


RAC Letter of Participation Maternal & Neonatal Designation

January 2026

Maternal & Neonatal RAC Letters of Participation



NCTTRAC
NORTH CENTRAL TEXAS
TRAUMA REGIONAL ADVISORY COUNCIL

<Date>

<Name & Credentials>
<Title>
<Facility>
<Street Address>
<City, State, Zip>

Greetings,

The following information is provided in support of your hospital's Maternal designation application to the Texas Department of State Health Services (DSHS) regarding active participation in NCTTRAC.

Required Criteria	FY24	FY25	FY26 to date
Membership in Good Standing: Application, dues, and Board of Directors approval	Yes/No	Yes/No	Yes/No
RAC Active Participation: Member Organization meets a minimum of six (6) NCTTRAC meetings over three (3) out of four (4) quarters within the NCTTRAC fiscal year	1 st QTR - 0 2 nd QTR - 0 3 rd QTR - 0 4 th QTR - 0	1 st QTR - 0 2 nd QTR - 0 3 rd QTR - 0 4 th QTR - 0	1 st QTR - 0 2 nd QTR - TBD 3 rd QTR - TBD 4 th QTR - TBD
Committee Specific Requirements	FY24	FY25	FY26 to date
Collaboratively meet 75% attendance of committee and/or workgroup meetings by Medical Director, Program Manager, and Delegated / Alternate Voting Representatives ¹	N/A	Yes/No	Yes/No
Data Initiative	CY24	CY25	CY26 to date
Each member will have 100% participation in all NCTTRAC surveys, based on their facility's designation program	1 st QTR - Yes/No 2 nd QTR - Yes/No 3 rd QTR - Yes/No 4 th QTR - Yes/No	1 st QTR - Yes/No 2 nd QTR - Yes/No 3 rd QTR - Yes/No 4 th QTR - Yes/No	1 st QTR - Yes/No 2 nd QTR - Yes/No 3 rd QTR - Yes/No 4 th QTR - Yes/No
Maternal Severe Hypertension Project			
Maternal Mental Health Project Survey Data Submission ¹ Submissions completed twice a year	N/A	Baseline Survey Yes/No	Part 1 - Yes/No Part 2 - Yes/No
Maternal Mental Health Project PeriPAN Info Session Requirement	N/A	N/A	Yes/No

¹Specific Meeting Attendance breakdown provided in attached report

We appreciate your membership with NCTTRAC and your participation in the Perinatal Care Region and our emergency healthcare coalition. Please direct any questions to Melissa Christon, Director of Emergency Healthcare Systems, at 817-607-7022 or mchriston@ncttrac.org.

Sincerely,


Jim Dickerson
Executive Director
CC: Melissa Christon, EHS Program Director

Attachment: FY24-26 NCTTRAC Perinatal Meeting Attendance Report - <Facility Name>

600 Six Flags Drive, Suite 160 – Arlington, Texas 76011 – (817) 608 0390 - www.NCTTRAC.org

Maternal Letter

NCTTRAC: Prepare. Support. Respond.



NCTTRAC
NORTH CENTRAL TEXAS
TRAUMA REGIONAL ADVISORY COUNCIL

<Date>

<Name & Credentials>
<Title>
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Greetings,

The following information is provided in support of your hospital's Neonatal designation application to the Texas Department of State Health Services (DSHS) regarding active participation in NCTTRAC.

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Data Initiative	CY24	CY25	CY26 to date
Each member will have 100% participation in all NCTTRAC surveys, based on their facility's designation program	N/A	Baseline Survey Yes/No	1 st QTR - Yes/No 2 nd QTR - Yes/No 3 rd QTR - Yes/No 4 th QTR - Yes/No
Safe Sleep Project Survey Data Submission			

^{*}Specific Meeting Attendance breakdown provided in attached report

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Neonatal Letters

The Texas Department of State Health Services (DSHS) designations in Maternal, Neonatal, Stroke and Trauma require that the hospital applicant show they are “active participants” in the local RAC’s system of care in which they seek designation.

RAC Letters of Participation provide proof of your organization’s active participation and are broken down by each designation’s assigned committee.

- **Member Organization Participation, Not by Individual**
- **Valid for 180-Days from date of letter**
- **Allow time for review and updates, if needed**



NORTH CENTRAL TEXAS
TRAUMA REGIONAL ADVISORY COUNCIL

<Date>

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Maternal Severe Hypertension Project			
Maternal Mental Health Project Survey Data Submission <i>*Submissions completed twice a year</i>	N/A	Baseline Survey Yes/No	Part 1 - Yes/No Part 2 - Yes/No
Maternal Mental Health Project PeriPAN Info Session Requirement	N/A	N/A	Yes/No

¹Specific Meeting Attendance breakdown provided in attached report

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RAC Required Criteria

RAC Required Criteria are membership requirements specified for every NCTTRAC Member Organization to show active participation.

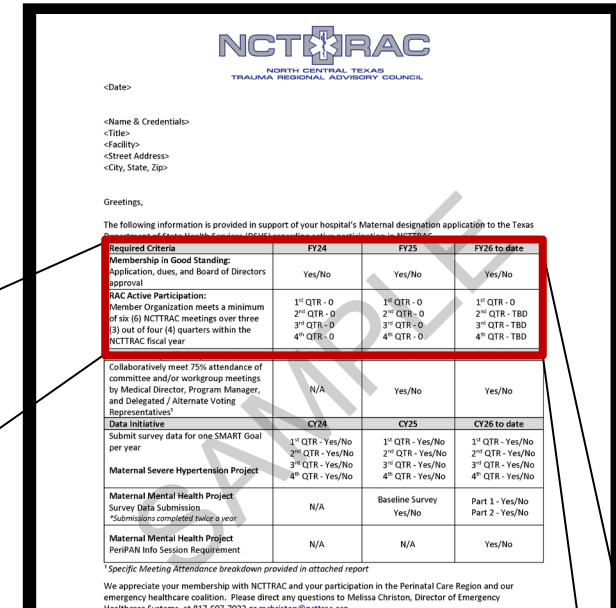
– **Membership in Good Standing:**

This section is included in every letter, no matter the designation, and details your organization’s overall involvement with the RAC (e.g., Membership status, Application, Member Dues, Board Approval).

– **RAC Active Participation:**

This is a RAC-wide requirement for all member organizations. The RAC criteria for TSA-E/PCR-E are as follows:

“Meet a minimum of six (6) NCTTRAC meetings over three (3) out of four (4) quarters within the NCTTRAC fiscal year.”



Required Criteria	FY24	FY25	FY26 to date
Membership in Good Standing: Application, dues, and Board of Directors approval	Yes/No	Yes/No	Yes/No
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Committee Specific Requirements Attendance

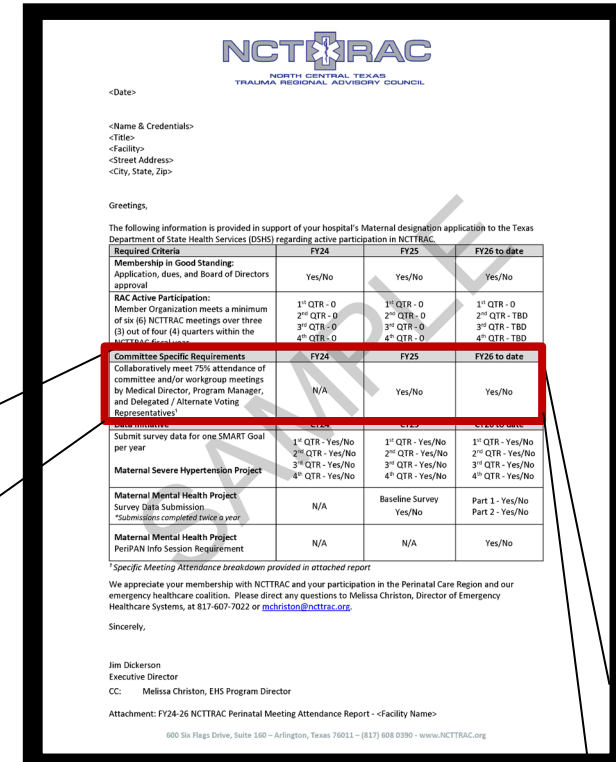
Committee Specific Requirements are decided based on committee vote and reflected within the Committee Standard Operating Procedures (SOP).

– Attendance Requirement

As stated within the DSHS Neonatal & Maternal Designation Rules, the Medical Directors and Program Managers for each specialty are required to participate in their Perinatal Care Region's (PCR) meetings. The Perinatal Committee requires documented attendance of **75%** of meetings by the primary or identified alternate organization/agency representative.

– To meet position-specific attendance; the following identified organization representatives listed below will collaborate to meet **75%** of perinatal meeting attendance rate:

- Maternal/Neonatal Program Managers
- Maternal/Neonatal Medical Directors
- Delegated/Alternate Voting Representatives, as documented.



Committee Specific Requirements	FY24	FY25	FY26 to date
Collaboratively meet 75% attendance of committee and/or workgroup meetings by Medical Director, Program Manager, and Delegated / Alternate Voting Representatives ¹	N/A	Yes/No	Yes/No

Committee Specific Requirements Attendance Report

Attendance Report


RAC Staff will provide an Attendance Report of the last 3 fiscal years providing proof of participation within perinatal meetings from specific programmatic positions (e.g., Maternal/Neonatal Program Managers, Maternal/Neonatal Medical Directors)

- Facilities will be notified if they meet the attendance requirements for any of the fiscal years. Notifications of any missing elements will be shared within the **RAC Staff Review Comments**.
- All **Committee, Workgroup, and Taskforces** meetings count toward your organization's attendance requirement.


FY24-26 NCTTRAC Perinatal Committee Meeting Attendance				
ABC Hospital				
Meeting Date*	Event Name	Attendee Name	Attendee Title	Attendee Email
9/14/2023			No Facility Attendance	
10/12/2023			No Facility Attendance	
11/9/2023	NCTTRAC Perinatal Committee Meeting	Jane Doe	Director of Women's Services	JDoe@abchealth.com
December 2023 Committee Meeting			Committee Cancelled	
1/11/2024	NCTTRAC Perinatal Committee Meeting	Sally Dane	Neonatal Program Manager	SDane@abchealth.com
2/8/2024			No Facility Attendance	
3/24/2024			No Facility Attendance	
4/11/2024			No Facility Attendance	
5/9/2024	NCTTRAC Perinatal Committee Meeting	Jane Doe	Director of Women's Services	JDoe@abchealth.com
June 2024 Committee Meeting			Committee Cancelled	
7/11/2024	NCTTRAC Perinatal Committee Meeting	Jane Doe	Director of Women's Services	JDoe@abchealth.com
8/8/2024			No Facility Attendance	
9/12/2024			No Facility Attendance	
10/10/2024	NCTTRAC Perinatal Committee Meeting	Jane Doe	Director of Women's Services	JDoe@abchealth.com
10/18/2024	NCTTRAC Perinatal SMART Goal Workgroup (Maternal)	Jane Doe	Director of Women's Services	JDoe@abchealth.com
11/14/2024	NCTTRAC Perinatal Committee Meeting	Jane Doe	Director of Women's Services	JDoe@abchealth.com
11/15/2024	NCTTRAC Perinatal SMART Goal Workgroup (Neonatal)	Jane Doe	Director of Women's Services	JDoe@abchealth.com
December 2024 Committee Meeting			Committee Cancelled	
1/9/2025			No Facility Attendance	
2/19/2025	NCTTRAC Perinatal Committee Meeting	Sally Dane	Neonatal Program Manager	SDane@abchealth.com
3/21/2025	NCTTRAC Perinatal SMART Goal Workgroup (Neonatal)	Sally Dane	Neonatal Program Manager	SDane@abchealth.com
4/10/2025			No Facility Attendance	
5/8/2025	NCTTRAC Perinatal Committee Meeting	Jane Doe	Director Women's Services	JDoe@abchealth.com
6/12/2025	NCTTRAC Perinatal Committee Meeting	Jane Doe	Director Women's Services	JDoe@abchealth.com
7/10/2025	NCTTRAC Perinatal Committee Meeting	Jane Doe	Director Women's Services	JDoe@abchealth.com
8/24/2025	NCTTRAC Perinatal Committee Meeting	Jane Doe	Director Women's Services	JDoe@abchealth.com
9/11/2025	NCTTRAC Perinatal Committee Meeting	Jane Doe	Director Women's Services	JDoe@abchealth.com
10/9/2025	NCTTRAC Perinatal Committee Meeting	Jane Doe	Director Women's Services	JDoe@abchealth.com
10/27/2025	NCTTRAC Perinatal Safe Sleep Taskforce	Jill Doe	Neonatal Medical Director	JillDoe@abchealth.com

*Meetings included within the report count towards Active Participation: Committee, Subcommittee, Workgroups, and Taskforces

RAC Staff Review Comments:
No attendance found for the Neonatal Medical Director within FY26. Please reference the Perinatal Committee SOP, Section 7, Committee Active Participation for details.
Additional reference to Neonatal Medical Director Attendance can be referenced within DSHS Neonatal Rules: RULE§133.185, Program Requirements - Section b.(3).F.



NCTTRAC Perinatal Committee Standard Operating Procedures (SOP)



DSHS Neonatal Rules: §133.185, Program Requirements

RAC Staff Review Comments:

No attendance found for the Neonatal Medical Director within FY26. Please reference the **Perinatal Committee SOP, Section 7, Committee Active Participation** for details.

Additional reference to Neonatal Medical Director Attendance can be referenced within **DSHS Neonatal Rules: RULE§133.185, Program Requirements - Section b.(3).F.**

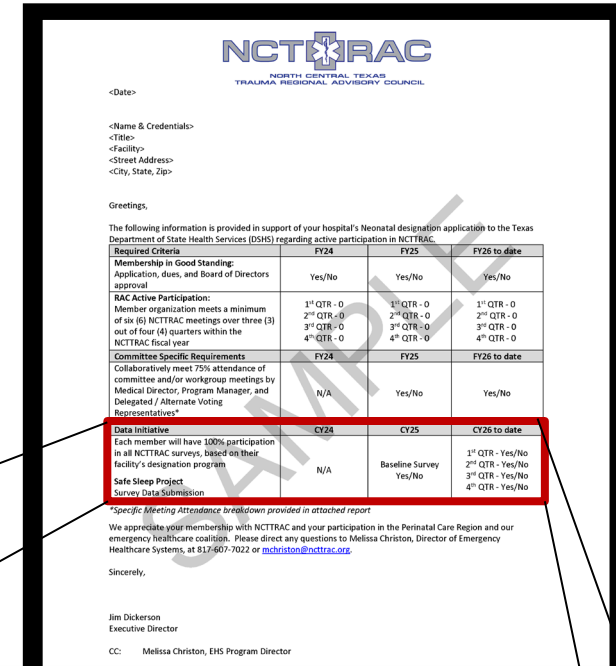
Neonatal Active Participation Data Initiative

Data Initiative Requirement

The Perinatal Committee requires each member will have 100% participation in all NCTTRAC surveys, based on their facility's designation program. The current project is **Safe Sleep** with the following active participation requirements:

Safe Sleep Project

- Survey Data Submission
 - Initial Baseline Survey completed within the 2025 calendar year
 - Check-In Surveys to be completed on a quarterly basis



Data Initiative	CY24	CY25	CY26 to date
Each member will have 100% participation in all NCTTRAC surveys, based on their facility's designation program	N/A	Baseline Survey	1 st QTR - Yes/No 2 nd QTR - Yes/No 3 rd QTR - Yes/No 4 th QTR - Yes/No
Safe Sleep Project Survey Data Submission		Yes/No	1 st QTR - Yes/No 2 nd QTR - Yes/No 3 rd QTR - Yes/No 4 th QTR - Yes/No

Maternal Active Participation Data Initiative

Data Initiative Requirement

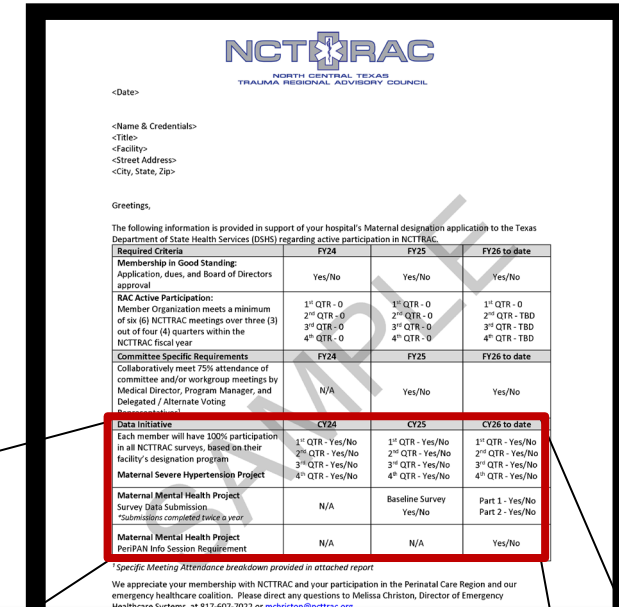
The Perinatal Committee requires each member will have 100% participation in all NCTTRAC surveys, based on their facility's designation program. The current projects are **Maternal Severe Hypertension (MSH)** and **Maternal Mental Health (MMH)**, with each having their own active participation requirements.

Maternal Severe Hypertension

- Survey Data Submission, completed by quarter

Maternal Mental Health

- Survey Data Submission
 - Initial Baseline Survey completed within the 2025 calendar year
 - Check-In Surveys to be completed twice a year
- PeriPAN Info Session Completion, to be done within the 2026 calendar year




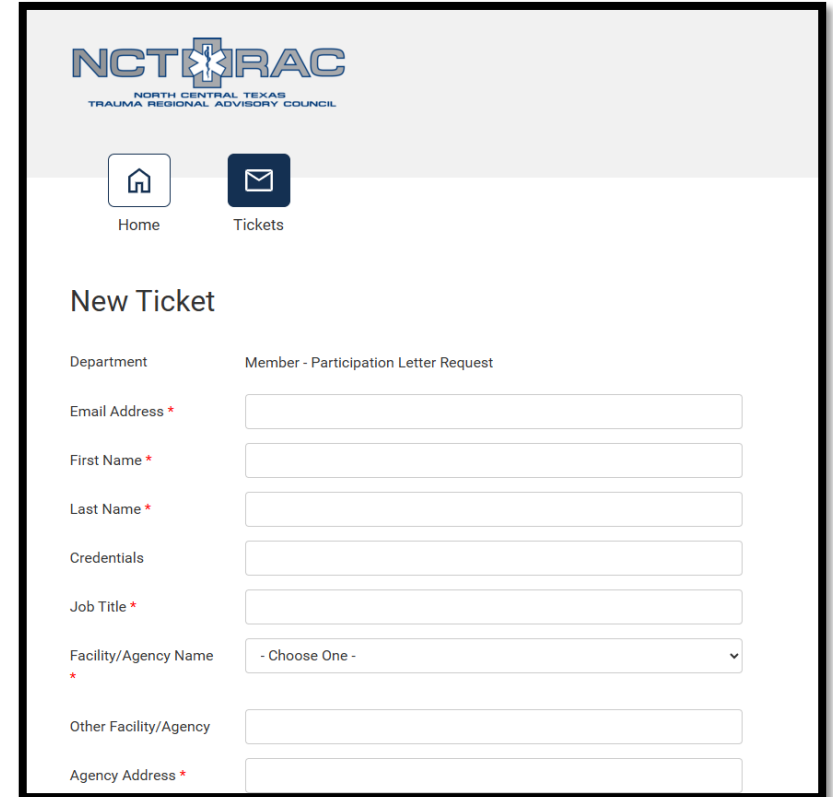
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Maternal Mental Health Project PeriPAN Info Session Requirement	N/A	N/A	Yes/No

RAC Letters of Participation Request Process

Facilities must submit a ticket within **NCTTRAC Support Ticket System** to officially request a RAC Letter of Participation.

1. Visit our website at <http://ncttrac.org/>
2. Click on the **SUPPORT** icon , upper right corner of page
3. Click on the **TICKETS** icon
4. Click on 'Start Ticket'
5. In the **DEPARTMENT** drop down box, choose 'Member – Participation Letter Request' and 'Continue'
6. Complete the ticket information and click 'Submit Ticket'
7. You will then receive a confirmation email



The screenshot shows the 'New Ticket' form in the NCTTRAC Support Ticket System. The form includes the following fields:

- Department: Member - Participation Letter Request
- Email Address *
- First Name *
- Last Name *
- Credentials
- Job Title *
- Facility/Agency Name * (dropdown menu with '- Choose One -')
- Other Facility/Agency
- Agency Address *

NOTE: The individual requesting the letter will be the recipient within the letter. Please include within the Message Body if anyone outside the Ticket Submitter should be copied to the email with the final, signed letter attached.