness of extremity 4) Swelling
DIAGNOSTIC PROCEDURES: (May include but not limited to)	Arthrogram Aspiration (with joint fluid analysis and cultures) Bone scan Computerized axial tomography (CAT) scan Laboratory analysis (including arthrodesis) Magnetic resonance imaging (MRI) Physical examination Plain x-rays Tomogram
TREATMENT INTERVENTIONS: (May include but not limited to)	Acupuncture Analgesics Concurrent home program Durable medical equipment (DME) Functional capacity evaluation (FCE) Injection with corticosteroids (If further injections are required beyond the first three (3) injections, additional diagnostic studies may be warranted.) Job site analysis Limited oral corticosteroids Manipulation Modified activity of the extremity as indicated Non-steroidal anti-inflammatory drugs (NSAID) Orthotics/splints Outpatient evaluation and therapy <ol style="list-style-type: none"> 1) Attended modalities and procedures 2) Unattended modalities (limited to a maximum of two (2) weeks, if used solely)
EXPECTED OUTCOME:	Return to unrestricted work or Maximum Medical Improvement (MMI).
RETURN TO WORK ISSUES:	<ol style="list-style-type: none"> 1) Ergonomic assessment 2) Job accommodations/modifications 3) A mild level of severity allows return to work within 0-3 months, with or without modified/transitional work and/or orthoses.

Texas Workers' Compensation Commission Figure 29: 28TAC § 134.1002 (f)(6)(M) (Continued)

Diagnosis: Intra-articular Pathology, Traumatic Arthritis - continued)

SECONDARY LEVEL OF CARE	
DURATION:	0 - 1 year
CLINICAL INDICATORS: (May include but not limited to)	1) Continued, persistent, and intermittent symptoms 2) Limited-to-good response to primary treatment
DIAGNOSTIC PROCEDURES: (May include but not limited to)	Arthrogram Aspiration (with joint fluid analysis and cultures) Biofeedback/behavioral pain management evaluation Bone scan Computerized axial tomography (CAT) scan Laboratory analysis (including arthrodesis) Magnetic resonance imaging (MRI) Mental health evaluation/assessment Physical examination Plain x-rays Tomogram
TREATMENT INTERVENTIONS: (May include but not limited to)	Analgesics Antidepressants Biofeedback/behavioral pain management/relaxation training Concurrent home program Durable medical equipment (DME) Functional capacity evaluation (FCE) Injection with corticosteroids (If further injections are required beyond the first three (3) injections, additional diagnostic studies may be warranted.) Job site analysis Limited oral corticosteroids Manipulation Medication modification Mental health treatment Modified activity of the extremity as indicated Non-steroidal anti-inflammatory drugs (NSAID) Orthotics/splints Outpatient evaluation and therapy 1) Attended modalities and procedures 2) Unattended modalities (limited to a maximum of two (2) weeks, if used solely)
EXPECTED OUTCOME:	Return to unrestricted work or Maximum Medical Improvement (MMI).
RETURN TO WORK ISSUES:	1) Ergonomic assessment 2) Job accommodations/modifications 3) Return to full duty work may not always be possible and may necessitate the introduction of vocational rehabilitation services by referral to Texas Rehabilitation Commission

DIAGNOSIS	
Joint Instability	
ICD-9 DIAGNOSIS CODES (May include but not limited to)	
718.82	Instability of joint - elbow
718.84	Instability of joint - hand
718.81	Instability of joint - shoulder
718.83	Instability of joint - wrist

PRIMARY LEVEL OF CARE	
DURATION:	0 - 3 months
CLINICAL INDICATORS: (May include but not limited to)	<ol style="list-style-type: none"> 1) Pain with overhead activity or other provocative maneuver 2) History of subluxation or dislocation 3) Repeated episodes of subluxation or dislocation 4) Pain, tenderness 5) Joint catching or popping
DIAGNOSTIC PROCEDURES: (May include but not limited to)	Arthrogram Computerized axial tomography (CAT) scan Magnetic resonance imaging (MRI) Physical examination Plain x-rays Tomograms
TREATMENT INTERVENTIONS: (May include but not limited to)	Analgesics Concurrent home program Functional capacity evaluation (FCE) Injection with corticosteroids (If further injections are required beyond the first three (3) injections, additional diagnostic studies may be warranted.) Job site analysis Limited oral corticosteroids Manipulation Modified activity of the extremity as indicated Non-steroidal anti-inflammatory drugs (NSAID) Orthotics/splints Outpatient evaluation and therapy <ol style="list-style-type: none"> 1) Attended modalities and procedures 2) Unattended modalities (limited to a maximum of two (2) weeks, if used solely)
EXPECTED OUTCOME:	Return to unrestricted work or Maximum Medical Improvement (MMI).
RETURN TO WORK ISSUES:	<ol style="list-style-type: none"> 1) Ergonomic assessment 2) Job accommodations/modifications 3) A mild level of severity allows return to work within 0-3 months, with or without modified/transitional work and/or orthoses.

Texas Workers' Compensation Commission Figure 31: 28TAC § 134.1002 (f)(6)(N) (Continued)
 (Diagnosis: Joint Instability - continued)

SECONDARY LEVEL OF CARE

DURATION:	0 - 3 months
CLINICAL INDICATORS: (May include but not limited to)	1) Continued, persistent, and intermittent symptoms 2) Limited-to-good response to primary treatment
DIAGNOSTIC PROCEDURES: (May include but not limited to)	Arthrogram Biofeedback/behavioral pain management evaluation Bone scan Computerized axial tomography (CAT) scan Magnetic resonance imaging (MRI) Mental health evaluation/assessment Physical examination Plain x-rays Tomograms
TREATMENT INTERVENTIONS: (May include but not limited to)	Analgesics Antidepressants Biofeedback/behavioral pain management/relaxation training Concurrent home program Functional capacity evaluation (FCE) Injection with corticosteroids (If further injections are required beyond the first three (3) injections, additional diagnostic studies may be warranted.) Job site analysis Limited oral corticosteroids Manipulation Medication modification Mental health treatment Modified activity of the extremity as indicated Non-steroidal anti-inflammatory drugs (NSAID) Orthotics/splints Outpatient evaluation and therapy 1) Attended modalities and procedures 2) Unattended modalities (limited to a maximum of two (2) weeks, if used solely) Single or interdisciplinary program 1) Work conditioning 2) Work hardening
EXPECTED OUTCOME:	Return to unrestricted work or Maximum Medical Improvement (MMI).
RETURN TO WORK ISSUES:	1) Ergonomic assessment 2) Job accommodations/modifications

Texas Workers' Compensation Commission Figure 32: 28TAC § 134.1002 (f)(6)(O)
 (Diagnosis: Joint Instability - continued)

TERTIARY LEVEL OF CARE	
DURATION:	0 - 6 months
CLINICAL INDICATORS: (May include but not limited to)	1) Chronic, persistent, and recurring symptoms 2) Documented history of persistent failure to respond to nonoperative/operative treatment.
DIAGNOSTIC PROCEDURES: (May include but not limited to)	Arthrogram Biofeedback/behavioral pain management evaluation Bone scan Computerized axial tomography (CAT) scan Magnetic resonance imaging (MRI) Mental health evaluation/assessment Physical examination Plain x-rays Tomograms
TREATMENT INTERVENTIONS: (May include but not limited to)	Analgesics Antidepressants Biofeedback/behavioral pain management/relaxation training Concurrent home program Functional capacity evaluation (FCE) Injection with corticosteroids (If further injections are required beyond the first three (3) injections, additional diagnostic studies may be warranted.) Interdisciplinary program <ol style="list-style-type: none"> 1) Chronic pain management 2) Outpatient medical rehabilitation Job site analysis Limited oral corticosteroids Manipulation Medication modification Mental health treatment Modified activity of the extremity as indicated Non-steroidal anti-inflammatory drugs (NSAID) Orthotics/splints
EXPECTED OUTCOME:	Return to unrestricted work or Maximum Medical Improvement (MMI).
RETURN TO WORK ISSUES:	1) Ergonomic assessment 2) Job accommodations/modifications 3) Return to full duty work may not always be possible and may necessitate the introduction of vocational rehabilitation services by referral to Texas Rehabilitation Commission.

DIAGNOSIS			
Lacerations: Tendons Nerves			
ICD-9 DIAGNOSIS CODES (May include but not limited to)			
880.20	Open wound shoulder tendon involvement	881.21	Open wound elbow tendon involvement
880.21	Open wound scapular tendon involvement	881.22	Open wound wrist tendon involvement
880.22	Open wound axillary tendon involvement	882.2	Open wound hand tendon involvement
880.23	Open wound upper arm tendon involvement	883.2	Open wound fingers tendon involvement
881.20	Open wound forearm tendon involvement	884.2	Open wound upper limb tendon involvement

PRIMARY LEVEL OF CARE	
DURATION:	0 - 3 months
CLINICAL INDICATORS: (May include but not limited to)	1) Open wound 2) Loss of function (e.g., sensibility, motion)
DIAGNOSTIC PROCEDURES: (May include but not limited to)	Electromyogram (EMG)/nerve conduction studies (NC) (for suspected nerve injury) Physical examination Plain x-rays
TREATMENT INTERVENTIONS: (May include but not limited to)	Analgesics Concurrent home program Durable medical equipment (DME) Functional capacity evaluation (FCE) Job site analysis Limited oral corticosteroids Modified activity of the extremity as indicated Non-steroidal anti-inflammatory drugs (NSAID) Orthotics/splints/casts Outpatient evaluation and therapy 1) Attended modalities and procedures 2) Unattended modalities (limited to a maximum of two (2) weeks, if used solely)
EXPECTED OUTCOME:	Return to unrestricted work or Maximum Medical Improvement (MMI).
RETURN TO WORK ISSUES:	1) Ergonomic assessment 2) Job accommodations/modifications 3) A mild level of severity allows return to work within 0-3 months, with or without modified/transitional work and/or orthoses.

Texas Workers' Compensation Commission Figure 34: 28TAC § 134.1002 (f)(6)(P) (Continued)
 (Diagnosis: Lacerations: Tendons, Nerves - continued)

SECONDARY LEVEL OF CARE	
DURATION:	0 - 3 months
CLINICAL INDICATORS: (May include but not limited to)	1) Rupture 2) Limited sensation 3) Limited range of motion 4) Adhesions/infection
DIAGNOSTIC PROCEDURES: (May include but not limited to)	Biofeedback/behavioral pain management evaluation Electromyogram (EMG)/nerve conduction studies (NC) (for suspected nerve injury) Mental health evaluation/assessment
TREATMENT INTERVENTIONS: (May include but not limited to)	Analgesics Antidepressants Biofeedback/behavioral pain management/relaxation training Concurrent home program Durable medical equipment (DME) Functional capacity evaluation (FCE) Job site analysis Limited oral corticosteroids Medication modification Mental health treatment Modified activity of the extremity as indicated Non-steroidal anti-inflammatory drugs (NSAID) Orthotics/splints/casts Outpatient evaluation and therapy <ul style="list-style-type: none"> 1) Attended modalities and procedures 2) Unattended modalities (limited to a maximum of two (2) weeks, if used solely) Single or interdisciplinary program <ul style="list-style-type: none"> 1) Work conditioning 2) Work hardening
EXPECTED OUTCOME:	Return to unrestricted work or Maximum Medical Improvement (MMI).
RETURN TO WORK ISSUES:	1) Ergonomic assessment 2) Job accommodations/modifications

DURATION:	0 - 6 months
CLINICAL INDICATORS: (May include but not limited to)	<ol style="list-style-type: none"> 1) Rupture 2) Limited sensation 3) Limited range of motion 4) Adhesions/secondary infections
DIAGNOSTIC PROCEDURES: (May include but not limited to)	Biofeedback/behavioral/pain management evaluation Electromyogram (EMG)/nerve conduction studies (NC) (for suspected nerve injury) Mental health evaluation/assessment
TREATMENT INTERVENTIONS: (May include but not limited to)	Analgesics Antidepressants Biofeedback/behavioral/pain management/relaxation training Functional capacity evaluation (FCE) Interdisciplinary program <ol style="list-style-type: none"> 1) Chronic pain management 2) Outpatient medical rehabilitation Job site analysis Medication modification Mental health treatment Modified activity of the extremity as indicated Orthotics/splints/casts
EXPECTED OUTCOME:	Return to unrestricted work or Maximum Medical Improvement (MMI).
RETURN TO WORK ISSUES:	<ol style="list-style-type: none"> 1) Ergonomic assessment 2) Job accommodations/modifications 3) Return to full duty work may not always be possible and may necessitate the introduction of vocational rehabilitation services by referral to Texas Rehabilitation Commission.

Texas Workers' Compensation Commission Figure 36: 28TAC § 134.1002 (f)(6)(R)

DIAGNOSIS	
Crush Injuries	
ICD-9 DIAGNOSIS CODES (May include but not limited to)	
927.0	Crush injury to shoulder and upper arm
927.1	Crush injury to elbow and forearm
927.2	Crush injury to wrist and hand
927.3	Crush injury to fingers

PRIMARY LEVEL OF CARE	
DURATION:	0 - 3 months
CLINICAL INDICATORS: (May include but not limited to)	<ol style="list-style-type: none"> 1) History of crushing injury 2) Swelling 3) Pain 4) Inflammation
DIAGNOSTIC PROCEDURES: (May include but not limited to)	Computerized axial tomography (CAT) scan Magnetic resonance imaging (MRI) Physical examination Plain x-rays
TREATMENT INTERVENTIONS: (May include but not limited to)	Analgesics Antibiotics Concurrent home program Durable medical equipment (DME) Functional capacity evaluation (FCE) Job site analysis Manipulation (when injury confined to soft tissue) Modified activity of the extremity as indicated Non-steroidal anti-inflammatory drugs (NSAID) Orthotics/splints/casts Outpatient evaluation and therapy <ol style="list-style-type: none"> 1) Attended modalities and procedures 2) Unattended modalities (limited to a maximum of two (2) weeks, if used solely)
EXPECTED OUTCOME:	Return to unrestricted work or Maximum Medical Improvement (MMI)
RETURN TO WORK ISSUES:	<ol style="list-style-type: none"> 1) Ergonomic assessment 2) Job accommodations/modifications 3) A mild level of severity allows return to work within 0-3 months, with or without modified/transitional work and/or orthoses.

Texas Workers' Compensation Commission Figure 37: 28TAC § 134.1002 (f)(6)(S)
(Diagnosis: Crush Injuries - continued)

SECONDARY LEVEL OF CARE	
DURATION:	0 - 3 months
CLINICAL INDICATORS: (May include but not limited to)	<ol style="list-style-type: none"> 1) Redness and swelling 2) Loss of function 3) Continued pain 4) Limited range of motion 5) Limited sensation
DIAGNOSTIC PROCEDURES: (May include but not limited to)	Biofeedback/behavioral pain management evaluation Bone scan (confirmatory test) Electromyogram (EMG)/nerve conduction studies (NC) (confirmatory test) Mental health evaluation/assessment Physical examination Plain x-rays
TREATMENT INTERVENTIONS: (May include but not limited to)	Analgesics Antibiotics Antidepressants Biofeedback/behavioral pain management evaluation Concurrent home program Durable medical equipment (DME) Functional capacity evaluation (FCE) Injection with corticosteroids and/or analgesics (If further injections are required beyond the first three (3) injections, additional diagnostic studies may be warranted.) Job site analysis Manipulation Medication modification Mental health treatment Modified activity of the extremity as indicated Non-steroidal anti-inflammatory drugs (NSAID) Orthotics/splints/casts Outpatient therapy <ol style="list-style-type: none"> 1) Attended modalities and procedures 2) Unattended modalities (limited to a maximum of two (2) weeks, if used solely) Single or interdisciplinary program <ol style="list-style-type: none"> 1) Work conditioning 2) Work hardening
EXPECTED OUTCOME:	Return to unrestricted work or Maximum Medical Improvement (MMI).
RETURN TO WORK ISSUES:	<ol style="list-style-type: none"> 1) Ergonomic assessment 2) Job accommodations/modifications

Texas Workers' Compensation Commission Figure 38: 28TAC § 134.1002 (f)(6)(T)
 (Diagnosis: Crush Injuries - continued)

TERTIARY LEVEL OF CARE	
DURATION:	0 - 6 months
CLINICAL INDICATORS: (May include but not limited to)	1) Chronic, persistent, and recurring symptoms 2) Documented history of persistent failure to respond to nonoperative/operative treatment
DIAGNOSTIC PROCEDURES: (May include but not limited to)	Biofeedback/behavioral pain management evaluation Bone scan Electromyogram (EMG)/nerve conduction studies (NC) (confirmatory test) Magnetic resonance imaging (MRI) Mental health evaluation/assessment
TREATMENT INTERVENTIONS: (May include but not limited to)	Antidepressants Antibiotics Biofeedback/behavioral pain management/relaxation training Concurrent home program Interdisciplinary program 1) Chronic pain management 2) Outpatient medical rehabilitation Job site analysis Manipulation Medication modification Mental health treatment Modified activity of the extremity as indicated Orthotics/splints/casts
EXPECTED OUTCOME:	Return to unrestricted work or Maximum Medical Improvement (MMI).
RETURN TO WORK ISSUES:	1) Ergonomic assessment 2) Job accommodations/modifications 3) Return to full duty work may not always be possible and may necessitate the introduction of vocational rehabilitation services by referral to Texas Rehabilitation Commission.

Texas Workers' Compensation Commission Figure 39: 28TAC § 134.1002 (f)(6)(U)

DIAGNOSIS
Reflex Sympathetic Dystrophy
ICD-9 DIAGNOSIS CODES (May include but not limited to)
337.21 Reflex sympathetic dystrophy of upper limb

PRIMARY LEVEL OF CARE	
DURATION:	0 - 3 months
CLINICAL INDICATORS: (May include but not limited to)	<ol style="list-style-type: none"> 1) Pain (out of proportion to the degree of injury) 2) Edema/Swelling 3) Stiffness/Loss of function 4) Discoloration (may or may not be accompanied by temperature changes in the affected area)
DIAGNOSTIC PROCEDURES: (May include but not limited to)	Biofeedback/behavioral pain management evaluation Bone scan Mental health evaluation/assessment Nerve conduction studies (NC) Physical examination Plain x-rays Plethysmography Vascular/arterial doppler
TREATMENT INTERVENTIONS: (May include but not limited to)	Analgesics Antidepressants Anticonvulsants Bier blocks Biofeedback/behavioral pain management/relaxation training Concurrent home program Detoxification (i.e., smoking cessation, alcohol cessation, decreasing narcotic analgesic intake) Functional capacity evaluation (FCE) Manipulation Medication modification Mental health treatment Modified activity of the extremity as indicated Non-steroidal anti-inflammatory drugs (NSAID) Outpatient evaluation and therapy <ol style="list-style-type: none"> 1) Attended modalities and procedures 2) Unattended modalities (limited to a maximum of two (2) weeks, if used solely) Sympathetic blocks
EXPECTED OUTCOME:	Return to unrestricted work or Maximum Medical Improvement (MMI).
RETURN TO WORK ISSUES:	<ol style="list-style-type: none"> 1) Ergonomic assessment 2) Job accommodations/modifications 3) A mild level of severity may allow return to work within 0-3 months, with or without modified/transitional work and/or orthoses.

Texas Workers' Compensation Commission Figure 40: 28TAC § 134.1002 (f)(6)(V)
(Diagnosis: Reflex Sympathetic Dystrophy - continued)

SECONDARY LEVEL OF CARE	
DURATION:	0 - 3 months
CLINICAL INDICATORS: (May include but not limited to)	<ol style="list-style-type: none"> 1) Joint contractures 2) Muscle weakness 3) Persistent pain, blanching, skin coolness 4) Progressive decrease in range of motion and restrictive limb use; muscle loss 5) Body changes
DIAGNOSTIC PROCEDURES: (May include but not limited to)	Biofeedback/behavioral pain management evaluation Bone scan Mental health evaluation/assessment Nerve conduction studies (NC) Physical examination Plain x-rays Vascular/arterial doppler
TREATMENT INTERVENTIONS: (May include but not limited to)	Analgesics Antidepressants Anticonvulsants Bier blocks Biofeedback/behavioral pain management/relaxation training Concurrent home program Durable medical equipment (DME) Functional capacity evaluation (FCE) Manipulation Medication modification Mental health treatment Modified activity of the extremity as indicated Non-steroidal anti-inflammatory drugs (NSAID) Orthotics/splints Outpatient evaluation and therapy <ol style="list-style-type: none"> 1) Attended modalities and procedures 2) Unattended modalities (limited to a maximum of two (2) weeks, if used solely) Peripheral nerve blocks Single or interdisciplinary program <ol style="list-style-type: none"> 1) Work conditioning 2) Work hardening Sympathetic blocks
EXPECTED OUTCOME:	Return to unrestricted work or Maximum Medical Improvement (MMI).
RETURN TO WORK ISSUES:	<ol style="list-style-type: none"> 1) Ergonomic assessment 2) Job accommodations/modifications 3) Return to full duty work may not always be possible and may necessitate the introduction of vocational rehabilitation services by referral to Texas Rehabilitation Commission.

Texas Workers' Compensation Commission Figure 41: 28TAC § 134.1002 (f)(6)(W)
 (Diagnosis: Reflex Sympathetic Dystrophy - continued)

TERTIARY LEVEL OF CARE	
DURATION:	0 - 6 months
CLINICAL INDICATORS: (May include but not limited to)	1) Severely restricted use 2) Atrophy 3) Chronic pain
DIAGNOSTIC PROCEDURES: (May include but not limited to)	Biofeedback/behavioral pain management evaluation Bone scan Mental health evaluation/assessment Nerve conduction studies (NC) Physical examination Plain x-rays Vascular/arterial doppler
TREATMENT INTERVENTIONS: (May include but not limited to)	Antidepressants Biofeedback/behavioral pain management/relaxation training Concurrent home program Durable medical equipment (DME) Functional capacity evaluation (FCE) Interdisciplinary program <ol style="list-style-type: none"> 1) Chronic pain management 2) Outpatient medical rehabilitation Manipulation Mental health treatment Modified activity of the extremity as indicated Sympathetic blocks
EXPECTED OUTCOME:	Return to unrestricted work or Maximum Medical Improvement (MMI).
RETURN TO WORK ISSUES:	1) Ergonomic assessment 2) Job accommodations/modifications 3) Return to full duty work may not always be possible and may necessitate the introduction of vocational rehabilitation services by referral to Texas Rehabilitation Commission.

Texas Workers' Compensation Commission Figure 42: 28TAC § 134.1002 (f)(6)(X)

DIAGNOSIS
Myofascial Pain Syndrome
ICD-9 DIAGNOSIS CODES (May include but not limited to)
729.1 Myalgia, myositis, fibromyositis

PRIMARY LEVEL OF CARE	
DURATION:	0 - 3 months
CLINICAL INDICATORS: (May include but not limited to)	<ol style="list-style-type: none"> 1) Limited range of motion 2) Muscular spasm 3) Headache
DIAGNOSTIC PROCEDURES: (May include but not limited to)	Biofeedback/behavioral pain management evaluation Bone scan Electromyogram (EMG)/nerve conduction studies (NC) Magnetic resonance imaging (MRI) Mental health evaluation/assessment Physical examination Plain x-rays
TREATMENT INTERVENTIONS: (May include but not limited to)	Analgesics Biofeedback/behavioral pain management/relaxation training Concurrent home program Durable medical equipment (DME) Functional capacity evaluation (FCE) Job site analysis Manipulation Mental health treatment Modified activity to the extremity as indicated Non-steroidal anti-inflammatory drugs (NSAID) Orthotics/splints Outpatient evaluation and therapy <ol style="list-style-type: none"> 1) Attended modalities and procedures 2) Unattended modalities (limited to a maximum of two (2) weeks, if used solely)
EXPECTED OUTCOME:	Return to unrestricted work or Maximum Medical Improvement (MMI).
RETURN TO WORK ISSUES:	<ol style="list-style-type: none"> 1) Ergonomic assessment 2) Job accommodations/modifications 3) A mild level of severity allows return to work within 0-3 months, with or without modified/transitional work and/or orthoses.

Texas Workers' Compensation Commission Figure 43: 28TAC § 134.1002 (f)(6)(Y)
 Diagnosis: Myofascial Pain Syndrome - continued)

SECONDARY LEVEL OF CARE	
DURATION:	0 - 3 months
CLINICAL INDICATORS: (May include but not limited to)	1) Continued, persistent, and intermittent symptoms (i.e., pain and paresthesias) 2) Limited-to-good response to primary treatment
DIAGNOSTIC PROCEDURES: (May include but not limited to)	Biofeedback/behavioral pain management evaluation Bone scan Computerized axial tomography (CAT) scan Electromyogram (EMG)/nerve conduction studies (NC) Magnetic resonance imaging (MRI) Mental health evaluation/assessment Physical examination Plain x-rays
TREATMENT INTERVENTIONS: (May include but not limited to)	Analgesics Antidepressants Biofeedback/behavioral pain management/relaxation training Concurrent home program Durable medical equipment (DME) Functional capacity evaluation (FCE) Job site analysis Manipulation Medication modification Mental health treatment Modified activity of the extremity as indicated Non-steroidal anti-inflammatory drugs (NSAID) Orthotics/splints Outpatient evaluation and therapy 1) Attended modalities and procedures 2) Unattended modalities (limited to a maximum of two (2) weeks, if used solely) Peripheral nerve blocks Single or interdisciplinary program 1) Work conditioning 2) Work hardening Trigger point injections
EXPECTED OUTCOME:	Return to unrestricted work or Maximum Medical Improvement (MMI).
RETURN TO WORK ISSUES:	1) Ergonomic assessment/ergonomic aids 2) Job accommodations/modifications

Texas Workers' Compensation Commission Figure 44: 28TAC § 134.1002 (f)(6)(Z)
(Diagnosis: Myofascial Pain Syndrome - continued)

TERTIARY LEVEL OF CARE	
DURATION:	0 - 6 months
CLINICAL INDICATORS: (May include but not limited to)	<ol style="list-style-type: none"> 1) Chronic, persistent, and recurring symptoms (i.e., pain and paresthesia) 2) Documented history of persistent failure to respond to nonoperative/operative treatment
DIAGNOSTIC PROCEDURES: (May include but not limited to)	Biofeedback/behavioral pain management evaluation Bone scan Computerized axial tomography (CAT) scan Electromyogram (EMG)/nerve conduction studies (NC) Magnetic resonance imaging (MRI) Mental health evaluation/assessment Physical examination Plain x-rays
TREATMENT INTERVENTIONS: (May include but not limited to)	Antidepressants Biofeedback/behavioral pain management/relaxation training Concurrent home program Functional capacity evaluation (FCE) Interdisciplinary program <ol style="list-style-type: none"> 1) Chronic pain management 2) Outpatient medical rehabilitation Manipulation Medication modification Mental health treatment Modified activity of the extremity as indicated Non-steroidal anti-inflammatory drugs (NSAID) Trigger point injections
EXPECTED OUTCOME:	Return to unrestricted work or Maximum Medical Improvement (MMI).
RETURN TO WORK ISSUES:	<ol style="list-style-type: none"> 1) Ergonomic assessment 2) Job accommodations/modifications 3) Return to full duty work may not always be possible and may necessitate the introduction of vocational rehabilitation services by referral to Texas Rehabilitation Commission.

Figure 1: 30 TAC 330.70(e) (9) (A)

I, _____, state that I have knowledge of the facts herein set forth and that these facts are true and correct, to the best of my knowledge and belief. I further state that, to my knowledge and belief, the project for which this application is made will not in any way violate any law rule, ordinance, or decree of any duly authorized government entity having jurisdiction. I further state that I am the applicant or am authorized to act for the city/county/applicant.

(Signed)

(Type Name and Title)

(Date)

Subscribed to and sworn to before me, by the said _____, this _____ day of _____, 19____, to certify which witness my hand and seal of office.

Notary Public in and for

County, Texas

[Seal]

Figure 2: 30 TAC 330.70(e) (9) (B)

I, _____ a Registered Professional Engineer in the State of Texas, do hereby certify that this application for registration was prepared under my supervision.

(Engineer's Signature)

(Type of Printed Name)

(Name of Engineering Firm)

(Street or P.O. Box)

(City, State, Zip Code)

(Area Code, Telephone Number)

(Date)

(Seal)

Figure 1: 40 TAC §801.1(g)(2)(A)(ii)

We, the chief elected officials of the _____ Workforce Development Area, acknowledge that the following are responsibilities and requirements pursuant to the formation of local workforce development boards:

(I) The local workforce development board will assume the responsibilities for the following committees and councils that will be replaced by the board unless otherwise provided in art. 5190.7a, §4.01(h) V.T.C.S., as amended:

- private industry council,*
- quality work force planning committee,*
- job service employer committee, and*
- local general vocational program advisory committee.*

(II) At least one career development center must be established within 180 days of the effective date of board certification;

(III) The board must have its own independent staff and not be a provider of workforce services, unless the board secures a waiver of these provisions;

(IV) The chief elected officials must enter into a partnership agreement with the board to designate a grant recipient to receive and be accountable for block grant funds, and be liable for any misuse of funds;

(V) The partnership agreement must also specify the entity that will administer the programs, which may be separate from the entity that receives the funds from the state;

(VI) The partnership agreement must define the process through which the local boards and chief elected officials will develop the strategic and operational plans required by the legislation in order to receive block grant funds; and

(VII) The local plan must be reviewed by both the Commission and the Council on Workforce and Economic Competitiveness, and approved by the Governor before block grants will be available to the local area.



Name: Chesley Knox
Grade: 4
School: Nursery Elementary School, Nursery ISD

OPEN MEETINGS

Agencies with statewide jurisdiction must give at least seven days notice before an impending meeting. Institutions of higher education or political subdivisions covering all or part of four or more counties (regional agencies) must post notice at least 72 hours before a scheduled meeting time. Some notices may be received too late to be published before the meeting is held, but all notices are published in the **Texas Register**.

Emergency meetings and agendas. Any of the governmental entities listed above must have notice of an emergency meeting, an emergency revision to an agenda, and the reason for such emergency posted for at least two hours before the meeting is convened. All emergency meeting notices filed by governmental agencies will be published.

Posting of open meeting notices. All notices are posted on the bulletin board at the main office of the Secretary of State in lobby of the James Earl Rudder Building, 1019 Brazos, Austin. These notices may contain a more detailed agenda than what is published in the **Texas Register**.

Meeting Accessibility. Under the Americans with Disabilities Act, an individual with a disability must have an equal opportunity for effective communication and participation in public meetings. Upon request, agencies must provide auxiliary aids and services, such as interpreters for the deaf and hearing impaired, readers, large print or braille documents. In determining type of auxiliary aid or service, agencies must give primary consideration to the individual's request. Those requesting auxiliary aids or services should notify the contact person listed on the meeting summary several days prior to the meeting by mail, telephone, or RELAY Texas (1-800-735-2989).

State Office of Administrative Hearings

Monday, November 27, 1995, 2:00 p.m.

7800 Shoal Creek Boulevard

Austin

Utility Division

AGENDA:

A prehearing conference will be held at the above date and time in SOAH Docket Number 473-95-1209-Applications of Southwestern Bell Telephone Company, GTE Southwest, Inc., and Contel of Texas, Inc. for approval of flat-rated local exchange resale tariffs pursuant to PURA 1995, §3.2532 (PUC Docket Number 14658).

Contact: J. Kay Trostle, 7800 Shoal Creek Boulevard, Austin, Texas 78757, (512) 458-0233.

Filed: November 16, 1995, 2:30 p.m.

TRD-9514929

Monday, December 4, 1995, 9:00 a.m.

7800 Shoal Creek Boulevard

Austin

Utility Division

AGENDA:

A joint hearing on the amended applications will be held at the above date and time in SOAH Docket Numbers 473-95-1197 and 473-95-1201-Application of TCG Dallas for service provider certificate of operating authority (PUC Docket Number 14634);

and application of Teleport Communications Houston, Inc. for service provider certificate of operating authority (PUC Docket Number 14633).

Contact: J. Kay Trostle, 7800 Shoal Creek Boulevard, Austin, Texas 78757, (512) 458-0233.

Filed: November 17, 1995, 3:08 p.m.

TRD-9514991

Texas Department of Agriculture

Monday, November 20, 1995, 10:00 a.m.

Texas Department of Agriculture, 1700 North Congress Avenue, Room 924A

Austin

Emergency Meeting

Texas Agricultural Finance Authority

AGENDA:

Discussion and action by telephone conference call in accordance with House Bill 2508, Acts 1995, 74th Legislature, Regular Session, Chapter 1046, on the disposition of collateral of Living Christmas Tree, Incorporated.

Reason for emergency: A reasonably unforeseeable situation has arisen with regard to the disposition of property belonging to the Authority. Demands made upon the Authority by third parties concerning this property require immediate action by the board.

Contact: Robert Kennedy, P.O. Box 12847, Austin, Texas 78711, (512) 463-7639.

Filed: November 17, 1995, 9:38 a.m.

TRD-9514951

Wednesday, November 29, 1995, 8:00 a.m.

Ambassador Hotel, 3100 H-40 West
Amarillo

Texas Wheat Producers Board

AGENDA:

Call meeting to order and opening remarks

Discussion and action: Texas Department of Agriculture representative; minutes of August meeting; financial reports; collection refund report; adjourn for executive session

Executive session: Executive session on personnel salaries in accordance with Texas Government Code, §551.074; adjourn executive session

Reconvene in public session: Board action on executive session, if necessary.

Report: Various meetings attended by board members; other new business.

Report and action: Other board members reports

Discussion and action: USW and NAWG directors' meeting; setting February meeting date.

Adjourn.

Contact: Bill Nelson, 2201 Civic Circle, Amarillo, Texas 79109-1853, (806) 352-2191.

Filed: November 20, 1995, 2:41 p.m.

TRD-9515060

Thursday, December 14, 1995, 10:00 a.m.

Texas Department of Agriculture, 1700
North Congress Avenue, Room 928B

Austin

Office of Hearings

AGENDA:

Administrative hearing to review alleged violation of Texas Agriculture Code, §76.116(a)(1) (Vernon 1995) and 4 Texas Administrative Code, §7.22 by Darryl Woods doing business as Valley Dusting.

Contact: Barbara B. Deane, P.O. Box 12847, Austin, Texas 78711, (512) 463-7448.

Filed: November 17, 1995, 1:25 p.m.

TRD-9514962

◆ ◆ ◆
**Agriculture Resources Protec-
tion Authority**

Monday, December 4, 1995, 10:00 a.m.

1701 North Congress Avenue, William B.
Travis Building, Room 1-100

Austin

AGENDA:

Introduction of new members, discussion and approval of minutes of June 26, 1995 and September 11, 1995 meetings, discussion of Environmental Protection Agency letter on Texas Department of Agriculture's Pesticide Enforcement Program, report from Texas Agriculture Extension Service on beet armyworm, report from Texas Boll Weevil Eradication Foundation on its activities this year, report and discussion on organic cotton regulations, report and discussion on certification of private applicators. Discussion and action on proposed general rules as published October 27, 1995, discussion and possible action on policy for public comment and proposed reporting rules, citizens communication.

Contact: Donnie Dippel, P.O. Box 12847, Austin, Texas 78711, (512) 463-1093.

Filed: November 21, 1995, 9:26 a.m.

TRD-9515091

◆ ◆ ◆
**Texas Alcoholic Beverage
Commission**

Monday, November 27, 1995, 9:00 a.m.

5806 Mesa Drive, Suite 185

Austin

AGENDA:

9:00 a.m.—Call to order.

Convene in open meeting.

Announcement of executive session.

1. Executive session:

a. briefing regarding operations of the general counsel's office.

Continue open meeting.

2. Take action, including a vote, if appropriate on topics listed for discussion under executive session.

3. Approval of minutes of October 5, 1995, meeting; discussion, comment, possible vote.

4. Administrator's report.

5. Approval of annual audit plan; discussion, comment, possible vote.

6. Resolution authorizing participation in the Texas Public Finance Authority; discussion, comment, possible vote.

7. Request for rule change to 16 TAC §45.4 to change standards of identity for low proof alcohol distilled spirits to conform with Bureau of Alcohol, Tobacco and Firearms definitions; discussion, comment and possible action. (The Standards of Identity)

8. Petition submitted by the City of El Paso, Texas, under §109.35, Alcoholic Beverage Code, requesting permission to prohibit the possession of open containers and public consumption of alcoholic beverages in the central business district as defined by the map attached to the petition; discussion, comment and possible vote.

9. Public comment.

Contact: Doyne Bailey, P.O. Box 13127, Austin, Texas 78711, (512) 206-3217.

Filed: November 17, 1995, 8:21 a.m.

TRD-9514938

◆ ◆ ◆
**Texas Appraiser Licensing
and Certification Board**

Wednesday, November 29, 1995, 9:30 a.m.

Conference Room 123, 1101 Camino La Costa

Austin

Enforcement Committee

AGENDA:

Call to order; discussion and possible action or recommendations to the Texas Appraiser Licensing and Certification Board concerning complaints numbered 94-011, 94-029, 95-003, 95-005, 95-008, 95-011, 95-012, 95-013, 95-015, 95-019, 95-020, 95-021, 95-022, 95-023, 95-024, 95-026, 95-027, 96-001, 96-003, 96-004, 96-005, 96-006, and 96-007; and adjourn.

Contact: Renil C. Liner, P.O. Box 12188, Austin, Texas 78711-2188, (512) 465-3950.

Filed: November 16, 1995, 3:16 p.m.

TRD-9514933

Thursday, November 30, 1995, 9:00 a.m.

Conference Room 235, 1101 Camino La Costa

Austin

AGENDA:

Call to order; comments by the chair; consideration of the minutes of the August 4, 1995, TALCB meeting; election of a temporary vice-chair and a temporary secretary; committee appointments by the chair; staff reports, including: Washington, DC, conferences/meetings; active certifications/licenses; certifications/licenses issued; applications; renewals; examinations; fiscal year 1996 operating budget; end-of-year report on measures; and TALCB Strategic Plan; discussion and possible action concerning the management control audit by the Office of the State Auditor; discussion and possible action concerning a memorandum of understanding with the Texas Real Estate Commission regarding administrative services and support provided to the TALCB by TREC and the TALCB's financial obligations; discussion and possible action concerning licensure and certification by reciprocity; discussion and possible action concerning recommendations from the chair and staff regarding approval of courses for meeting educational requirements; report from the Enforcement Committee; status of peer review; discussion and possible action concerning complaints numbered 94-011, 94-029, 95-003, 95-005, 95-008, 95-011, 95-012, 95-013, 95-015, 95-019, 95-020, 95-021, 95-022, 95-023, 95-024, 95-026, 95-027, 96-001, 96-003, 96-004, 96-005, 96-006, and 96-007; comments and presentations from visitors; selection of dates of subsequent meetings; and adjourn.

Contact: Renil C. Liner, P.O. Box 12188, Austin, Texas 78711-2188, (512) 465-3950.

Filed: November 17, 1995, 1:08 p.m.

TRD-9514959

◆ ◆ ◆
**Texas Commission on the
Arts**

Thursday, December 7, 1995, 10:00 a.m.

The Melrose Hotel, 3015 Oak Lawn Avenue

Dallas

Administrative Committee

AGENDA:

I. Call to order

II. Public hearing

III. Approval of minutes of the September 7, 1995 Administrative Committee meeting

IV. Agency logo

V. Financial statement fiscal year 1995 and fiscal year 1996

VI. Legislative process update

VII. Community advancement partnership grants

VIII. Endowment development strategies

A) Alamo Rent A Car

B) "State of the Arts" license plates

C) Light crust doughboys

D) Choic deals

E) Investment options: Myers-Pollock-Robbins

IX. National Endowment for the Arts impact and regional relationships

X. TCANET/agency re-tooling

XI. Other business

XII. Adjournment

Contact: Deborah Cole, P.O. Box 13406, Austin, Texas 78711-3046, (512) 463-5535.

Filed: November 20, 1995, 10:00 a.m.

TRD-9515045

Friday, December 8, 1995, 9:00 a.m.

3015 Oak Lawn Avenue

Dallas

Commission Meeting

AGENDA:

I. Call to order

II. Roll call

III. Public hearing

IV. Items for commission consent

A) Approval of minutes for September 8, 1995 commission meeting

B) Administrative Committee report

C) Financial statement fiscal year 1995 and fiscal year 1996

D) Resolutions

E) Cultural Trust Council report

F) Other business

V. Items for information only

A) Committee appointments for fiscal year 1996

B) Commissioner appointments to Governor's Award for Arts, Science and Humanities Nominations Committee

C) Commissioner appointments to 1996 advisory panels

D) Dance Task Force

E) National Endowment for the Arts/Mid-America Arts Alliance update

F) National assembly of State Arts agencies

G) Panelist projections

H) Meeting schedule

I) Commission and staff rosters

J) Other business

VI. Adjournment

Contact: Deborah Cole, P.O. Box 13406, Austin, Texas 78711-3406, (512) 463-5535.

Filed: November 20, 1995, 10:00 a.m.

TRD-9515044

Texas Department of Commerce

Thursday, December 7, 1995, 10:00 a.m.

1700 North Congress Avenue, Stephen F. Austin Building, Second Floor, Conference Room 210-F

Austin

Capital Certified Development Corporation Board of Directors

AGENDA:

10:00 a.m.—Call meeting to order;

10:10 a.m.—Approve minutes of March 9, 1995 and September 21, 1995;

10:20 a.m.—Action items: Manager's report, treasurer's report, loan activity report; elect new general members; 1995 CDC annual report; remove Armando Ruiz as assistant secretary

11:15 a.m.—Information items: CCDC privatizations

11:30 a.m.—Adjourn meeting

Notice: Persons with disabilities who plan to attend this meeting and who may need auxiliary aids or services are requested to contact Edith Snow at least two days before this meeting so that arrangements can be made. Please also contact Edith Snow at (512) 936-0273 if you need assistance in having English translated into Spanish.

Contact: Colleen Rowland, 1700 North Congress Avenue, Second Floor, Austin, Texas 78701, (512) 936-0178.

Filed: November 21, 1995, 8:07 a.m.

TRD-9515089

Tuesday, December 12, 1995, 10:00 a.m.

140 East Exchange Avenue, Stockman's Club Room

Fort Worth

Tourism Advisory Committee

AGENDA:

The Texas Department of Commerce Tourism Advisory Committee will be holding its quarterly meeting at the Historic Stockyards in Fort Worth. The committee will discuss and may vote on major issues concerning the Texas Department of Commerce-Tourism Division performance measures, cooperative marketing policies, amendment of the bylaws, and the election of the positions for the chair and vice chair.

Persons with disabilities who plan to attend this meeting and who may need auxiliary aids or services are requested to contact Hilda Flores at (512) 462-9191 at least two days before this meeting so that appropriate arrangements can be made. Please contact Adriana Jimenez Ray at (512) 936-0199 if you need assistance in having English translated to Spanish.

Contact: Mike Regan, P.O. Box 12728, Austin, Texas 78711-2728, (512) 936-0178.

Filed: November 16, 1995, 11:42 a.m.

TRD-9514922

Credit Union Department

Wednesday, November 29, 1995, 10:00 a.m.

Credit Union Department Building, 914 East Anderson Lane

Austin

Commissioner Search Committee of the Credit Union Commission

AGENDA:

To invite: Public input for future consideration. To consider: Determine the date of next committee meeting. To conduct: An executive session to review all submitted applications and to determine applicants to be interviewed.

Contact: James W. Ratzman, 914 East Anderson Lane, Austin, Texas 78752-1699, (512) 837-9236.

Filed: November 17, 1995, 11:29 a.m.

TRD-9514954

Texas Education Agency

Friday-Saturday, December 1-2, 1995, 8:30 a.m.

Stouffer Austin Hotel, Frio Room, 9721 Arboretum Boulevard

Austin

Continuing Advisory Committee (CAC) for Special Education

AGENDA:

Friday, December 1, 1995, beginning at 8:30 a.m., the committee will hold a work

session to plan regional meetings, review local advisory committee survey results, and review proposed rules for special education. The committee will hear welcoming remarks and good news; approve the September 29-30, 1995, minutes; and discuss the following: a Texas Education Agency (TEA) update, CAC appointments, an update on critical issues paper, the future directions for TEA and the role of the CAC, conference reports, a review of the 1994-1995 annual report cover letter, Academics 2000 pilot grants, and responses to letters, requests, and unmet needs.

Saturday, December 2, 1995, beginning at 8:30 a.m., the committee will discuss the following: review of proposed rules for special education, technology long-range plan impact on students with disabilities, and information on complaints and medication. The committee will: finalize plans for regional meetings; revise the CAC fact sheet; review local advisory committee survey data; cover old business; assign letters; approve letters; plan the next meeting; and adjourn.

Contact: David Carrales, 1701 North Congress Avenue, Austin, Texas 78701, (512) 463-9414.

Filed: November 20, 1995, 5:05 p.m.

TRD-9515085

State Employee Charitable Campaign

Wednesday, November 29, 1995, 3:00 p.m.

2000 East Martin Luther King, Jr. Boulevard

Austin

State Policy Committee

AGENDA:

I. State Employee Charitable Campaign report by campaign areas

II. 1996-1998 State Advisory Committee and State Policy Committee membership

A. Recommendations

B. Approval to submit to elected officers

III. State Advisory Committee report to State Policy Committee

A. Local campaign area violations

B. Survey of 1995 State Advisory Committee

C. 1996 timeline

IV. Next meeting

Adjourn

Contact: Becky Prince, 2000 East Martin Luther King, Jr. Boulevard, Austin, Texas

78702, (512) 472-6267, Fax: (512) 482-8309.

Filed: November 21, 1995, 7:59 a.m.

TRD-9515088

Employees Retirement System of Texas

Thursday, November 30, 1995, 9:30 a.m. (Orientation) and 1:30 p.m. (Meeting)

18th and Brazos, Auditorium, First Floor

Austin

Group Benefits Advisory Committee

AGENDA:

1. Call to order

2. Introduction of GBAC members

3. Recognition of visitors and guests

4. Approval of minutes from previous meeting

5. Announcements/updates

6. Standing subcommittee reports

7. ERS update

8. Other related benefits business

9. Adjournment

Contact: James W. Sarver, 18th and Brazos, Austin, Texas 78701, (512) 867-3217.

Filed: November 16, 1995, 1:27 p.m.

TRD-9514926

Fire Fighters' Pension Commission

Thursday-Friday, December 7-8, 1995, 1:00 p.m. and 8:30 a.m., respectively.

Wyndham Hotel, IH-35 South at Ben White Boulevard

Austin

Administrative Division

AGENDA:

The Senate Bill 411 Statewide Volunteer Fire Fighters' Retirement Fund Board of Trustees will meet for the purpose of hearing reports from consultant, investment managers, actuary, CPA, and Assistant Attorney General.

Contact: Helen Campbell, 3910 South IH-35, #235, Austin, Texas 78704, (512) 462-0222.

Filed: November 20, 1995, 3:46 p.m.

TRD-9515064

Texas General Land Office

Tuesday, November 28, 1995, 3:00 p.m.

1700 North Congress Avenue, Stephen F. Austin Building, Room #831

Austin

Veterans Land Board

AGENDA:

134. Approval of the October 25, 1995, minutes of the Veterans Land Board meeting.

135. Consideration of forfeiture action on delinquent loan accounts.

136. Consideration of forfeiture action on delinquent taxes.

137. Consideration of a proposed issuance of new money taxable bonds in an amount not to exceed \$35,000,000 for the Veterans Land Program for the purpose of making new money loans in amounts greater than \$20,000 including giving notice of sale; and the adoption of a resolution authorizing certain matters in connection therewith.

138. Consideration of proposed issuance of new money tax-exempt bonds in an amount not to exceed \$35,000,000 for the Veterans Land Program for the purpose of making new loans in amount of \$20,000 or less including giving notice of sale.

139. Consideration of the designation of an amount not to exceed \$5,000,000 of the tax-exempt issue of bonds for the Veterans Land Program described as College Savings Bonds.

140. Consideration of the selection of underwriter(s) for the Land Program bonds.

141. Consideration of resolution ratifying option redemptions.

142. Review of rebate calculation in Land Refunding, Series 1990.

Contact: Karen Pratt, 1700 North Congress Avenue, Room 700, Austin, Texas 78701, (512) 463-5171.

Filed: November 17, 1995, 11:52 a.m.

TRD-9514955

General Services Commission

Tuesday, November 28, 1995, 9:30 a.m.

Central Services Building, 1711 San Jacinto, Room 402

Austin

AGENDA:

1) Consideration of publication of procedure for setting open meeting agendas; 2) Consideration of proposed change orders-various projects; 3) Program issues; executive session to consider personnel

matters; executive session to consider the status of the purchase of real property pursuant to the provisions of Texas Government Code, §551.072; executive session to receive report from counsel concerning the status of pending litigation.

Contact: David Ross Brown, 1711 San Jacinto, Austin, Texas 78701, (512) 475-2400.

Filed: November 20, 1995, 9:31 a.m.

TRD-9515031

Texas Department of Health

Monday, November 27, 1995, 10:00 a.m.

Room T-739, Texas Department of Health, 1100 West 49th Street

Austin

Home and Community Support Services Advisory Committee

AGENDA:

The council will discuss and possibly act on: approval of the minutes from the last meeting; memorandum of understanding between the Texas Department of Health, Texas Department of Human Services, Texas Department of Mental Health, and Mental Retardation, Texas Department of Protective and Regulatory Services, Texas Department of Aging, Texas Rehabilitation Commission, and Texas Commission for the Blind as required by the Health and Safety Code, Chapter 142; discussion items without council action (revision to the Texas Department of Health/Board of Nurse Examiners memoranda of understanding; rules changes and time frames; Home and Community Support Services newsletter; and public comment.

Contact: Becky Beechinor, 1100 West 49th Street, Austin, Texas 78756, (512) 834-6670. To request an accommodation under the ADA, please contact Renee Rusch, ADA Coordinator in the Office of Civil Rights at (512) 458-7627 or TDD at (512) 458-7708 at least two days prior to the meeting.

Filed: November 17, 1995, 3:50 p.m.

TRD-9514996

Tuesday, November 28, 1995, 9:00 a.m.

Room S-402, The Exchange Building, 8407 Wall Street

Austin

Informal Home and Community Support Services Agency Task Force

AGENDA:

The task force will discuss and possibly act on: purpose/mission of task force; discussion items (development/revision of rules

regarding criminal history checks; procedures for utilizing physician delegation; qualifications of unlicensed personnel performing feeding and administration of medication through G-tubes; and home health medication aides; surveyor's role and relationship with Palmetto Government Benefit Administrators (PBGA) and Operation Restore Trust (ORT); licensure data/statistics; status of proposed rules regarding HMOs; status of initial survey requests and prioritization of survey requests; time frames for application process; licensure fees; how the situation of private pay or Medicaid only clients in a Medicare certified agency will be treated by surveyors—must the agency have served at least one Medicare patient within a particular period of time?; standards for home health administrators; and storage of personnel files and clinical files); and public comment.

Contact: Becky Beechinor, 1100 West 49th Street, Austin, Texas 78756, (512) 834-6670. To request an accommodation under the ADA, please contact Renee Rusch, ADA Coordinator in the Office of Civil Rights at (512) 458-7627 or TDD at (512) 458-7708 at least two days prior to the meeting.

Filed: November 17, 1995, 2:09 p.m.

TRD-9514984

Wednesday-Thursday, November 29-30, 1995, 8:00 a.m.

Room M-739, Texas Department of Health, 1100 West 49th Street

Austin

Texas Board of Health Strategic Planning Session

AGENDA:

The Texas Board of Health will hold a strategic planning session which will include: introduction (review and acceptance of desire outcome and agenda); framing the task (dialogue); The Texas We Serve (trends; critical issues; and dialogue); "Rightsizing": Policy Issues and Practical Hints (dialogue/implications for the Texas Department of Health); review of current vision and strategic priorities (progress on priorities); Future Priorities: Into the Next Century; future priorities (How will we know if we are successful? What tangible results will we expect to see?). On Thursday, November 30, 1995, the strategic planning session will reconvene and continue with discussion to clarify the next steps in development of the Texas Department of Health's strategic plan.

Contact: Kris Lloyd, 1100 West 49th Street, Austin, Texas 78756, (512) 458-7484. To request an accommodation under the ADA, please contact Renee Rusch, ADA Coordinator to the Office of

Civil Rights at (512) 458-7627 or TDD at (512) 458-7708 at least two days prior to the meeting.

Filed: November 20, 1995, 4:24 p.m.

TRD-9515077

Friday, December 1, 1995, 10:00 a.m.

Room T-607, Texas Department of Health, 1100 West 49th Street

Austin

HIV/AIDS Interagency Coordinating Council

AGENDA:

The council will discuss and possibly act on: approval of the minutes from the September 22, 1995 meeting; overview of meeting format; guest speakers; Diane Longley, insurance director; State Board of Insurance; Veda Harmon, ACSW, LMSW-ACP, case management consultant, Interagency Case Management Workgroup, Bureau of Community Oriented Primary Care; Debra Seamans, M.S., R.N., nurse consultant, Special Projects and Clinical Resources Program; Becky Beechinor, division director, Texas Department of Health, Health Facility and Licensing Division; Sheryl Skinner, MSW, director, Texas Department of Health, HIV/STD Medication Program; Thomas Fleming, Ph.D., Director of Interagency Coordination, Texas Education Agency; Joy Fleming, M.S., R.N., Director of Education, Board of Vocational Nurse Examiners; State Board of Nurse Examiners; the council will discuss information shared by guest speakers; determine how the information will impact the recommendations and strategies provided by the two advisory committees at the last council meeting; make charges to the strategies and recommendations indicated; determine if recommendations and strategies can be adopted and included in the annual report to the governor and legislature or schedule another meeting for further discussion; and set date of next meeting.

Contact: Linda Moore, 1100 West 49th Street, Austin, Texas 78756, (512) 458-6403. To request an accommodation under the ADA, please contact Renee Rusch, ADA Coordinator in the Office of Civil Rights at (512) 458-7627 or TDD at (512) 458-7708 at least two days prior to the meeting.

Filed: November 20, 1995, 4:24 p.m.

TRD-9515076

Saturday, December 2, 1995, 10:00 a.m.

Room T-607, Texas Department of Health, 1100 West 49th Street

Austin

Texas Radiation Advisory Board, Executive Committee

AGENDA:

The committee will discuss and possibly act on: Texas Regulations for Control of Radiation, Part 11 concerning definitions; Texas Department of Health audit of health physicist positions; and other discussion items not requiring action.

Contact: Margaret Henderson, 1100 West 49th Street, Austin, Texas 78756, (512) 834-6688. To request an accommodation under the ADA, please contact Renee Rusch, ADA Coordinator in the Office of Civil Rights at (512) 458-7627 or TDD at (512) 458-7708 at least two days prior to the meeting.

Filed: November 20, 1995, 4:27 p.m.

TRD-9515080

Saturday, December 2, 1995, 10:30 a.m.

Room T-607, Texas Department of Health, 1100 West 49th Street

Austin

Texas Radiation Advisory Board, Radioactive Waste and Industrial Committee

AGENDA:

The committee will discuss and possibly act on: update on incident investigation; update on low-level radioactive waste issues; and items for discussion not requiring action.

Contact: Margaret Henderson, 1100 West 49th Street, Austin, Texas 78756, (512) 834-6688. To request an accommodation under the ADA, please contact Renee Rusch, ADA Coordinator in the Office of Civil Rights at (512) 458-7627 or TDD at (512) 458-7708 at least two days prior to the meeting.

Filed: November 20, 1995, 4:27 p.m.

TRD-9515079

Saturday, December 2, 1995, 11:00 a.m.

Room T-607, Texas Department of Health, 1100 West 49th Street

Austin

Texas Radiation Advisory Board, Medical Committee

AGENDA:

The committee will discuss and possibly act on: 25 Texas Administrative Code (TAC) §143.16 proposed rules for dangerous or hazardous procedures concerning radiologic technologists; review of medical credentials; 25 TAC §289.6 concerning repeal of radiofrequency rules; status of regulation of lasers; and other items not requiring action.

Contact: Margaret Henderson, 1100 West 49th Street, Austin, Texas 78756, (512) 834-6688. To request an accommodation under the ADA, please contact Renee Rusch, ADA Coordinator in the Office of Civil Rights at (512) 458-7627 or TDD at

(512) 458-7708 at least two days prior to the meeting.

Filed: November 20, 1995, 4:26 p.m.

TRD-9515078

Saturday, December 2, 1995, 1:00 p.m.

Room T-607, Texas Department of Health, 1100 West 49th Street

Austin

Texas Radiation Advisory Board

AGENDA:

The board will discuss and possibly act on: approval of the minutes from the previous meeting; Radioactive Waste and Industrial Committee report (update on incident investigation; and update on low-level radioactive waste issues); Medical Committee report (25 Texas Administrative Code (TAC) §143.16 concerning proposed rules for dangerous or hazardous procedures concerning radiologic technologists; review of medical credentials; 25 TAC §289.6 concerning repeal of radiofrequency rules; and status of regulation of lasers); Executive Committee (Texas Regulations for Control of Radiation, Part 11 concerning definitions; and Texas Department of Health audit of health physicist positions); report from the chair; program reports (Texas Railroad Commission; Texas Low-Level Radioactive Waste Disposal Authority; Texas Department of Health, Bureau of Radiation Control; and Texas Natural Resource Conservation Commission); discussion items not requiring action; and next meeting date.

Contact: Margaret Henderson, 1100 West 49th Street, Austin, Texas 78756, (512) 834-6688. To request an accommodation under the ADA, please contact Renee Rusch, ADA Coordinator in the Office of Civil Rights at (512) 458-7627 or TDD at (512) 458-7708 at least two days prior to the meeting.

Filed: November 20, 1995, 4:27 p.m.

TRD-9515081

Commission on Jail Standards

Friday, December 1, 1995, 8:30 a.m.

William P. Clements Building, Committee Room Five, 300 West 15th Street

Austin

AGENDA:

Education Committee. Review staff's training efforts.

Contact: Jack E. Crump, P.O. Box 12985, Austin, Texas 78711, (512) 463-5505.

Filed: November 17, 1995, 8:21 a.m.

TRD-9514939

Friday, December 1, 1995, 9:00 a.m.

William P. Clements Building, Committee Room Five, 300 West 15th Street

Austin

AGENDA:

Call to order. Roll call of members. Reading and approval of minutes of last meeting of September 29, 1995. Old business: Angelina County, El Paso County, changes to standards-adopt. Status of payment to counties and jail population, completed jail projects, active remedial orders/cancel/changes, mental health issues, juvenile justice survey, Education Committee report, objective jail classification. New business: Changes to standards-proposed, Grimes County. Applications for variances: Aransas, Archer, Grimes, Shackelford counties. Review of variances: Kleberg, Lamar, Rockwall and Runnels counties. Directors report. Other business. Executive session. Adjourn.

Contact: Jack E. Crump, P.O. Box 12985, Austin, Texas 78711, (512) 463-5505.

Filed: November 17, 1995, 8:21 a.m.

TRD-9514940

Friday, December 1, 1995, 9:00 a.m.

William P. Clements Building, Committee Room Five, 300 West 15th Street

Austin

Revised Agenda

AGENDA:

Applications for variances: Travis County

Contact: Jack E. Crump, P.O. Box 12985, Austin, Texas 78711, (512) 463-5505.

Filed: November 21, 1995, 7:59 a.m.

TRD-9515086

Texas Department of Licensing and Regulation

Wednesday, November 28, 1995, 9:00 a.m.

920 Colorado, E.O. Thompson Building, Fourth Floor

Austin

Enforcement Division, Boxing

AGENDA:

According to the complete agenda, the department will hold an administrative hearing to consider the application of Lee Canalito, applicant, for a boxing license in accordance with the Texas Civil Statutes, Articles 8501-1 and 9100; 16 Texas Administrative Code §61.27(d) and the Texas Government Code, Chapter 2001.

Contact: Paula Hamje, 920 Colorado, Austin, Texas 78701, (512) 463-3192.

Filed: November 17, 1995, 1:09 p.m.

TRD-9514961

Thursday, November 30, 1995, 9:00 a.m.

920 Colorado, E.O. Thompson Building, Fourth Floor, Room 420

Austin

Enforcement Division, Air Conditioning

AGENDA:

According to the complete agenda, the department will hold an administrative hearing to consider the possible assessment of administrative penalties against Billy Hardy, respondent, for engaging in air conditioning and refrigeration contracting without a license in violation of the Texas Civil Statutes, Article 8861 (the Act), §8 and 16 Texas Administrative Code (TAC) §75.22(a), and for advertising that he engaged in air conditioning and refrigeration contracting without a license in violation of the 16 TAC §75.22(b), pursuant to the Act and Article 9100; the Texas Government Code, Chapter 2001 (APA); and 16 TAC, Chapter 75.

Contact: Paula Hamje, 920 Colorado, Austin, Texas 78701, (512) 463-3192.

Filed: November 17, 1995, 1:09 p.m.

TRD-9514960



**Texas Mental Health and
Mental Retardation Board**

Thursday, November 30, 1995, 9:00 a.m.

909 West 45th Street (Auditorium)

Austin

Planning and Policy Development Committee

AGENDA:

1. Citizens comments
2. State school closure update
3. Update regarding state facilities governing body activities
4. Consideration of approval of the appointment of members to the Citizens Planning Advisory Committee
5. Consideration of approval of the appointment of members to the Medical Advisory Committee (MAC)
6. Consideration of approval of the adoption new rules governing contracts management (Chapter 401, Subchapter E), with contemporaneous repeal of existing subchapter
7. Consideration of approval of new Chapter 402, Subchapter C, concerning determi-

nation of manifest dangerousness, with contemporaneous repeal of existing sections

8. Consideration of approval of adoption of amendments to §407.120, Governing Lease of TDMHMR Property, of Chapter 407, concerning internal facilities management

Additional items to be considered.

IF ADA assistance or deaf interpreters are required, notify TXMHMR, (512) 206-4506 (voice or RELAY TEXAS), Ellen Hurst, 72 hours prior to the meeting.

Contact: Ellen Hurst, P.O. Box 12668, Austin, Texas 78711, (512) 206-4506.

Filed: November 20, 1995, 4:06 p.m.

TRD-9515067

Thursday, November 30, 1995, 11:30 a.m.

1100 West 49th Street (Room M-739)

Austin

AGENDA:

Luncheon: Texas Board of Health and Texas Mental Health and Mental Retardation Board discussion concerning issues of mutual interest relating to health and mental health and mental retardation.

IF ADA assistance or deaf interpreters are required, notify TXMHMR, (512) 206-4506 (voice or RELAY TEXAS), Ellen Hurst, 72 hours prior to the meeting.

Contact: Ellen Hurst, P.O. Box 12668, Austin, Texas 78711, (512) 206-4506.

Filed: November 20, 1995, 4:05 p.m.

TRD-9515068

Thursday, November 30, 1995, 1:15 p.m.

909 West 45th Street (Auditorium)

Austin

Audit and Financial Oversight Committee

AGENDA:

1. Citizens comments
2. Financial status report
3. Audit activity update
4. Update on State Auditor's review of management controls at TDMHMR

IF ADA assistance or deaf interpreters are required, notify TXMHMR, (512) 206-4506 (voice or RELAY TEXAS), Ellen Hurst, 72 hours prior to the meeting.

Contact: Ellen Hurst, P.O. Box 12668, Austin, Texas 78711, (512) 206-4506.

Filed: November 20, 1995, 4:06 p.m.

TRD-9515069

Thursday, November 30, 1995, 2:00 p.m.

909 West 45th Street (Auditorium)

Austin

Medicaid Committee

AGENDA:

1. Citizens comments
2. Presentation on federal Medicaid issues
3. Consideration of approval of proposed new subchapter governing ICF-MR programs, Chapter 406, Subchapter H governing the Dental Program, with repeal of the existing sections the new sections would replace
4. Review and approval of the Medicaid rates for calendar year 1995 for ICF-MR
5. Consideration of approval of Medicaid reimbursement in four programs: Case Management for Persons with Mental Retardation; Case Management for Persons with Severe and Persistent Mental Illness; Rehabilitation Services for Persons with Mental Illness; and Diagnostic Services for Persons with Potential for Mental Retardation
6. Review and approval of Medicaid reimbursement for the Home and Community-Based Services (HCS) Program and the HCS Waiver Program-OBRA (HCS-O)
7. Litigation Private Provider Association of Texas v. Health and Human Services Commission, et al

IF ADA assistance or deaf interpreters are required, notify TXMHMR, (512) 206-4506 (voice or RELAY TEXAS), Ellen Hurst, 72 hours prior to the meeting.

Contact: Ellen Hurst, P.O. Box 12668, Austin, Texas 78711, (512) 206-4506.

Filed: November 20, 1995, 4:06 p.m.

TRD-9515070

Friday, December 1, 1995, 9:00 a.m.

909 West 45th Street (Auditorium)

Austin

Business and Asset Management Committee

AGENDA:

1. Citizens comments
2. Consideration of approval of fiscal year 1996 operating budget adjustments
3. Consideration of approval of changes to §2.2(A) of the Board Policy and Procedures Manual regarding the budgetary and fiscal responsibilities of the board and new §2.2(D) regarding a board budget adjustment policy
4. Consideration of a contract of sale for the conveyance of 200 acres at Travis State School to Vision Village, Inc.
5. Consideration of a resolution authorizing a lease of a parcel of vacant real property at the Corpus Christi State School

6. Consideration of approval of items related to a lease of the Triangle Property in Austin, Texas

7. Report of fiscal year 1995 budget adjustments made by the commissioner

8. Update on real property transactions previously approved by the board

IF ADA assistance or deaf interpreters are required, notify TXMHMR, (512) 206-4506 (voice or RELAY TEXAS), Ellen Hurst, 72 hours prior to the meeting.

Contact: Ellen Hurst, P.O. Box 12668, Austin, Texas 78711, (512) 206-4506.

Filed: November 20, 1995, 4:06 p.m.

TRD-9515071

Friday, December 1, 1995, 10:30 a.m.

909 West 45th Street (Auditorium)

Austin

AGENDA:

I. Call to order: roll call

II. Citizens comments—Presentations are limited to three minutes per person. Citizens wishing to address the board must complete a "Citizens Comment Card" prior to the start of the meeting.

III. Approval of minutes of October 20, 1995, meeting

IV. Issues to be considered

1. Chairman's report

Presentation of Mary H. Butt Award

Big Spring State Hospital resolution

Announcement of appointments to the Citizens' Planning Advisory Committee

Announcement of appointments to the Medical Advisory Committee

2. Commissioner's report

Medical director's report

Additional items to be considered.

IF ADA assistance or deaf interpreters are required, notify TXMHMR, (512) 206-4506 (voice or RELAY TEXAS), Ellen Hurst, 72 hours prior to the meeting.

Contact: Ellen Hurst, P.O. Box 12668, Austin, Texas 78711, (512) 206-4506.

Filed: November 20, 1995, 4:06 p.m.

TRD-9515072

◆ ◆ ◆
**Texas Council on Offenders
with Mental Impairments**

Thursday-Friday, November 30-
December 1, 1995, Noon and 7:30 a.m.,
respectively.

1900 American Drive

Lago Vista

Council Retreat

AGENDA:

November 30, 1995

Noon-1:45 p.m.—Lunch, introduction, overview of the retreat and expectations—Carol Oeller

1:45-2:45 p.m.—Overview of the council and legislative directives—Dee Kifowit

2:45-3:00 p.m.—Break

3:00-4:00 p.m.—Overview of council programs—Denice Geredine and Esther Laughlin

4:00-4:15 p.m.—Break

4:15-4:45 p.m.—Review of council policies and procedures, assignments—Carol Oeller

4:45-5:45 p.m.—Break-out groups—Nancy Baird

5:45 p.m.—Adjourn

7:00-8:00 p.m.—Dinner and discussion

December 1, 1995

7:30-8:30 a.m.—Breakfast

8:30-9:30 a.m.—Strategic planning discussion—Nancy Baird

9:30-9:45 a.m.—Break

9:45-10:45 a.m.—Review of survey results and open discussion—Nancy Baird

10:45-11:00 a.m.—Break

11:00 a.m.—Formal council meeting

Adjourn

Contact: Dee Kifowit, 8610 Shoal Creek Boulevard, Austin, Texas 78758, (512) 406-5406.

Filed: November 20, 1995, 3:51 p.m.

TRD-9515066

◆ ◆ ◆
Texas Natural Resource Conservation Commission

Wednesday, November 29, 1995, 9:30 a.m.

12118 North Interstate 35, Building E, Room 201S

Austin

AGENDA:

The commission will consider approving the following matters: Industrial hazardous waste Class 2 modification; water utility matter; Superfund administrative order; agency report; industrial solid waste enforcement; industrial waste discharge enforcements; air quality enforcement; industrial hazardous waste enforcements; petroleum storage tank enforcements; public

water supply enforcement; rules; administrative law judge's proposal for decision; executive session; the commission will consider items previously posted for open meeting and at such meeting verbally postponed or continued to this date. With regard to any item, the commission may take various actions, including but not limited to rescheduling an item in its entirety or for particular action at a future date or time. (Registration for 9:30 a.m. agenda starts 8:45 a.m. until 9:25 a.m.)

Contact: Doug Kitts, 12100 Park 35 Circle, Austin, Texas 78753, (512) 239-3317.

Filed: November 16, 1995, 1:53 p.m.

TRD-9514927

Wednesday, November 29, 1995, 9:30 a.m.

12118 North Interstate 35, Building E, Room 201S

Austin

Revised Agenda

AGENDA:

Addendum to agenda: Interim rates; waste management plans.

Contact: Doug Kitts, 12100 Park 35 Circle, Austin, Texas 78753, (512) 239-3317.

Filed: November 20, 1995, 1:22 p.m.

TRD-9515055

◆ ◆ ◆
Texas Natural Resource Conservation Commission, The Galveston Bay Estuary Program

Thursday, November 30, 1995, 9:30 a.m.

9100 Gulf Freeway, (Port Aransas Room)

The Galveston Bay Council

AGENDA:

Following opening remarks, the council will consider general business items, including election of presiding officers. The committee will then hear a program update from the Galveston Bay Program staff. The committee will then consider any other business, a date for the next meeting, and will adjourn.

Contact: Karen Prince, 711 West Bay Area Boulevard, Suite 210, Webster, Texas 77598, (713) 332-9937.

Filed: November 20, 1995, 3:46 p.m.

TRD-9515063

Texas State Board of Perfusionists

Tuesday, November 28, 1995, 1:00 p.m.

Room S-407, The Exchange Building, 8407
Wall Street

Austin

Application Committee Telephone Confer-
ence Call

AGENDA:

The committee will discuss and possibly act on: application number PF0215; public comment; and announcement of next meeting date.

Note: The telephone conference call will be audible to the public at the location indicated above. Only the Application Committee members will be connected to the conference call.

Contact: Jo Whittenberg, 1100 West 49th Street, Austin, Texas 78756, (512) 834-6751. To request an accommodation under the ADA, please contact Renee Rusch, ADA Coordinator in the Office of Civil Rights at (512) 458-7627 or TDD at (512) 458-7708 at least two days prior to the meeting.

Filed: November 17, 1995, 8:22 a.m.

TRD-9514941

Texas Board of Physical Therapy Examiners

Tuesday, November 28, 1995, 9:30 a.m.

333 Guadalupe, Suite 2-510

Austin

Emergency Revised Agenda

AGENDA:

I. Public comment

II. Approval of minutes of September 28, 1995 board meeting

III. Discussion and action on Executive Council and Board Committee appointments

IV. Executive session pursuant to §551.074 of the Government Code, to deliberate, about the evaluation of the executive director

V. Committee reports

A. Rules Committee

1. Review and possible adoption/action to Chapter 329, Licensing Procedures

2. Review and possible adoption/action to Chapter 341, License Renewal

3. Review and possible adoption/action on Chapter 339, Fees

4. Review and possible adoption/action on Chapter 337, Consumer Information

5. Review and possible adoption/action on Chapter 321, Definitions

6. Review and possible adoption/action on Chapter 325, Organization of the Board

7. Review and possible adoption/action on Chapter 347, Physical Therapy Facilities

B. Investigations Committee

1. Review and possible action on agreed order numbers 95183, 95190, 96003

2. Discussion of fiscal year 1995 investigation activity

C. Applications Review Committee

1. Review and possible action relating to credentialing review agencies, Chapter 323

VI. PT coordinator's report

VII. Executive director's report

A. License renewal process

B. Business cards

VIII. Presiding officer's report

IX. Items for future consideration

X. Adjournment

Reason for emergency: Discussion of pending litigation.

Contact: Gerard Swain, 333 Guadalupe, Suite 2-510, Austin, Texas 78704, (512) 305-6900.

Filed: November 20, 1995, 3:43 p.m.

TRD-9515065

Texas Property and Casualty Insurance Guaranty Association

Tuesday, November 28, 1995, 9:00 a.m.

9420 Research Boulevard, Echelon III,
Suite 400

Austin

Board of Directors

AGENDA:

The Texas Property and Casualty Insurance Guaranty Association Board of Directors will meet to call the meeting to order, hear public participation, approve minutes of the October 5, 1995 meeting, discuss Board Committee reports and actions, discussion and possible action on the selection of executive officers for the Association, discussion on the Association's 1991 plan, provide update on the implementation of recommendations contained in the claims consultant's report, appointment of Plan of Operation Adhoc Committee, briefing regarding NCIGF activity regarding CIGNA

proposed restructuring, executive session, discussion and possible action on the items discussed in executive session, and discussion and possible action on a date for the next regular meeting of the Board of Directors.

Contact: Marvin Kelly, 9420 Research Boulevard, Echelon III, Suite 400, Austin, Texas 78759, (512) 345-9335.

Filed: November 20, 1995, 9:44 a.m.

TRD-9515032

Public Utility Commission of Texas

Tuesday, December 5, 1995, 10:00 a.m.

7800 Shoal Creek Boulevard

Austin

Legal Administration

AGENDA:

A prehearing conference has been scheduled in Docket Number 14985-Petition of Texas Utilities Electric Company for authority to refund an overcollection of fuel cost revenues.

Contact: Paula Mueller, 7800 Shoal Creek Boulevard, Austin, Texas 78757, (512) 458-0241.

Filed: November 16, 1995, 2:42 p.m.

TRD-9514930

Tuesday, December 5, 1995, 2:00 p.m.

7800 Shoal Creek Boulevard

Austin

Legal Administration

AGENDA:

A prehearing conference has been scheduled in Docket Number 13650-Application of Central Power and Light Company to reconcile fuel costs.

Contact: Paula Mueller, 7800 Shoal Creek Boulevard, Austin, Texas 78757, (512) 458-0241.

Filed: November 17, 1995, 1:25 p.m.

TRD-9514963

Railroad Commission of Texas

Monday, November 27, 1995, 2:00 p.m.

1701 North Congress Avenue, 12th Floor,
Willa Mae Palmer Conference Room

Austin

AGENDA:

Pursuant to Texas Government Code, Chapter 551, the following matters will be taken up by the Railroad Commission of Texas for consideration and/or decision:

I. Reorganization and personnel matters; the commission will conduct interviews and may take action on personnel matters.

II. Funding and/or contemplated litigation: The Lenape Resources Corporation, et al v. Tennessee Gas Pipeline Company, motion for rehearing before the Texas Supreme Court.

The commission may meet in executive session as permitted by Texas Government Code, Chapter 551.

Contact: Mary Ross McDonald, P.O. Box 12967, Austin, Texas 78711, (512) 463-7008.

Filed: November 17, 1995, 11:19 a.m.

TRD-9514953

◆ ◆ ◆
Texas Residential Property Insurance Market Assistance Program

Wednesday, November 29, 1995, 9:30 a.m.

333 Guadalupe, Rooms 1250A and 370A, Tower I

Austin

Executive Committee

AGENDA:

1. Working Group 1 issues (Room 1250A-9:30 a.m.-Noon)

Anti-trust statement

Eligibility

Criteria for mandatory participation

Monitoring MAP activity

Suggestions for designating underserved areas

Other House Bill 1367 provisions that relate to MAP

Working Group 2 issues (Room 370A-9:30 a.m.-Noon)

Anti-trust statement

Participating insurers

Participating agents

Operations

Other House Bill 1367 provisions that relate to MAP

2. General meeting (Room 1250A-1:00 p.m.-3:00 p.m.)

Anti-trust statement

Public input forum

General administrative matters

Working group reports and discussion

TDI staff draft of parts of proposed plan of operation

Purpose and scope, authority, definitions, policy forms and types of coverage, rates, Executive Committee, amendments, immunity from liability, termination of MAP

Other House Bill 1367 provisions that relate to MAP

Any other general business

Contact: Lyndon Anderson, 333 Guadalupe Street, Austin, Texas 78701, (512) 322-2235.

Filed: November 21, 1995, 7:59 a.m.

TRD-9515087

◆ ◆ ◆
Texas Senate

Tuesday, November 21, 1995, 10:00 a.m.

1100 Congress Avenue, Room E1.012

Austin

Interim Committee on Charitable Bingo

AGENDA:

Organizational meeting.

Contact: Joe Garcia, P.O. Box 12068, Austin, Texas 78711, (512) 463-0127.

Filed: November 17, 1995, 4:08 p.m.

TRD-9514999

Wednesday, November 29, 1995, 1:30 p.m.

1100 Congress Avenue, Senate Chamber

Austin

Health and Human Services

AGENDA:

The purpose of the meeting will be to receive a briefing regarding the status of the Medicaid and welfare reform waivers, the status of federal Medicaid and welfare reform legislation and the anticipated budget and policy impact of the legislation on Texas' health and human services related programs.

Contact: David Holmes, P.O. Box 12068, Austin, Texas 78711, (512) 463-0360.

Filed: November 17, 1995, 4:08 p.m.

TRD-9515000

Tuesday, December 5, 1995, 9:30 a.m.

1100 Congress Avenue, Finance Committee Room, E1.036

Austin

Finance Committee

AGENDA:

Organizational meeting to discuss interim changes.

Contact: John Opperman, P.O. Box 12068, Austin, Texas 78711, (512) 463-0370.

Filed: November 17, 1995, 4:08 p.m.

TRD-9514997

Friday, December 8, 1995, 8:00 a.m.

1201 West University Drive, Communications Arts and Sciences Media Theater

Edinburg

International Relations, Trade and Technology

AGENDA:

I. Opening remarks and introductions

II. Short-term response

III. Long-range solutions

IV. Adjournment

Contact: Sarah Acosta, P.O. Box 12068, Austin, Texas 78711, (512) 463-0989.

Filed: November 17, 1995, 4:08 p.m.

TRD-9514998

◆ ◆ ◆
Texas State Board of Social Worker Examiners

Friday, December 1, 1995, 8:00 a.m.

Room 104, Wyndham Austin Hotel, 4140 Governor's Row

Austin

Budget Committee

AGENDA:

The committee will meet to discuss and possibly act on: report from division director; review budget; and develop budget recommendations for board approval.

Contact: Michael Doughty, 1100 West 49th Street, Austin, Texas 78756, (512) 719-3521. To request an accommodation under the ADA, please contact Renee Rusch, ADA Coordinator to the Office of Civil Rights at (512) 458-7627 or TDD at (512) 458-7708 at least two days prior to the meeting.

Filed: November 17, 1995, 2:08 p.m.

TRD-9514979

Friday, December 1, 1995, 9:15 a.m.

Room 104, Wyndham Austin Hotel, 4140 Governor's Row

Austin

Complaints/Compliance Committee

AGENDA:

The committee will meet to discuss and possibly act on: approval of the minutes from the September 22, 1995 meeting; consider sanctions list per §50.022(b); complaints (SW-96-002; SW-96-003; SW-96-004; SW-96-005; SW-96-006; SW-96-007; SW-96-008; SW-96-009; SW-96-010; SW-96-011; SW-96-012; SW-96-013; SW-96-014; SW-96-015; SW-96-016; SW-96-017; SW-96-018; SW-96-019; SW-96-020; SW-96-021; SW-96-023; SW-96-024; SW-95-002; SW-95-010; SW-95-035; SW-95-044; SW-95-056; SW-95-061; SW-95-062; SW-95-063; SW-95-065; SW-95-069; SW-95-071; SW-95-072; SW-95-073; SW-95-074; SW-95-075; SW-95-076; SW-95-077; SW-95-078; SW-95-080; SW-95-081; and SW-96-001); consider order relating to GB; and set next meeting.

Contact: Michael Doughty, 1100 West 49th Street, Austin, Texas 78756, (512) 719-3521. To request an accommodation under the ADA, please contact Renee Rusch, ADA Coordinator to the Office of Civil Rights at (512) 458-7627 or TDD at (512) 458-7708 at least two days prior to the meeting.

Filed: November 17, 1995, 2:09 p.m.

TRD-9514980

Friday, December 1, 1995, 1:30 p.m.

Room 104, Wyndham Austin Hotel, 4140 Governor's Row

Austin

AGENDA:

The board will discuss and possibly act on: approval of the minutes from the September 23, 1995 meeting; executive director's report; division director's report; committee reports (consider continued competency project; consider more than one supervisor for advanced clinical practitioner or advanced practitioner recognition; consider providing a list of approved supervisors; and consider other options for social workers to receive continuing education information); American Association of State Social Work Boards (AASSWB) disciplinary action system (DARS) release of information policy; board relationship to social work undergraduate and graduate programs; recommendations from Budget Committee; Eileen Crosier, LMSW-ACP follow-up to court ordered social studies workshop; comments on proposed rules amending §781.401; action on final rules amending §781.401; standardized sanctions; retention policy of records; order relating to GB; ratify probated license of Maria L. Avila; ratify probated license of Laura S. Garner; ratify probated license of Dario R. Juarez; ratify other probated licenses; consider proposing any new rules to Chapter 781; and set next meetings.

Contact: Michael Doughty, 1100 West 49th Street, Austin, Texas 78756, (512) 719-3521. To request an accommodation under the ADA, please contact Renee Rusch, ADA Coordinator to the Office of Civil Rights at (512) 458-7627 or TDD at (512) 458-7708 at least two days prior to the meeting.

Filed: November 17, 1995, 2:08 p.m.

TRD-9514978

Saturday, December 2, 1995, 9:00 a.m.

Room 102, Wyndham Austin Hotel, 4140 Governor's Row

Austin

Newsletter Committee

AGENDA:

The committee will meet to discuss and possibly act on: minutes from the April 28, 1995 meeting; consider limiting the number of programs a provider may list in the continuing education newsletter; consider other options for social workers to receive continuing education information; consider next newsletter content; and set next meeting.

Contact: Michael Doughty, 1100 West 49th Street, Austin, Texas 78756, (512) 719-3521. To request an accommodation under the ADA, please contact Renee Rusch, ADA Coordinator to the Office of Civil Rights at (512) 458-7627 or TDD at (512) 458-7708 at least two days prior to the meeting.

Filed: November 17, 1995, 2:09 p.m.

TRD-9514983

Saturday, December 2, 1995, 10:00 a.m.

Room 102, Wyndham Austin Hotel, 4140 Governor's Row

Austin

Supervision Committee

AGENDA:

The committee will meet to discuss and possibly act on: approval of the minutes from the June 9, 1995 meeting; Dr. Shannon will report the analysis of the goals section on the supervisory plans; consider more than one supervisor for advanced clinical practitioner or advanced practitioner recognition; consider supervision recommendation on the supervision verification forms; consider providing a list of approved supervisors; and set next meeting date.

Contact: Michael Doughty, 1100 West 49th Street, Austin, Texas 78756, (512) 719-3521. To request an accommodation under the ADA, please contact Renee Rusch, ADA Coordinator to the Office of Civil Rights at (512) 458-7627 or TDD at (512) 458-7708 at least two days prior to the meeting.

Filed: November 17, 1995, 2:09 p.m.

TRD-9514981

Saturday, December 2, 1995, 1:00 p.m.

Room 102, Wyndham Austin Hotel, 4140 Governor's Row

Austin

Continuing Education Committee

AGENDA:

The committee will meet to discuss and possibly act on: minutes from the April 28, 1995 meeting; consider continued competency project; audit of continuing education unit (CEU) sponsors; and set next meeting.

Contact: Michael Doughty, 1100 West 49th Street, Austin, Texas 78756, (512) 719-3521. To request an accommodation under the ADA, please contact Renee Rusch, ADA Coordinator to the Office of Civil Rights at (512) 458-7627 or TDD at (512) 458-7708 at least two days prior to the meeting.

Filed: November 17, 1995, 2:09 p.m.

TRD-9514982

Teacher Retirement System of Texas

Tuesday, November 28, 1995, 1:30 p.m.

1000 Red River, Fifth Floor Board Room

Austin

Retirees Advisory Committee

AGENDA:

Call to order; introduction of guests and visitors; approval of minutes of August 4, 1995, meeting; report on the status of TRS-Care funds; staff recommendation regarding plan design changes for 1995-1996 plan year; public comment regarding staff recommendation; consideration of staff recommendation; report on progress and implementation schedule of Active Public School Employee Insurance Program; administrative remarks and introduction of executive director; administrative remarks; and adjournment.

Contact: Liz Zarsky, 1000 Red River, Austin, Texas 78701-2698, (512) 397-6456. For ADA assistance, contact Liz Zarsky (512) 397-6456 or T.D.D. (512) 397-6444 or 1-800-841-4497 at least two days prior to the meeting.

Filed: November 17, 1995, 4:33 p.m.

TRD-9515014

Telecommunications Infrastructure Fund Board

Monday, November 27, 1995, 10:00 a.m.

1400 North Congress Avenue, Room E1.010

Austin

Telecommunications Infrastructure Fund Board

AGENDA:

I. Oath of Office-Governor George W. Bush

II. Call to Order/Quorum Call-Chairman Carolyn Bacon

III. Board Introduction and Comments-All Board Members

IV. Ethics Overview-Al Gonzales, General Counsel, Governor's Office

V. Statute Orientation-Senator David Sibley, Representative Curtis Seidlets

VI. Comptrollers Assessment Process-Karey Barton and Tommy Champion

Lunch Break

VII. Distance Learning and Telemedicine in Texas-

1. Kenneth H. Ashworth-Commissioner, Texas Higher Education Coordinating Board

2. Mike Moses-Commissioner, Texas Education Agency

3. Robert S. Martin-Director, Texas State Library and Archives Commission

4. Marion Zetzman, DrPH, Center for Rural Health Initiatives

5. Bill McCaughan-President, Texas TeleHealth and Education Consortium

VIII. Action Items-Chairman Carolyn Bacon

1. Job Postings

2. Request for Emergency Deficiency Appropriation

3. Contracting for office space and support
Contact: Jimmy Glotfelty, Telecommunications Infrastructure Fund Board, P.O. Box 12428, Austin, Texas 78701, (512) 936-8432.

Filed: November 17, 1995, 10:10 a.m.

TRD-9514952

Board of Vocational Nurse Examiners

Monday-Tuesday, December 4-5, 1995, 8:00 a.m.

North Hilton and Towers, Hill Country

Room A, 6000 Middle Fiskville Road
Austin

Board Meeting

AGENDA:

Monday, December 4, 1995: Call to order, introduction of board members, introduction of new staff, approval of minutes, education report (site program matters, program actions, meetings/conferences/seminars attended by Education Division staff), unfinished business (budget reports, TPAPN, Health Professions Council), executive director's report, new business (Citizens Advocacy Council meeting, Rules Committee meeting, Rules Committee meeting).

Tuesday, December 5, 1995: Administrative hearings (agreed orders/voluntary surrenders), administrative law judge recommendations), unfinished business (rule changes/new rules-231.11, 235.3, 235.6, 235.49, 237.19, any other unfinished business), executive session on call to discuss personnel matters, adjournment.

Contact: Marjorie A. Bronk, 333 Guadalupe, 3-400, Austin, Texas 78701, (512) 305-8100.

Filed: November 16, 1995, 2:43 p.m.

TRD-9514932

On-Site Wastewater Treatment Research Council

Tuesday, November 28, 1995, 8:30 a.m.

Texas Natural Resource Conservation Commission, 121 Park 35 Circle, Building C

Austin

Council Meeting

AGENDA:

The council will act on the minutes of the previous meeting. The following reports will be presented: the chairman's report, the committee reports, the executive secretary's report. Other items on the agenda will include: public comments; discussion and possible action on items for the 1996 Annual Conference; discussion and possible action on the prioritization of the types of projects for council funding; discussion and possible action on the unsolicited proposal from the Center for Maximum Potential Building Systems for completion of landscaped natural treatment system project; discussion and possible action on the unsolicited proposal from Texas Agricultural Extension Service for operating and maintaining the on-site wastewater treatment training center and for adding a soils training facility to the training center. The scheduling of future meetings will end the meeting.

Contact: Annette Maddern, P.O. Box 13087, MC 160, Austin, Texas 78711-3087, (512) 239-4732.

Filed: November 17, 1995, 8:22 a.m.

TRD-9514942

Texas Workforce Commission

Monday, November 27, 1995, 2:00 p.m.

Room 644, TEC Building, 101 East 15th Street

Austin

AGENDA:

Discussion, consideration, and possible action with regard to transfer of programs pursuant to House Bill 1863.

Contact: C. Ed Davis, 101 East 15th Street, Austin, Texas 78778, (512) 463-2291.

Filed: November 16, 1995, 4:12 p.m.

TRD-9514935

Tuesday, November 28, 1995, 9:00 a.m.

Room 644, TEC Building, 101 East 15th Street

Austin

AGENDA:

Prior meeting notes; staff reports; internal procedures of commission appeals; consideration and action on higher level appeals in unemployment compensation cases listed on Texas Employment Commission Docket 48; discussion, consideration, and possible action with regard to transfer of programs pursuant to House Bill 1863; consideration of design and implementation of state-local planning process, procedure for reviewing local plans and making recommendations regarding same, and the development of objective criteria for granting waivers; and set date of next meeting.

Contact: C. Ed Davis, 101 East 15th Street, Austin, Texas 78778, (512) 463-2291.

Filed: November 20, 1995, 4:11 p.m.

TRD-9515075

Regional Meetings

Meetings Filed November 16, 1995

The Bosque County Central Appraisal District Board of Directors will meet at 202 South Highway 6, Meridian, November 28, 1995, at 7:00 p.m. Information may be obtained from Janice Henry, P.O. Box 393, Meridian, Texas 76665-0393, (817) 435-2304. TRD-9514928.

The Burke Center Board of Trustees will meet at 4101 South Medford Drive, Lufkin, November 28, 1995, at 1:00 p.m. Information may be obtained from Sandra J. Vann, 4101 South Medford Drive, Lufkin, Texas 75901, (409) 639-1141. TRD-9514920.

The Denton Central Appraisal District Board of Directors will meet at 3911 Morse Street, Denton, December 7, 1995, at 4:00 p.m. Information may be obtained from Kathy Williams, P.O. Box 2816, Denton, Texas 76202-2816, (817) 566-0904. TRD-9514936.

The Lower Colorado River Authority Community Development Partnership Program Grants Review Committee met at 3701 Lake Austin Boulevard, Hancock Building, Board Room, Austin, November 20, 1995, at 9:00 a.m. Information may be obtained from Glen E. Taylor, P.O. Box 220, Austin, Texas 78767, (512) 473-3287. TRD-9514937.

The Sabine Valley Center Board of Trustees met at the Administration Building, 107 Woodbine Place, Longview, November 17, 1995, at 10:30 a.m. Information may be obtained from Inman White or LaVerne Moore, P.O. Box 6800, Longview, Texas 75608, (903) 237-2362. TRD-9514934.

The Texas Water Conservation Association Risk Management Fund Board of Trustees will meet in the Evergreen Room, Tapatio Springs Resort and Conference Center, P.O. Box 550, Boerne, November 30, 1995, at 10:30 a.m. Information may be obtained from Leroy Goodson, 221 East Ninth Street, Suite 206, Austin, Texas 78701, (512) 472-7216. TRD-9514921.

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**Meetings Filed November 17,
1995**

The Alamo Area Council of Governments 9-1-1 Rural Area Judges Committee met at 118 Broadway, Suite 400, San Antonio, November 22, 1995, at 10:00 a.m. Information may be obtained from Al J. Notzon III, 118 Broadway, Suite 400, San Antonio, Texas 78205, (210) 225-5201. TRD-9514956.

The Alamo Area Council of Governments Rural Area Judges met at 118 Broadway, Suite 400, San Antonio, November 22, 1995, at 11:30 a.m. Information may be obtained from Al J. Notzon III, 118 Broadway, Suite 400, San Antonio, Texas 78205, (210) 225-5201. TRD-9514957.

The Alamo Area Council of Governments Board of Directors met at 118 Broadway, Suite 400, San Antonio, November 22, 1995, at 1:00 p.m. Information may be obtained from Al J. Notzon III, 118 Broadway, Suite 400, San Antonio, Texas 78205, (210) 225-5201. TRD-9514958.

The Austin Transportation Study Governance Review Committee met at 301 West Second Street, Subcommittee A Meeting, Second Floor Conference Room, and Sub-

committee B Meeting, First Floor Conference Room, November 20, 1995, at 1:30 p.m. and 2:00 p.m., respectively. Information may be obtained from Michael R. Aulick, P.O. Box 1088-Annex, Austin, Texas 78767, (512) 499-2275. TRD-9514950.

The Erath County Appraisal District Appraisal Review Board will meet at 1390 Harbin Drive, Stephenville, December 13, 1995, at 9:00 a.m. Information may be obtained from Mitzi Meekins, 1390 Harbin Drive, Stephenville, Texas 76401, (817) 965-5434. TRD-9514992.

The Golden Crescent Regional Planning Commission Executive Committee will meet at 568 Big Bend Drive, Regional Airport, Building 102, Victoria, December 6, 1995, at 4:00 p.m. Information may be obtained from Rhonda G. Stastny, P.O. Box 2028, Victoria, Texas 77902, (512) 578-1587. TRD-9515003.

The Golden Crescent Regional Planning Commission Board of Directors will meet at 568 Big Bend Drive, Regional Airport, Building 102, Victoria, December 6, 1995, at 5:00 p.m. Information may be obtained from Rhonda G. Stastny, P.O. Box 2028, Victoria, Texas 77902, (512) 578-1587. TRD-9515004.

The Johnson County Rural Water Supply Corporation (Revised Agenda.) Regular Board met at the Corporation Office, 2849 Highway 171 South, Cleburne, November 21, 1995, at 10:00 a.m. Information may be obtained from Peggy Johnson, P.O. Box 509, Cleburne, Texas 76033, (817) 645-6646. TRD-9514990.

The Lamb County Appraisal District Appraisal Review Board will meet at 331 LFD Drive, Littlefield, December 5, 1995, at 8:00 a.m. Information may be obtained from Vaughn E. McKee, P.O. Box 950, Littlefield, Texas 79339-0950, (806) 385-6474. TRD-9514945.

The Lavaca County Central Appraisal District Board of Directors will meet at 113 North Main Street, Hallettsville, December 7, 1995, at 4:00 p.m. Information may be obtained from Diane Munson, P.O. Box 386, Hallettsville, Texas 77964, (512) 798-4396. TRD-9515015.

The Texas Water Conservation Association Risk Management Fund Board of Trustees Strategic Planning will meet in the Cibilo A Room, Tapatio Springs Resort and Conference Center, P.O. Box 550, Boerne, November 29-30, 1995, at 8:30 a.m. Information may be obtained from Leroy Goodson, 221 East Ninth Street, Suite 206, Austin, Texas 78701, (512) 472-7216. TRD-9514944.

**Meetings Filed November 20,
1995**

The Gonzales County Appraisal District Agricultural Advisory Board will meet at 928 St. Paul, Gonzales, November 29, 1995, at 6:30 p.m. Information may be obtained from Connie Barfield or Glenda Strackbein, 928 St. Paul, Gonzales, Texas 78629, (210) 672-2879 or Fax: (210) 672-8345. TRD-9515082.

The Gonzales County Appraisal District Agricultural Advisory Board will meet at 928 St. Paul, Gonzales, November 30, 1995, at 9:00 a.m. Information may be obtained from Connie Barfield or Glenda Strackbein, 928 St. Paul, Gonzales, Texas 78629, (210) 672-2879 or Fax: (210) 672-8345. TRD-9515084.

The Lower Rio Grande Valley Development Council Board of Directors will meet at the Hidalgo City Hall, 704 Tejano, Hidalgo, November 30, 1995, at 12:30 p.m. Information may be obtained from Kenneth N. Jones, Jr., 4900 North 23rd Street, McAllen, Texas 78504, (210) 682-3481. TRD-9515054.

The Lubbock Regional MHMR Center Board of Trustees will meet at 1602 Tenth Street-Board Room, Lubbock, November 27, 1995, at Noon. Information may be obtained from Gene Menefee, P.O. Box 2828, Lubbock, Texas 79408, (806) 766-0202. TRD-9515053.

The Trinity River Authority of Texas Administration Committee will meet at 5300 South Collins Street, Arlington, November 27, 1995, at 10:30 a.m. Information may be obtained from James L. Murphy, P.O. Box 60, Arlington, Texas 76004, (817) 467-4343. TRD-9515052.

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**Meetings Filed November 21,
1995**

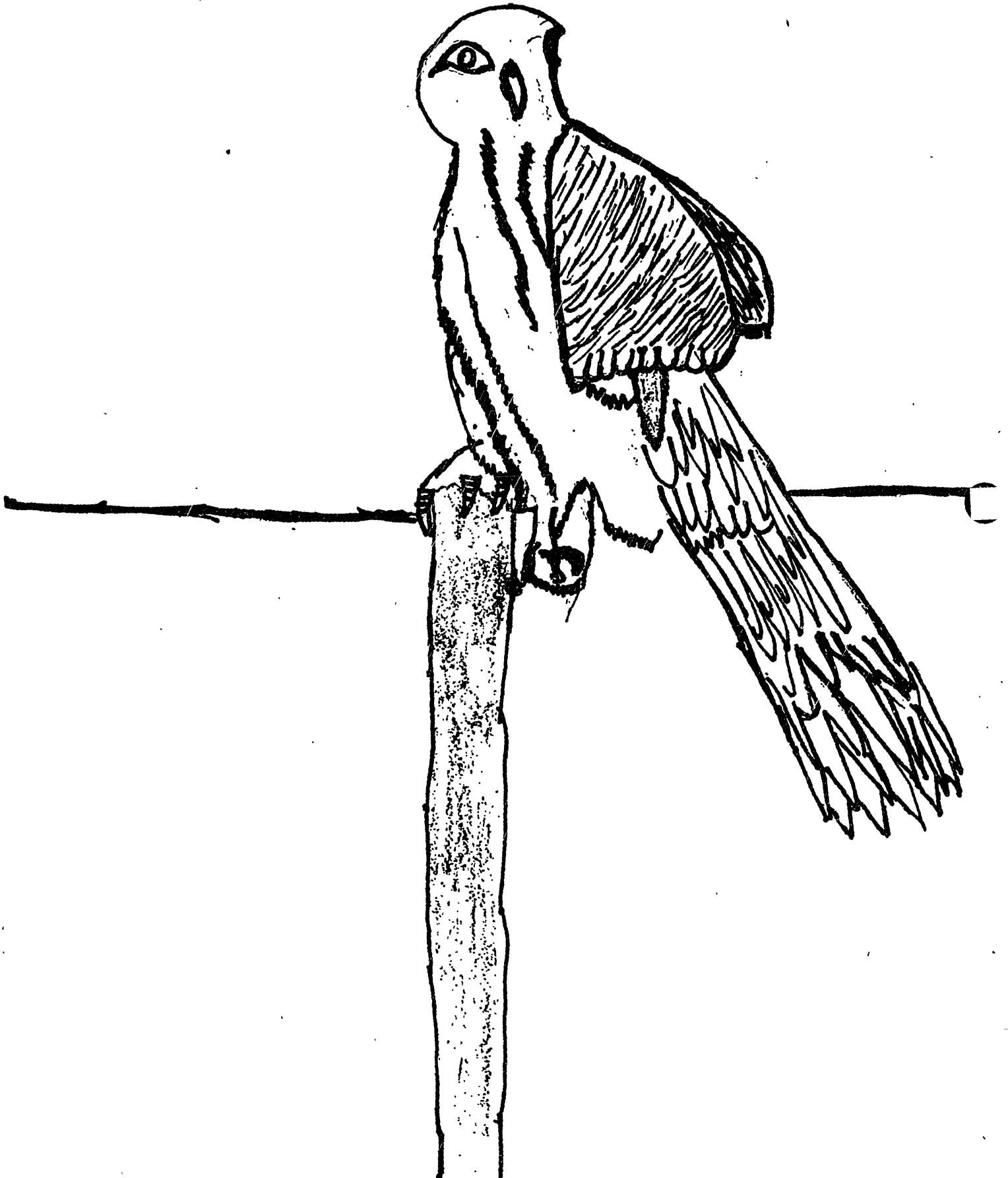
The Edwards Central Appraisal District Board of Directors will meet at 408 Austin Street, County Annex Building, Rocksprings, November 28, 1995, at 2:00 p.m. Information may be obtained from Teresa Sweeten, P.O. Box 378, Rocksprings, Texas 78880, (210) 683-4189. TRD-9515092.

The San Antonio-Bexar County Metropolitan Planning Organization Transportation Steering Committee will meet at the International Conference Center of the Convention Center Complex, San Antonio, November 27, 1995, at 1:30 p.m. Information may be obtained from Janet A. Kennison, 434 South Main, Suite 205, San Antonio, Texas 78204, (210) 227-8651. TRD-9515090.

Name: Madison Paul

Grade: 4

School: Nursery Elementary School, Nursery ISD



IN ADDITION

The *Texas Register* is required by statute to publish certain documents, including applications to purchase control of state banks, notices of rate ceilings, changes in interest rate and applications to install remote service units, and consultant proposal requests and awards.

To aid agencies in communicating information quickly and effectively, other information of general interest to the public is published as space allows.

State Office of Administrative Hearings Notice of Public Hearing—Private Passenger and Commercial Automobile Insurance Benchmark Rates

Notice is hereby given of Location of Public Hearing under Docket Number 454-95-1218.G, Private Passenger and Commercial Automobile Insurance Benchmark Rates, which appeared in the September 26, 1995, issue of the *Texas Register* (20 TexReg 7884). The hearing will begin on Tuesday, November 28, 1995, at 9:00 a.m.

The location of the hearing has been changed from the State Office of Administrative Hearings, William P. Clements State Office Building, 300 West 15th Street, Austin, Texas 78701, to The Lyndon B. Johnson School of Public Affairs, Sid Richardson Hall—Unit Three, Bass Lecture Hall, 2315 Red River, Austin, Texas 78713-8925-99.

Issued in Austin, Texas, on November 17, 1995.

TRD-9514987 Sheila Bailey Taylor
Deputy Chief Administrative Law Judge
State Office of Administrative Hearings

Filed: November 17, 1995

Texas Department of Agriculture Notices of Public Hearings

The Texas Department of Agriculture (the department) will hold public hearings to take public comment regarding the department's proposed amendments to the imported fire ant quarantine as published in the November 7, 1995, issue of the *Texas Register* (20 TexReg 9238).

Hearings will be held as follows.

(1) Thursday, November 30, 1995, at the Texas Department of Agriculture Valley Regional Office, 900-B. East Expressway 83, San Juan, Texas, beginning at 10:30 a.m. for Willacy and Hidalgo counties. For more information, please contact Hector Flores, Regional Director, Texas Department of Agriculture, Valley Regional Office, 900-B East Expressway 83, San Juan, Texas 78589, (210) 787-8866.

(2) Friday, December 1, 1995 at the Ector County Extension Office, 1010 East Eighth, Odessa, Texas, beginning at 10:00 a.m. for Ector county. For more information, please contact Ronald Bertrand, Regional Director, Texas Department of Agriculture, West Texas Regional Office, 4502 Englewood Avenue, Lubbock, Texas 79414, (806) 799-8555.

Issued in Austin, Texas, on November 17, 1995.

TRD-9514988 Dolores Alvarado Hibbe
Chief Administrative Law Judge
Texas Department of Agriculture

Filed: November 17, 1995

In accordance with the Texas Agriculture Code Annotated, §61.002, the Texas Department of Agriculture will conduct a public hearing to take public comment regarding the department's proposed amendment to the Texas Administrative Code, §19.3, concerning Texas Seed Law. The proposed amendment was published in the September 5, 1995, issue of the *Texas Register* (20 TexReg 6876). The hearing will be held December 4, 1995, beginning at 1:30 p.m. at 1700 North Congress Avenue, Room 924A, Austin, Texas.

The deadline for written comments on the proposed amendment has been extended to December 5, 1995. Comments should be sent to David Kostroun, Coordinator, Plant Quality Programs, P.O. Box 12847, Austin, Texas 78711.

For further information regarding the hearing or to obtain a copy of the proposed amendment, please contact David Kostroun at (512) 463-0012 or in writing at P.O. Box 12847, Austin, Texas 78711.

Issued in Austin, Texas, on November 17, 1995.

TRD-9514989 Dolores Alvarado Hibbe
Chief Administrative Law Judge
Texas Department of Agriculture

Filed: November 17, 1995

Ark-Tex Council of Governments Ark-Tex Council of Governments (ATCOG) Request for Vendor Proposal for Underground Network Cable Installation for Child Care Management Services (CCMS) Automation Project

The Ark-Tex Council of Governments (ATCOG) is in the process of requesting proposals for an underground cabling project for our Centre West offices, 911 North Bishop Road, Building A, Wake Village, Texas 75501-1900. The project would consist of approximately 400' of 3" PVC Electrical Conduit to be laid underground between Building A and Building B in our complex. A bore under of existing parking lot will be required.

The proposal selected will be expected to meet the requirements set forth in the Request for Proposal (RFP) and

evaluated in terms of methodology of implementation, proposed cost/budget and past performance of services. Final selection shall be approved by the Ark-Tex Council of Governments.

Those interested in receiving a request for proposal packet should contact Dexter Stone, Computer Systems Coordinator, Ark-Tex Council of Governments Centre West, 911 North Bishop Road, Building A, Wake Village, Texas 75501-1900, (903) 832-8636. The deadline for proposal submission to ATCOG is 5:00 p.m. on December 8, 1995.

Issued in Texarkana, Texas, on November 16, 1995.

TRD-9515030 James C. Fisher, Jr
Executive Director
Ark-Tex Council of Governments

Filed: November 20, 1995



Office of Consumer Credit Commissioner

Notice of Rate Ceilings

The Consumer Credit Commissioner of Texas has ascertained the following rate ceilings by use of the formulas and methods described in Title 79, Texas Civil Statutes, Article 1.04, as amended (Texas Civil Statutes, Article 5069-1.04).

<u>Types of Rate Ceilings</u>	<u>Effective Period</u> (Dates are Inclusive)	<u>Consumer (1)/Agricultural/ Commercial (2) thru \$250,000</u>	<u>Commercial(2) over \$250,000</u>
Indicated (Weekly) Rate - Art. 1.04(a)(1)	11/20/95-11/26/95	18.00%	18.00%

(1) Credit for personal, family or household use. (2) Credit for business, commercial, investment or other similar purpose.

[graphic]

Issued in Austin, Texas, on November 14, 1995.

TRD-9514918 Leslie L. Pattijohn
Commissioner
Office of Consumer Credit Commissioner

Filed: November 16, 1995



Texas Department of Human Services Public Notice of Open Solicitation- Carson/Hansford County

Pursuant to Title 2, Chapters 22 and 32, of the Human Resources Code and 40 TAC §19.2324, in the March 31, 1995, issue of the *Texas Register* (20 TexReg 2443), the Texas Department of Human Services (TDHS) is announcing an open solicitation period of 30 days (starting the date of this public notice) for the construction of a 90-bed nursing facility in Carson County, County #033 and Hansford County, County #098 identified in the September 22, 1995, issue of the *Texas Register* (20 TexReg 7763). These counties are also listed in this public notice. Potential contractors desiring to construct a 90-bed nursing facility in the county identified in this public notice must submit a written reply (as described in 40 TAC §19.2324) to TDHS, Gary L. Allen, Certification, Enrollment, and Billing Services, Long Term Care-Regulatory, Mail Code (Y-976), P.O. Box 149030, Austin, Texas 78714-9030. The written reply must be received by TDHS by 5:00 p.m. Wednesday, December 27, 1995, the last day of the open solicitation period. Potential contractors will be allowed 90 days to qualify and qualified potential contractors will be placed on a secondary-selection waiting list in the order

that their applications are received. To qualify, potential contractors must demonstrate an intent and ability to begin construction of a facility and to complete contracting within specified time frames. They must submit a letter of application to TDHS with the following documentation: First, there must be acceptable written documentation showing the ownership of or an option to buy the land on which the proposed facility is or will be located. Second, documentation must include a letter of finance from a financial institution. Third, documentation must include a signed agreement stating that, if selected, the potential contractor will pay liquidated damages if the 180-day and/or 18-month deadline(s) described in 40 TAC §19.2443(q) are not met. The signed agreement must also require the potential contractor to provide, within 10 working days after the date of selection, a surety bond or other financial guarantee acceptable to TDHS ensuring payment in the event of default. If the 180-day deadline is not met, liquidated damages are 5.0% of the estimated total cost of the proposed or completed facility. If the 18-month deadline is not met, liquidated damages are an additional 5.0% of the estimated total cost of the proposed or completed facility. Fourth, there must be acceptable written documentation that the preliminary architectural plans for the proposed or completed facility have been submitted to the Architectural Section of TDHS. Each application must be complete at the time of its receipt. TDHS accepts the first qualified potential contractor on the secondary-selection waiting list. If no potential contractors submit replies during this open solicitation period, TDHS will place another public notice in the *Texas Register* announcing the reopening of the open solicitation period until a potential contractor replies.

Occupancy rates for identified threshold counties are listed as, follows:

County Number	County Name	Number of Months Over	APR	MAY	JUN	JUL	AUG	SEPT
033	CARSON	6	100.0	100.0	100.0	100.0	100.0	100.0
098	HANSFORD	6	94.9	94.3	91.5	93.7	92.4	90.8

[graphic]

Issued in Austin, Texas, on November 16, 1995.

TRD-9514924 Nancy Murphy
Section Manager, Media and Policy Services
Texas Department of Human Services

Filed: November 16, 1995

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Public Notice of Open Solicitation-Reeves County

Pursuant to Title 2, Chapters 22 and 32, of the Human Resources Code and 40 TAC §19.2324, in the March 31, 1995, issue of the *Texas Register* (20 TexReg 2443), the Texas Department of Human Services (TDHS) is announcing an open solicitation period of 30 days, effective the date of this public notice, for Reeves County #195, identified in this notice, where Medicaid contracted nursing facility occupancy rates exceed the threshold (90% occu-

pancy) in each of six months in the continuous, April 1995-September 1995, six-month period. Potential contractors seeking to contract for existing beds which are currently licensed as nursing home beds or hospital beds in the counties identified in this public notice must submit a written reply (as described in 40 TAC §19.2324) to TDHS, Gary L. Allen, Certification, Provider Enrollment, and Billing Services, Long Term Care-Regulatory, Mail Code Y-976, Post Office Box 149030, Austin, Texas 78714-9030. The written reply must be received by TDHS by 5:00 p.m. Wednesday, December 27, 1995, the last day of the open solicitation period. Potential contractors will be placed on a waiting list for the primary selection process in the order that the beds which were being proposed for Medicaid certification were initially licensed. The primary selection process will be completed on January 8, 1995. If there are insufficient available beds after the primary selection to reduce occupancy rates to less than 90%, TDHS will place a public notice in the *Texas Register* announcing an additional open solicitation period for those individuals wishing to construct a facility.

County Number	County Name	Number of Months Over	APR	MAY	JUN	JUL	AUG	SEP
195	BEEVES	6	90.1	94.6	93.1	91.0	93.3	92.3

[graphic]

Issued in Austin, Texas, on November 16, 1995.

TRD-9514925 Nancy Murphy
Section Manager, Media and Policy Services
Texas Department of Human Services

Filed: November 16, 1995

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Texas Department of Insurance Insurer Services

The following applications have been filed with the Texas Department of Insurance and are under consideration:

Application for incorporation in Texas for Direct Line Insurance Company, Inc., a domestic fire and casualty company. The home office is in Houston, Texas.

Application for a name change in Texas for Illinois Mutual Life and Casualty Company, foreign life, accident and health company. The proposed new name is Illinois Mu-

tual Life Insurance Company. The home office is in Peoria, Illinois.

Application for a name change in Texas for National American Life Insurance Company of Texas, a domestic life, accident and health company. The proposed new name is General Life Insurance Company. The home office is in Austin, Texas.

Application for a name change in Texas for Chilton Insurance Company, a domestic life, accident and health company. The proposed new name is TIG American Specialty Insurance Company. The home office is in Irving, Texas.

Application for incorporation in Texas for Texas Sonic Employers Trade Association, Inc., a foreign Multiple Employer Welfare Arrangement. The home office is in Kansas City, Missouri.

Application for incorporation in Texas for TOMA Fuel and Food Group Trust and Welfare Plan, a domestic Multiple Employer Welfare Arrangement. The home office is in Austin, Texas.

Application for incorporation in Texas for SPDDS Employees Benefit Trust, a domestic Multiple Employer Welfare Arrangement. The home office is in Lubbock, Texas.

Any objections must be filed within 20 days after this notice was filed with the Texas Department of Insurance, addressed to the attention of Cindy Thurman, 333 Guadalupe Street, M/C 305-2C, Austin, Texas 78701.

Issued in Austin, Texas, on November 20, 1995.

TRD-9515039 Alicia M. Fecthel
General Counsel and Chief Clerk
Texas Department of Insurance

Filed: November 20, 1995

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Notice

The Texas Department of Insurance adopted amendments to 28 TAC Chapters 3 and 11, concerning managed care plans on November 15, 1995. The adopted rules appear in this issue of the *Texas Register*. The Department also has proposed amendments to the same chapters. In order to avoid confusion between the adopted and proposed sections, the proposed rules will be published in a later issue of the *Texas Register* and the public comment period for the proposed rules will begin upon their publication in the *Texas Register*.

Issued in Austin, Texas, on November 20, 1995.

TRD-9515038 Alicia M. Fecthel
General Counsel and Chief Clerk
Texas Department of Insurance

Filed: November 20, 1995

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**Notice of Application by AECC Total
Vision Health Plan of Texas, Inc.,
Austin, Texas for Issuance of a
Certificate of Authority to Establish
and Operate an HMO in the State of
Texas**

Notice is given to the public of the application of AECC TOTAL VISION HEALTH PLAN OF TEXAS, INC., Austin, Texas for the issuance of a certificate of authority to establish and operate a health maintenance organization (HMO) for the sole purpose of providing a single health care service plan offering a vision care service in the State of Texas in compliance with the Texas HMO Act and rules and regulations for HMOs. The application is subject to public inspection at the offices of the Texas Department of Insurance, HMO Unit, 333 Guadalupe, Hobby Tower I, Sixth Floor, Austin, Texas.

Upon consideration of the application, if the Commissioner is satisfied that all requirements of law have been met, the Commissioner or his designee may take action to issue a certificate of authority to AECC TOTAL VISION HEALTH PLAN OF TEXAS, INC. without a public hearing.

Issued in Austin, Texas, on November 20, 1995.

TRD-9515040 Alicia M. Fecthel
General Counsel and Chief Clerk
Texas Department of Insurance

Filed: November 20, 1995

**Texas Natural Resource Conservation
Commission**

Application for Standby Fees

Notice of Application to Levy Standby Fees was issued during the period of November 13-17, 1995.

Application by Lake Conroe Hills Municipal Utility District (the "District") for renewal of the authority to adopt and impose standby fees on undeveloped property. The application has been executed by the Board of Directors of the District. The District received approval from the Commission for authority to impose standby fees for operations and maintenance for years 1991-1993. In 1994, the District levied a debt service tax rate and an operation and maintenance tax. Any revenues collected from the standby fees shall be used to pay operation and maintenance expenses. The amount of the standby fee requested is \$89.74 per equivalent single-family connection (ESFC) and \$228 per year per acre, per staff calculations, for operation and maintenance for a period not to exceed three years on all unimproved property within Sections 1 and 2 of the District that has available water and/or wastewater facilities financed and operated by the District.

The Commission may approve the standby fee as requested or it may approve a lower standby fee, but it will not approve a standby fee greater than that requested. The standby fee is a personal obligation of the person owning the undeveloped property on January 1 of the year for which the fee is assessed. A person is not relieved of the obligation on transfer of title to the property. On January 1 of each year, a lien attaches to the undeveloped property to secure payment of any standby fee imposed and the interest or penalty, if any, on the fee. The lien has the same priority as a lien for taxes of the District.

The Executive Director is authorized to act on behalf of the TNRCC and issue final approval on certain applications. The Executive Director will act on this application unless a written hearing request that includes the following information is filed within the 30 days after newspaper publication of this notice: the name, mailing address, and daytime phone number of the person requesting the hearing; the name of the District; the statement "I/we request a public hearing"; and a brief description of how the person for whom the hearing is being requested would be adversely affected by the approval of the application in a way not common to the public. A hearing request by a group or association must meet certain additional requirements that may be obtained from the Chief Clerk at the address and telephone number listed.

If a hearing request is filed, the Executive Director will not act on the application and will forward the application and hearing request to the TNRCC Commissioners for consideration at a scheduled Commission meeting.

If you wish to appeal a permit issued by the Executive Director, you may do so by filing a written Motion for Reconsideration with the Chief Clerk of the Commission no later than 20 days after the date the Executive Director signs the permit.

Requests for a public hearing or questions concerning procedures should be submitted in writing to the Office of the Chief Clerk-Mail Code 105, Texas Natural Resource Conservation Commission, P.O. Box 13087, Austin, Texas 78711-3087, (512) 239-3315.

Issued in Austin, Texas, on November 17, 1995.

TRD-9514976

Gloria A. Vasquez
Chief Clerk
Texas Natural Resource Conservation
Commission

Filed: November 17, 1995

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**Notices of Application for Permits to
Appropriate Public Waters of the State
of Texas**

Notices of application for permits to appropriate public waters of the State of Texas were issued during the period of November 6-17, 1995.

Application by TEXAS MUNICIPAL POWER AGENCY for authorization to maintain two dams and reservoirs which were constructed in 1982 for sediment control purposes. Pond 6A and Pond 7A are on-channel ponds, both are tributaries of the Navasota River, tributary of the Brazos River, Brazos River Basin at the applicant's Gibbons Creek Lignite Mine located approximately 8.2 miles northwest from the City of Anderson in Grimes County, Texas. Pond 6A is located on an unnamed tributary of Gibbons Creek with a surface area of 73.6 acres, impounding 390.9 acre-feet at the principal spillway elevation of 209.9 above mean sea level. Pond 6A is the most upstream impoundment and is located in the James W. Tuttle Survey, Abstract Number 448, and at the midpoint of the centerline of the dam it is North 72 degrees 53 feet 32 inches West, 8,811 feet from the southeast corner of the aforesaid Tuttle Survey. Pond 7A is located on Dry Creek, tributary of Gibbons Creek, with a surface area of 79.7 acres, impounding 862.2 acre-feet of water at the principal spillway elevation of 214.21 above mean sea level. Pond 7A is downstream of Pond 6A and at a point on the centerline of the dam it is North 73 degrees 18 feet 50 inches East, 3,083 feet from the southwest corner of the aforesaid Tuttle survey, also being Latitude 30.554 degrees North and Longitude 96.100 degrees West. These ponds, Pond 6A and Pond 7A, will eventually transfer ownership to private landowners after final reclamation and bond release through the Railroad Commission of Texas. The applicant has stated that both ponds will be used for domestic and livestock consumption.

The Executive Director will issue the permit unless a written hearing request is filed within 30 days after newspaper publication of this notice. To request a hearing, you must submit the following: your name (or for a group or association, an official representative), mailing address, daytime phone number, and fax number, if any; the name of the applicant and the permit number; the statement "I/we request a public hearing"; a brief description of how you would be adversely affected by the granting of the application in a way not common to the general public; the location of your property relative to the applicant's operations; and your proposed adjustments to the application/permit which would satisfy your concerns and cause you to withdraw your request for hearing.

If a hearing request is filed, the Executive Director will not issue the permit and will forward the application and hearing request to the TNRCC Commissioners for their consideration at a scheduled Commission meeting. If a hearing is held, it will be a legal proceeding similar to civil trials in state district court.

If you wish to appeal a permit issued by the Executive Director, you may do so by filing a written Motion for

Reconsideration with the Chief Clerk of the Commission no later than 20 days after the date the Executive Director signs the permit.

Requests for a public hearing or questions concerning procedures should be submitted in writing to the Chief Clerk's Office, Park 35 TNRCC Complex, Building F, Room 4301, Texas Natural Resource Conservation Commission, P.O. Box 13087, Austin, Texas 78711, (512) 239-3300.

Issued in Austin, Texas, on November 17, 1995.

TRD-9514975

Gloria A. Vasquez
Chief Clerk
Texas Natural Resource Conservation
Commission

Filed: November 17, 1995

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**Notices of Applications for Waste
Disposal Permits**

Notice of applications for waste disposal permits were issued during the period of November 13-17, 1995.

These applications are subject to a Commission resolution adopted August 18, 1993, which directs the Commission's Executive Director to act on behalf of the Commission and issue final approval of certain permit matters. The Executive Director will issue these permits unless one or more persons file written protests and/or a request for a hearing within 30 days after publication of this notice.

If you wish to request a public hearing, you must submit your request in writing. You must state your name, mailing address, and daytime phone number; the permit number or other recognizable reference to this application; the statement "I/we request a public hearing"; a brief description of how you, or the persons you represent, would be adversely affected by the granting of the application; a description of the location of your property relative to the applicant's operations; and your proposed adjustment to the application/permit which would satisfy your concerns and cause you to withdraw your request for hearing. If one or more protests and/or requests for hearing are filed, the Executive Director will not issue the permit and will forward the application to the Office of Hearings Examiners where a hearing may be held. In the event a hearing is held, the Office of Hearings Examiners will submit a recommendation to the Commission for final decision. If no protests or requests for hearing are filed, the Executive Director will sign the permit 30 days after publication of this notice or thereafter. If you wish to appeal a permit issued by the Executive Director, you may do so by filing a written Motion for Reconsideration with the Chief Clerk of the Commission no later than 20 days after the date the Executive Director signs the permit.

Information concerning any aspect of these applications may be obtained by contacting the Texas Natural Resource Conservation Commission, P.O. Box 13087, Austin, Texas 78711, (512) 239-3300.

Listed are the name of the applicant and the city in which the facility is located, type of facility, location of the facility, permit number and type of application-new permit, amendment, or renewal.

ACME BRICK COMPANY; the permittee operates the Bridgeport Clay Mine; the plant site is adjacent to the north side of State Highway 920 approximately one mile

west of the intersection of State Highways 920 and 114 in the City of Bridgeport, Wise County, Texas; new; 03858.

PHILIPS ELECTRONICS NORTH AMERICA CORPORATION; groundwater treatment unit at an electronics manufacturing facility; the plant site is on Harvey Road and approximately 1.5 miles south of U.S. Highway 180 and approximately 0.4 mile east of FM Road 1195 in the City of Mineral Wells, Parker County, Texas; new; 03835.

TOM HOLMES, doing business as Holmwood Subdivision; the wastewater treatment facilities are 1.1 miles southwest from the intersection of State Highway 190 and State Highway 63 in Jasper County, Texas; new; 13801-01.

CROSBY GROUP, INC.; the facility which manufactures forged lifting devices is adjacent to Fisher Road and just south of U.S. Highway 80 on the western edge of the City of Longview, Gregg County, Texas; new; 03845.

CITY OF BISHOP; the wastewater treatment facilities are approximately 1.25 miles south of the intersection of U.S. Highway 77 and Sixth Street, west of U. S. Highway 77 and adjacent to Carreta Creek in Nueces County, Texas; renewal; 10427-01.

CITY OF CRAWFORD; the wastewater treatment facilities are southeast of Crawford approximately 3000 feet east-southeast of the intersection of FM Road 185 and State Highway 317 and 1,000 feet south of FM Road 185 in the west corner of McLennan County, Texas; renewal; 10656-01.

COASTWIDE MARINE SERVICES, INC.; the wastewater treatment facilities are in the southeast portion of Pelican Island, adjacent to the Galveston Channel, approximately 6,000 feet east of the Todd Shipyards in Galveston County, Texas; renewal; 10931-01.

CITY OF RHOME; the wastewater treatment facilities are on Quail Ridge Drive approximately 750 feet west and 1,600 feet north of the intersection of the west bound lanes of State Highway 114 and the Burlington Northern Railroad, Wise County, Texas; renewal; 10701-01.

CITY OF EUSTACE; the wastewater treatment facilities are approximately 800 feet east of the intersection of Cornelius Lane and Smith Street, southeast of midtown Eustace in Henderson County, Texas; renewal; 11132-01.

BIG OAKS MUNICIPAL UTILITY DISTRICT; the wastewater treatment facilities are approximately 4,000 feet southwest of the intersection of FM Roads 1464 and 1093 in Fort Bend County, Texas; renewal; 13021-01.

CITY OF TERRELL; the wastewater treatment facilities are approximately one mile south of the intersection of Interstate Highway 20 and State Highway 34, south of the City of Terrell in Kaufman County, Texas; renewal; 10747-01.

FIRST HEIGHTS BANK, FSB; the wastewater treatment facilities are at 7132 Green Tree Drive, approximately 3.5 miles north of the City of Angleton, approximately 0.5 mile west of State Highway 288 in Brazoria County, Texas; renewal; 12113-01.

CITY OF WEATHERFORD; the wastewater treatment facilities are at 416 Hickory Lane; approximately 4,000 feet north-northwest of the intersection of Interstate Highway 20 and FM Road 2552 in Parker County, Texas; amendment; 10380-01.

GULF STATES ASPHALT COMPANY, INC.; an asphalt products manufacturing plant; the plant site is at 300 Christy Place in the City of South Houston, Harris County, Texas; renewal; 01053.

ENGINEERED CARBONS, INC.; the plant site is adjacent to FM Road 736 approximately 0.5 mile east of the intersection of FM Road 736 and FM Road 3247, north-east of the City of Orange, Orange County, Texas; amendment; 00814.

HI-PORT INCORPORATED; the applicant operates a packaging facility for a variety of organic compounds including automotive and industrial antifreeze; blended engine oils, hydraulic oils and transmission fluids; and agricultural chemicals; the plant site is at 409 East Wallisville Road in the Community of Highlands, Harris County, Texas; amendment; 01062.

POLYMER SERVICE, INC.; a plastic and rubber processing plant; the plant site is adjacent to the north side of State Highway 90, approximately 2.5 miles east of the intersection of State Highway 90 and FM Road 326 near the City of China, Jefferson County, Texas; new; 03846.

CITY OF AUSTIN ELECTRIC UTILITY; the Decker Steam Electric Station; the plant site is on the west shore of Walter East Long Lake, approximately four miles east of the intersection of U.S. Highway 290 and U.S. Highway 183 in the City of Austin, Travis County, Texas; renewal; 01887.

CITY OF FROST; the wastewater treatment facilities are approximately 0.40 mile northwest of the intersection of State Highway 22 and FM Road 667 in Navarro County, Texas; amendment; 10444-01.

SHELL DEVELOPMENT COMPANY; the permittee operates the Westhollow Technology Center which is primarily a petrochemical research, development, and technology laboratory with small scale development units, pilot plants, and small tank farm operations; the plant site is on the east side of State Highway 6 at a point approximately 3,000 feet south of the intersection with FM Road 1093 (Westheimer-Beeler Road) in the City of Houston, Harris County, Texas; amendment; 01853.

Issued in Austin, Texas, on November 17, 1995.

TRD-9514985

Gloria A. Vasquez
Chief Clerk
Texas Natural Resource Conservation
Commission

Filed: November 17, 1995

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**Notice of Opportunity to Comment on
Permitting Actions—For the Week
Ending November 17, 1995**

The following applications are subject to a Commission resolution adopted August 30, 1995, which directs the Commission's Executive Director to act on behalf of the Commission and issue final approval of certain permit matters. The Executive Director will issue the permits unless one or more persons file written protests and/or requests for hearing within ten days of the date notice concerning the application(s) is published in the *Texas Register*.

If you wish to request a public hearing, you must submit your request in writing. You must state your name, mail-

ing address, and daytime phone number; the permit number or other recognizable reference to this application; the statement "I/we request a public hearing"; a brief description of how you, or the persons you represent, would be adversely affected by the granting of the application; a description of the location of your property relative to the applicant's operations; and your proposed adjustment to the application/permit which would satisfy your concerns and cause you to withdraw your request for hearing. If one or more protests and/or requests for hearing are filed, the Executive Director will not issue the permit and will forward the application to the Office of Hearings Examiners where a hearing may be held. If no protests or requests for hearing are filed, the Executive Director will sign the permit ten days after publication of this notice or thereafter. If you wish to appeal a permit issued by the Executive Director, you may do so by filing a written Motion for Reconsideration with the Chief Clerk of the Commission no later than 20 days after the date the Executive Director signs the permit.

Requests for a public hearing on this application should be submitted in writing to the Chief Clerk's Office (Mailcode 105), Texas Natural Resource Conservation Commission, P.O. Box 13087, Austin, Texas 78711, (512) 239-3300.

FIRST COLONY MUNICIPAL UTILITY DISTRICT NUMBER 9 for a minor amendment to Permit Number 12806-01 to change the compliance dates for the completion of the plans and specifications and the date construction is to begin. The new dates are not to be more than 120 days after the dates specified in the existing permit and would not interfere with the attainment of the final compliance date. The current permit authorizes a discharge of treated domestic wastewater effluent at interim I and interim II volumes not to exceed an average flow of 300,000 gallons per day and a final volume not to exceed an average flow of 1,000,000 gallons per day, which will remain the same. The wastewater treatment facilities are approximately 3,000 feet west of the intersection of FM Road 1092 and Cartwright Road on the western bank of Oyster Creek in Fort Bend County, Texas.

NORTHGATE CROSSING MUNICIPAL UTILITY DISTRICT NUMBER 2 for a minor amendment to Permit Number 12979-01 to add an interim phase and decrease the flow volume in the final phase. The current permit authorizes a discharge of treated domestic wastewater effluent at an interim I volume not to exceed an average flow of 125,000 gallons per day, at an interim II volume not to exceed an average flow of 250,000 gallons per day and at a final volume not to exceed an average flow of 810,000 gallons per day. The proposed amendment would authorize an interim I volume not to exceed an average flow of 50,000 gallons per day, an interim II volume not to exceed an average flow of 125,000 gallons per day and a final volume not to exceed an average flow of 250,000 gallons per day. The wastewater treatment facilities are approximately 4,500 feet southeast from the intersection of Interstate Highway 45 and Spring Creek and approximately 1.3 miles northeast of the intersection of Stuebner Road and Interstate Highway 45 in Harris County, Texas.

CHAMBERS COUNTY RESOURCE RECOVERY AND RECYCLING CENTER has applied for a municipal solid waste permit (Proposed Permit Number MSW 2239) authorizing a Type V-RR (Incinerator) solid waste management facility. The proposed site covers approximately ten acres of land and will receive a maximum of 100 tons of municipal solid waste and non-hazardous medical waste per day for disposal and other processing. The facility is to

be located at 7505 State Highway 65, approximately 8.5 miles east of the City of Anahuac in Chambers County, Texas.

Consideration of the application of Lavon WSC to Amend Water CCN Number 10066 by Adding and Decertifying Areas, and to Decertify a Portion of CCN Number 10088 Issued to Mt. Zion WSC in Collin and Rockwall Counties, Texas (Application Number 30682-C, Doug Holcomb).

Consideration of the application of Lavon Water Supply Corporation to Discontinue Water Utility Service to Three Customer Locations in Collin County, Texas (Application Number 30683-Q, Doug Holcomb).

Consideration of the application of W-Oaks Phoenix Corporation to Acquire Facilities and Cancel Water CCN Number 12636 of South Whispering Oaks Water System, Inc. and Amend Water CCN Number 12353 in Hunt County, Texas (Application Number 30448-S, Doug Holcomb).

Consideration of application of Liborio Cadena doing business as Cadena Subdivision Water System to Cancel Water Certificate of Convenience and Necessity Number 12669 in Duval County, Texas (Application Number 30927-Q, Doug Holcomb).

Consideration of the application of Johnson County Rural Water Supply Corporation to Transfer a Portion of Water CCN Number 12190 from Chuck Bell doing business as Chuck Bell Water Systems; Transfer Customers from an Uncertificated Portion of Chuck Bell doing business as Chuck Bell Water Systems; and Amend Water CCN Number 10081 in Johnson County, Texas (Application Number 30735-S, Doug Holcomb).

Docket Number 95-1276-UCR. APPLICATION BY AMBERWOOD UTILITY COMPANY FOR APPROVAL OF A CHANGE IN WATER RATES. Applicant requests approval of a rate increase for water utility service provided to approximately 30 customers in its service area in Harris County, Texas; CCN Number 12163 (Application Number 30822-G).

Consideration of a proposed order acting on the application by Hunterwood Municipal Utility District of Harris County for the levy of a uniform annual standby fee to supplement the debt service and operations and maintenance accounts in the amounts of \$211,186 (\$572.32 Per lot) and \$115,469, (\$312.92 Per lot), respectively (TNRCC Internal Control Number 062295-D02, Robert Ferguson).

Consideration of a Proposed Order Approving the Application by Brazoria County Municipal Utility District Number 1 for Approval of \$1,500,000 Unlimited Tax and Revenue Bonds, Third Issue, 8.16% Net Effective Interest Rate, Series 1995; and the Use of \$160,000 in Surplus Funds. The District's application requests Commission approval of a bond issue and surplus construction funds to finance subdivision utilities, and the District's pro rata shares of a regional wastewater trunk line, future Water Plant Number 2 expansion, Booster pump upgrade at Water Plant Number 1, lift station and force main, and future phase 2 of a permanent wastewater treatment plant (TNRCC Internal Control Number 053095-D02; Robert Ferguson).

Consideration of a Proposed Order Acting on the Petition by Beeler/Sanders V Limited. Requesting Appointment of Temporary Directors for Harris County Municipal Utility District Number 199. The Petitioner requests the Commission to appoint Doug Bailey and Todd Mueller to terms

ending May, 1996, and A. David Schwarz, Sean A. Moore and Bruce H. Phillips to terms ending May, 1998 (TNRCC Internal Control Number 101995-D03; Robert Ferguson).

Issued in Austin, Texas, on November 17, 1995.

TRD-9514974 Gloria A. Vasquez
Chief Clerk
Texas Natural Resource Conservation
Commission

Filed: November 17, 1995

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**Provisionally-Issued Temporary Permits
to Appropriate State Water**

Listed are permits issued during the period of November 13-15, 1995.

Application Number TA-7549 by Tour 18, Inc. for diversion of 50 acre-feet in an 18-month period for irrigation use. Water may be diverted at approximately 27 miles in a southerly direction from Denton, Denton County, Texas, Trinity River Basin.

Application Number TA-7570 for C W and A, Inc. for diversion of nine acre-feet in a one-year period for industrial (highway construction) use. Water may be diverted at approximately 15 miles south of Edna in Jackson County, Texas, Lavaca-Guadalupe Coastal Basin.

Application Number TA-7571 by T. L. James and Company, Inc. for diversion of nine acre-feet in a one-year period for industrial (highway construction) use. Water may be diverted approximately ten miles northwest of Cameron, Milam County, Texas, Brazos River Basin.

Application Number TA-7572 by E. E. Hood and Sons, Inc. for diversion of seven acre-feet in a six-month period for industrial use. Water may be diverted approximately 23.5 miles southwest of Tilden, McMullen County, Texas, Nueces River Basin.

Application Number TA-7575 by Coastal Liquid Partners, L.P. for diversion of one acre-foot in a one year period for mining use. Water may be diverted approximately 14 miles south of Edna in Jackson County, Texas, Lavaca-Guadalupe Coastal Basin.

Application Number TA-7576 for Amoco Chemical Company for diversion of ten acre-feet in a one month period for industrial (hydrostatic test) use. Water may be diverted approximately two miles southeast of Texas City in Galveston County, Texas, San Jacinto-Brazos Coastal Basin.

Application Number TA-7577 for H and M Construction for diversion of one acre-foot in a one year period for industrial (road construction) use. Water may be diverted approximately five miles north of Boerne in Kendall County, Texas, Guadalupe River Basin.

Application Number TA-7578 by T. L. James and Company, Inc. for diversion of eight acre-feet in a one-year period for industrial (highway construction) use. Water may be diverted approximately 2.5 miles northwest of Cameron, Milam County, Texas, Brazos River Basin.

The Executive Director of the TNRCC has reviewed each application for the permits listed and determined that sufficient water is available at the proposed point of diversion to satisfy the requirements of the application as well as all existing water rights. Any person or persons who own water rights or who are lawful users of water on a stream affected by the temporary permits listed above

and who believe that the diversion of water under the temporary permit will impair their rights may file a complaint with the TNRCC. The complaint can be filed at any point after the application has been filed with the TNRCC and the time the permit expires. The Executive Director shall make an immediate investigation to determine whether there is a reasonable basis for such a complaint. If a preliminary investigation determines that diversion under the temporary permit will cause injury to the complainant the commission shall notify the holder that the permit shall be cancelled without notice and hearing. No further diversions may be made pending a full hearing as provided in §295.174. Complaints should be addressed to Water Rights Permitting Section, Texas Natural Resource Conservation Commission, P.O. Box 13087, Austin, Texas 78711, (512) 239-4433. Information concerning these applications may be obtained by contacting the Texas Natural Resource Conservation Commission, P.O. Box 13087, Austin, Texas 78711, (512) 239-3300.

Issued in Austin, Texas, on November 17, 1995.

TRD-9514973 Gloria A. Vasquez
Chief Clerk
Texas Natural Resource Conservation
Commission

Filed: November 17, 1995

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**Public Utility Commission of Texas
Notice of Intent to File Pursuant to
Substantive Rule 23.27**

Notice is given to the public of the intent to file with the Public Utility Commission of Texas an application pursuant to Public Utility Commission Substantive Rule 23.27 for approval of customer-specific PLEXAR-Custom Service for Hereford ISD in Hereford, Texas.

Tariff Title and Number. Application of Southwestern Bell Telephone Company for PLEXAR-Custom Service for Hereford ISD pursuant to Public Utility Commission Substantive Rule 23.27. Tariff Control Number 14984.

The Application. Southwestern Bell Telephone Company is requesting approval of a new PLEXAR-Custom service for Hereford ISD. The geographic service market for this specific service is the Hereford, Texas area.

Persons who wish to comment upon the action sought should contact the Public Utility Commission of Texas, at 7800 Shoal Creek Boulevard, Austin, Texas 78757, or call the Public Utility Commission Consumer Affairs Division at (512) 458-0256, or (512) 458-0221 for teletypewriter for the deaf.

Issued in Austin, Texas, on November 16, 1995.

TRD-9515025 Paula Mueller
Secretary of the Commission
Public Utility Commission of Texas

Filed: November 20, 1995

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**Notice of Intent to File Pursuant to
Substantive Rule 23.94**

Notice is given to the public of the intent to file with the Public Utility Commission of Texas an application on December 5, 1995, pursuant to Public Utility Commission

Substantive Rule 23.94 for approval of a new service offering, Integrated Services Digital Network (ISDN), Basic Rate Interface.

Tariff Title and Number: Application of Kerrville Telephone Company for Approval of a New Service Offering Pursuant to Public Utility Commission Substantive Rule 23.94. Tariff Control Number 14973.

The Application: Kerrville Telephone Company seeks approval of a new service offering, Integrated Services Digital Network (ISDN), Basic Rate Interface (BRI). This service will be available to all residential and business customers, at the same rates, excluding party lines, Public and Semi-Public access connections and Customer Owned Coin Operated connections within the Kerrville Exchange local serving area and the Harper Exchange via a Link Extension arrangement.

Persons who wish to comment upon the action sought should contact the Public Utility Commission of Texas, 7800 Shoal Creek Boulevard, Austin, Texas 78757, or call

the Public Utility Commission-Consumer Affairs Section at (512) 458-0223, or (512) 458-0221 for teletypewriter for the deaf.

Issued in Austin, Texas, on November 16, 1995.

TRD-9515024

Paula Mueller
Secretary of the Commission
Public Utility Commission of Texas

Filed: November 20, 1995

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Office of Secretary of State
Correction of Error

In the November 21, 1995, *Texas Register*, Volume 20, Number 87, Part II, the second page of the Table of Contents inadvertently repeated the second page from Part I. The missing Table of Contents pages should read as follows.

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Texas Department of Transportation Public Hearing Notice

The Texas Department of Transportation (TxDOT) and the Texas Transportation Institute (TTI) will conduct public hearings to receive comments on a Draft Environmental Impact Statement (DEIS) for consideration in formulating a Final Environmental Impact Statement (FEIS) concerning vegetation management practices on the state highway system. This DEIS is offered by TxDOT as a proactive initiative for pest management of roadsides. Five public hearings will be held at 9:00 a.m. on the following dates and locations: Wednesday, January 31, 1996 in Room 101, Building 200, 200 East Riverside, Austin, Texas; Friday, February 2, 1996 in the Conference Room of the TxDOT District office, 135 Slaton Road, Lubbock, Texas; Friday, February 9, 1996 in the Conference Room of the TxDOT District office, 9700 East R. L. Thornton, Dallas, Texas; Tuesday, February 27, 1996 in the Conference Room of the TxDOT District office, 8350 U.S. 69, Beaumont, Texas, and Thursday, February 29, 1996 in the Conference Room of the TxDOT District office, 600 West U.S. 83, Pharr, Texas.

The hearings will be conducted in accordance with the procedures specified in 43 TAC 1.5. Those desiring to make comments or presentations may register starting at 8:30 a.m. the day of the hearing. Any interested person may appear and offer comments, either orally or in writing; however, questioning of those making presentations will be reserved exclusively to the presiding officer as may be necessary to ensure a complete record. While any person with pertinent comments will be granted an opportunity to present them during the course of the hearing, the presiding officer reserves the right to restrict testimony in terms of time and repetitive content. Organizations, associations, or groups are encouraged to present their commonly held views and identical or similar comments through a representative member where possible. Comments on the proposal text should include appropriate citations to sections, subsections, paragraphs, etc. for proper reference. Any suggestions for alternative language or other revisions in the proposed text should be submitted in written form. Information based on scientific reports should be cited, and will be given greater weight than anecdotal observations. Presentations must remain pertinent to the issues being discussed. A person may not assign a portion of his or her time to another speaker. A person who disrupts a public hearing must leave the hearing room if ordered to do so by the presiding officer. Persons with disabilities who plan to attend these hearings and who may need auxiliary aids or services such as interpreters for persons who are deaf or hearing-impaired, readers, large print or braille, are requested to contact Eloise Lundgren, Director of Public Information Office, at 125 East 11th Street, Austin, Texas 78701-2483, (512) 463-8588 at least two working days prior to the hearing so that appropriate arrangements can be made.

Written comments on the DEIS may be submitted to Dr. Wayne McCully, Vegetation Management Program, Texas Transportation Institute, The Texas A&M University System, College Station, Texas 77843-3135. The deadline for receipt of written comments will be 5:00 p.m. on March 15, 1996. Copies of the DEIS may be reviewed at any TxDOT District office, at the Vegetation Management Section of the TxDOT Construction and Maintenance Division in Building 200 at 200 Riverside in Austin, or

ordered from the Texas Transportation Institute Information and Technology Exchange Center, College Station, Texas 77843-3135.

For additional information, contact Roy L. Smith at (512) 416-3094.

Issued in Austin, Texas, on November 15, 1995.

TRD-9514806

Robert E. Shaddock
General Counsel
Texas Department of Transportation

Filed: November 15, 1995

Request for Information

Introduction: The Texas Department of Transportation (TxDOT) publishes this request for information for the future business process re-engineering (BPR) of its Fiscal Services and Equipment, Materials, and Supplies business areas. Fiscal Services functions include the planning, forecasting, monitoring, ensuring of fiscal accountability, collection and payment of the department's financial resources. Fiscal Services sample activities include reviewing historical spending, new legislation, and management goals, predicting budget requirements and requests, allocating and monitoring spending, billing for receivables, processing claims, collecting fees, paying vendors, contractors, and employees, and authorizing payments. Equipment, Materials, and Supplies functions include analyzing needs for, acquiring, disposing of, and managing TxDOT's equipment, materials, and supplies. Sample activities include analyzing equipment needs and requests, analyzing product and acquisition alternatives, developing procurement guidelines and specifications, advertising for bids, reviewing proposals, selecting vendors and products, preparing purchase orders, managing the department's fleet, monitoring equipment utilization, and inventorying equipment, materials, and supplies. TxDOT intends to use one consultant firm for both business areas while utilizing two dedicated cross-functional core teams. Consultants are expected to adapt to the BPR approach used by TxDOT, called Retooling TxDOT. This BPR approach is designed to provide a multi-disciplinary method for implementing fundamental changes in the way work is performed across the organization. The approach also equips the department for dramatically improved performance. Retooling TxDOT focuses on people, technology, risk management and organizational change management to ensure successful implementation. The Retooling TxDOT approach is comprised of the following five phases:

During Phase I of the approach, "Establish Change Imperative," a strategic assessment is conducted, customer and stakeholder requirements are assessed, change readiness is measured and a change imperative is documented. Methodology and change management training is conducted. The current way the department is doing business is documented to assist in analyzing areas of the business which may need to change. Process boundaries are defined and high level benchmarking is conducted. This "as-is" assessment helps build a business case for making change. The key result of this phase is a commitment to change.

During Phase II of the approach, "Create Vision and Targets," strategic issues are identified, a vision for the future business processes and performance targets are established, and change requirements are evaluated. Compar-

ison with "best practices" of other agencies or private sector companies is performed to help define the vision. The result of this phase is a shared vision and performance expectations by which the success of new business processes can be measured.

During Phase III of the approach, "Redesign," business processes are redesigned (retooled), prototypes are conducted, impacts are assessed, and change programs are refined. A gap analysis is conducted between the current operations and the vision. New business processes and responsibilities are designed at a high level and a series of projects are defined to accomplish the vision. Primary results of this phase are identified business improvement projects.

During Phase IV of the approach, "Build," new business systems are constructed, new policies and procedures are defined, transitional arrangements are established, performance measurement criteria are designed, and detailed strategies for implementing the new processes are prepared. Results of this phase are new and/or enhanced business procedures, roles, responsibilities, and training programs ready for implementation.

During Phase V of the approach, "Implement," new processes are piloted, performance measures are tested, and a learning organization is established. In this phase, equipment is installed, training is performed, and support infrastructures are established. Results of this phase are operational retooled processes, performance measurement mechanisms, and computer applications which are integrated with business processes.

Department Profile: With an annual budget of approximately \$3 billion, the department's responsibilities include planning, designing, constructing, maintaining, and operating a comprehensive intermodal state transportation system that includes highways, public transportation, aviation, Gulf intercoastal waterways, and motor vehicle registration and titling.

The department has approximately 14,500 employees in 25 district offices located geographically across the state and 30 division and special offices located in Austin, Texas. Each district office oversees multiple area and maintenance section offices. The district offices divide responsibility for transportation system development within the state. The divisions support the activities of the districts and the department's other transportation activities.

Purpose: This request for information (RFI) is to solicit information only from interested consulting firms concerning their approach to business process re-engineering as described in the introduction of this document and to identify potential resources for partnering with TxDOT in carrying out the project; it is not a request for proposals (RFP), and proposals are not to be submitted.

Contents of this RFI are for guidance only and should not be viewed as constraining guidelines. The RFI describes what TxDOT envisions for business process re-engineering of its fiscal services and equipment, materials, and supplies functions; however, any suggestions or comments on how we may enhance the requirements of this business process re-engineering effort would be welcome.

Request for Information: Firms that have conducted business process re-engineering (BPR) of a fiscal services and equipment, materials, and supplies function as described in the introduction or that have the capability of performing BPR are asked to provide information to TxDOT. TxDOT

seeks the following general information: company and staff consultant experience and success in assisting organizations in re-engineering fiscal services and equipment, materials, and supplies processes; a description of methodology used for BPR and a broad description of BPR phases, activities, and steps; a comparison of BPR phases to TxDOT's phases or your ability to adapt to our approach; approach to organizational change management, how re-engineering the fiscal services and equipment, materials, and supplies functions will support organizational objectives; how the consulting firm can provide access to "best practices" databases or provide research assistance in this area; how innovative practices can be incorporated into the business; how benchmarking is conducted; how to utilize alternative resource strategies; and a description of how process stakeholders and customers are included in the BPR process.

Response Date and Agency Contact: Firms who can provide this information are asked to submit two copies to be received no later than the close of business, 5:00 p.m., December 15, 1995, for this RFI.

Responses to this Request for Information are to be submitted to the following address: Texas Department of Transportation, Information Resources Management Office, Attention: Rebecca Murdock, Manager of Retooling TxDOT, 125 East 11th Street, Austin, Texas 78701-2483. If you have any questions, please call (512) 505-5228.

Disclaimer: Firms responding to this public notice will not be compensated for the information provided. Neither TxDOT nor the responding firms are obligated or expected to receive any benefit resulting from submitting information. The information furnished as a result of this public notice may be modified or otherwise included in a request for proposals.

Issued in Austin, Texas, on November 20, 1995.

TRD-9515033 Robert E. Shaddock
General Counsel
Texas Department of Transportation

Filed: November 20, 1995

Texas Veterans Commission Request for Proposals

The Texas Veterans Commission (TVC) is seeking a contractor to prepare a Needs Analysis/Feasibility Study related to the establishment of long-term health care facility(ies) (State Veterans Home) for the veteran population of Texas. The 74th Texas Legislature has appropriated funds mandating the Texas Veterans Commission to contract for this feasibility study. A maximum expenditure of \$98,000 has been approved for this study, which must be completed within 180 days following effective date of a contract. A copy of the Request For Proposal (RFP) will be made available on request.

The Texas Veterans Commission will contract directly with one contractor for all services and products. The TVC will not enter into multiple contracts for this study. Sub-contractors used are the sole responsibility of the primary contractor and must be listed as a part of your proposal.

All work must be performed with consideration of developing a plan for a state veterans home or homes within the context that the State of Texas will be participating in the State/Federal matching program for long-term care of veterans which is administered by The United States Depart-

ment of Veterans Affairs under the provisions of 38 Code of Federal Regulations 17.163183.

The Texas Veterans Commission reserves the right to accept or reject any or all proposals which are a result of the RFP, to negotiate with all qualified sources, or to cancel in part or in its entirety the RFP if it is found to be in the best interest of the TVC. The RFP does not commit the TVC to award a contract or to pay cost incurred for the preparation of proposals.

Evaluation of Proposals will be based on a combination of factors including, but not limited to cost, Texas Preference laws, experience, methodology, and references. After an initial evaluation of written proposals, proposers may as part of the selection process, be asked to make an oral presentation to the Commission and/or be interviewed by staff members. Evaluation will be performed by the Texas Veterans Commission. Proposals will be evaluated in their entirety as a comprehensive package which best satisfies the requirements of the study.

The proposals must bear an original signature of a person authorized to commit the primary contractor to a contract of this type. An original and two copies of the original must be received by the Texas Veterans Commission in its Headquarters office in Austin, Texas, prior to 5:00 p.m. January 31, 1996.

Proposals received thereafter will not be considered and will be returned unopened. Proposals should be sent to Charles A. Buerschinger at the following address listed. If you wish to receive a copy of the Request For Proposal (RFP) or to receive additional information, contact Charles A. Buerschinger, Deputy Director, Texas Veterans Commission, E.O. Thompson Building 920 Colorado Street, P.O. Box 12277, Austin, Texas 78711, (512) 463-5538.

Issued in Austin, Texas, on November 17, 1995.

TRD-9514986

Douglas K. Brown
Executive Director
Texas Veterans Commission

Filed: November 17, 1995

