

“Consider FY 14 – State Fiscal Year Guidelines for Indigent Health Care Pursuant to Chapter 61 Health and Safety Code and Local Rule”

Sec. 61.003. RESIDENCE.

(a) For purposes of this chapter, a person is presumed to be a resident of the governmental entity in which the person's home or fixed place of habitation to which the person intends to return after a temporary absence is located. However, if a person's home or fixed place of habitation is located in a hospital district, the person is presumed to be a resident of that hospital district.

(b) If a person does not have a residence, the person is a resident of the governmental entity or hospital district in which the person intends to reside.

(c) Intent to reside may be evidenced by any relevant information, including:

- (1) mail addressed to the person or to the person's spouse or children if the spouse or children live with the person;
- (2) voting records;
- (3) automobile registration;
- (4) Texas driver's license or other official identification; *(Tom Green County Requires)*
- (5) enrollment of children in a public or private school; or
- (6) payment of property tax.

(d) A person is not considered a resident of a governmental entity or hospital district if the person attempted to establish residence solely to obtain health care assistance.

(e) The burden of proving intent to reside is on the person requesting assistance.

(f) For purposes of this chapter, a person who is an inmate or resident of a state school or institution operated by the Texas Department of Criminal Justice, Department of Aging and Disability Services, Department of State Health Services, Texas Youth Commission, Texas School for the Blind, Texas School for the Deaf, or any other state agency or who is an inmate, patient, or resident of a school or institution operated by a federal agency is not considered a resident of a hospital district or of any governmental entity except the state or federal government.

Sec. 61.007. INFORMATION PROVIDED BY APPLICANT. The department by rule shall require each applicant to provide at least the following information:

- (1) the applicant's full name and address;
- (2) the applicant's social security number, if available;
- (3) the number of persons in the applicant's household, excluding persons receiving Temporary Assistance for Needy Families, Supplemental Security Income, or Medicaid benefits;
- (4) the applicant's county of residence;
- (5) the existence of insurance coverage or other hospital or health care benefits for which the applicant is eligible;
- (6) any transfer of title to real property that the applicant has made in the preceding 24 months;
- (7) the applicant's annual household income, excluding the income of any household member receiving Temporary Assistance for Needy Families, Supplemental Security Income, or Medicaid benefits; and
- (8) the amount of the applicant's liquid assets and the equity value of the applicant's car and real property.

Sec. 61.008. ELIGIBILITY RULES. (a) The department by rule shall provide that in determining eligibility:

- (1) a county may not consider the value of the applicant's homestead;
- (2) a county must consider the equity value of a car that is in excess of the amount exempted under department guidelines as a resource;
- (3) a county must subtract the work-related and child care expense allowance allowed under department guidelines;
- (4) a county must consider as a resource real property other than a homestead and, except as provided by Subsection (b), must count that property in determining eligibility;
- (5) if an applicant transferred title to real property for less than market value to become eligible for assistance under this chapter, the county may not credit toward eligibility for state assistance an expenditure for that applicant made during a two-year period beginning on the date on which the property is transferred; and
- (6) if an applicant is a sponsored alien, a county may include in the income and resources of the applicant:
 - (A) the income and resources of a person who executed an affidavit of support on behalf of the applicant; and
 - (B) the income and resources of the spouse of a person who executed an affidavit of support on behalf of the applicant, if applicable.

(b) A county may disregard the applicant's real property if the applicant agrees to an enforceable obligation to reimburse the county for all or part of the benefits received under this chapter. The county and the applicant may negotiate the terms of the obligation.

(c) In this section, "sponsored alien" means a person who has been lawfully admitted to the United States for permanent residence under the Immigration and Nationality Act (8 U.S.C. Section 1101 et seq.) and who, as a condition of admission, was sponsored by a person who executed an affidavit of support on behalf of the person.

Sec. 61.022. COUNTY OBLIGATION.

- (a) A county shall provide health care assistance as prescribed by this subchapter to each of its eligible county residents.
- (b) The county is the payor of last resort and shall provide assistance only if other adequate public or private sources of payment are not available.

Sec. 61.024. COUNTY APPLICATION PROCEDURE.

- (a) A county shall adopt an application procedure.
- (b) The county may use the application, documentation, and verification procedures established by the department under Sections 61.006 and 61.007 or may use a less restrictive application, documentation, or verification procedure.
- (c) Not later than the beginning of a state fiscal year, the county shall specify the procedure it will use during that fiscal year to verify eligibility and the documentation required to support a request for assistance and shall make a reasonable effort to notify the public of the application procedure.
- (d) The county shall furnish an applicant with written application forms.
- (e) On request of an applicant, the county shall assist the applicant in filling out forms and completing the application process. The county shall inform an applicant of the availability of assistance.
- (f) The county shall require an applicant to sign a written statement in which the applicant swears to the truth of the information supplied.
- (g) The county shall explain to the applicant that if the application is approved, the applicant must report to the county any change in income or resources that might affect the applicant's eligibility. The report must be made not later than the 14th day after the date on which the change occurs. The county shall explain the possible penalties for failure to report a change.
- (h) The county shall review each application and shall accept or deny the application not later than the 14th day after the date on which the county receives the completed application.
- (i) The county shall provide a procedure for reviewing applications and for allowing an applicant to appeal a denial of assistance.
- (j) The county shall provide an applicant written notification of the county's decision. If the county denies assistance, the written notification shall include the reason for the denial and an explanation of the procedure for appealing the denial.
- (k) The county shall maintain the records relating to an application at least until the end of the third complete state fiscal year following the date on which the application is submitted.
- (l) If an applicant is denied assistance, the applicant may resubmit an application at any time circumstances justify a redetermination of eligibility.

Sec. 61.026. REVIEW OF ELIGIBILITY. A county shall review at least once every six months the eligibility of a resident for whom an application for assistance has been granted and who has received assistance under this chapter.

Tom Green County Indigent Department may review more often as the individual case deems necessary or appropriate.

Sec. 61.027. CHANGE IN ELIGIBILITY STATUS.

- (a) An eligible resident must report any change in income or resources that might affect the resident's eligibility. The report must be made not later than the 14th day after the date on which the change occurs.
- (b) If an eligible resident fails to report a change in income or resources as prescribed by this section and the change has made the resident ineligible for assistance under the standards adopted by the county, the resident is liable for any benefits received while ineligible. This section does not affect a person's criminal liability under any relevant statute.

Sec. 61.028. BASIC HEALTH CARE SERVICES.

- (a) A county shall, in accordance with department rules adopted under Section 61.006, provide the following basic health care services:
 - (1) primary and preventative services designed to meet the needs of the community, including:
 - (A) immunizations;
 - (B) medical screening services; and
 - (C) annual physical examinations;
 - (2) inpatient and outpatient hospital services;
 - (3) rural health clinics;
 - (4) laboratory and X-ray services;
 - (5) family planning services;
 - (6) physician services;
 - (7) payment for not more than three prescription drugs a month; and
 - (8) skilled nursing facility services, regardless of the patient's age.
- (b) The county may provide additional health care services, but may not credit the assistance toward eligibility for state assistance, except as provided by Section 61.0285.

Sec. 61.0285. OPTIONAL HEALTH CARE SERVICES. (a) In addition to basic health care services provided under Section 61.028, a county may, in accordance with department rules adopted under Section 61.006, provide other medically necessary services or supplies that the county determines to be cost-effective, including:

- (1) ambulatory surgical center services;
- (2) diabetic and colostomy medical supplies and equipment;

Excerpt from DSHS :

Diabetic Items covered are: test strips, alcohol prep pads, lancets, glucometers, insulin syringes, humulin pens, and needles required for the humulin pens.

Colostomy Items covered are: cleansing irrigation kits, colostomy bags/pouches, paste or powder, and skin barriers with flange (wafers).

- (3) durable medical equipment;

Excerpt from DSHS :

Items covered are: appliances for measuring blood pressure that are reasonable and appropriate, canes, crutches, home oxygen equipment (including masks, oxygen hose, and nebulizers), hospital beds, standard wheelchairs, walkers.

- (4) home and community health care services;
- (5) social work services;
- (6) psychological counseling services;
- (7) services provided by physician assistants, nurse practitioners, certified nurse midwives, clinical nurse specialists, and certified registered nurse anesthetists;
- (8) dental care;
- (9) vision care, including eyeglasses;
- (10) services provided by federally qualified health centers, as defined by 42 U.S.C. Section 1396d(l)(2)(B);
- (11) emergency medical services;

Excerpt from DSHS :

Emergency Medical Services (EMS) services are ground ambulance transport services. When the person's condition is life-threatening and requires the use of special equipment, life support systems, and close monitoring by trained attendants while en route to the nearest appropriate facility, ground transport is an emergency service.

- (12) physical and occupational therapy services; and
- (13) any other appropriate health care service identified by department rule that may be determined to be cost-effective.

(b) A county must notify the department of the county's intent to provide services specified by Subsection (a). If the services are approved by the department under Section 61.006, or if the department fails to notify the county of the department's disapproval before the 31st day after the date the county notifies the department of its intent to provide the services, the county may credit the services toward eligibility for state assistance under this subchapter.

(c) A county may provide health care services that are not specified in Subsection (a), or may provide the services specified in Subsection (a) without actual or constructive approval of the department, but may not credit the services toward eligibility for state assistance.

Sec. 61.030. MANDATED PROVIDER. A county may select one or more providers of health care services. The county may require eligible county residents to obtain care from a mandated provider except:

- (1) in an emergency;
- (2) when medically inappropriate; or
- (3) when care is not available.

Sec. 61.031. NOTIFICATION OF PROVISION OF NONEMERGENCY SERVICES.

(a) A county may require any provider, including a mandated provider, to obtain approval from the county before providing nonemergency health care services to an eligible county resident.

(b) If the county does not require prior approval and a provider delivers or will deliver nonemergency health care services to a patient who the provider suspects may be eligible for assistance under this subchapter, the provider shall notify the patient's county of residence that health care services have been or will be provided to the patient. The notice shall be made:

- (1) by telephone not later than the 72nd hour after the provider determines the patient's county of residence; and
- (2) by mail postmarked not later than the fifth working day after the date on which the provider determines the patient's county of residence.

(c) If the provider knows that the patient's county of residence has selected a mandated provider or if, after contacting the patient's county of residence, that county requests that the patient be transferred to a mandated provider, the provider shall transfer the patient to the mandated provider unless it is medically inappropriate to do so.

(d) Not later than the 14th day after the date on which the patient's county of residence receives sufficient information to determine eligibility, the county shall determine if the patient is eligible for assistance from that county. If the county does not determine the patient's eligibility within that period, the patient is considered to be eligible. The county shall notify the provider of its decision.

(e) If a provider delivers nonemergency health care services to a patient who is eligible for assistance under this subchapter and fails to comply with this section, the provider is not eligible for payment for the services from the patient's county of residence.

Sec. 61.032. NOTIFICATION OF PROVISION OF EMERGENCY SERVICES.

(a) If a nonmandated provider delivers emergency services to a patient who the provider suspects might be eligible for assistance under this subchapter, the provider shall notify the patient's county of residence that emergency services have been or will be provided to the patient. The notice shall be made:

- (1) by telephone not later than the 72nd hour after the provider determines the patient's county of residence; and
- (2) by mail postmarked not later than the fifth working day after the date on which the provider determines the patient's county of residence.

(b) The provider shall attempt to determine the patient's county of residence when the patient first receives services.

(c) The provider, the patient, and the patient's family shall cooperate with the county of which the patient is presumed to be a resident in determining if the patient is an eligible resident of that county.

(d) Not later than the 14th day after the date on which the patient's county of residence receives notification and sufficient information to determine eligibility, the county shall determine if the patient is eligible for assistance from that county. If the county does not determine the patient's eligibility within that period, the patient is considered to be eligible. The county shall notify the provider of its decision.

(e) If the county and the provider disagree on the patient's residence or eligibility, the county or the provider may submit the matter to the department as provided by Section 61.004.

(f) If a provider delivers emergency services to a patient who is eligible for assistance under this subchapter and fails to comply with this section, the provider is not eligible for payment for the services from the patient's county of residence.

Sec. 61.042. EMPLOYMENT SERVICES PROGRAM.

(a) A county may establish procedures consistent with those used by the Texas Department of Human Services under Chapter 31, Human Resources Code, for administering an employment services program and requiring an applicant or eligible resident to register for work with the Texas Employment Commission.

(b) The county shall notify all persons with pending applications and eligible residents of the employment service program requirements not less than 30 days before the program is established.

→ **Local Rules Effective June 1, 2013**

- 1) requiring an Indigent Health Care applicant to find and maintain a Primary Care Physician
- 2) requiring Physician Specialist to be used only if referred by the clients Primary Care Physician
- 3) Mandated Providers may only refer patients to non-mandated providers when the service is not available within the mandated providers service ability
- 4) eligible expense -Emergency Room Use for Emergencies as defined by a Physician will be covered under the Indigent Health Care Program
- 5) excluded expense- Emergency Room Use for non –emergencies as defined by a Physician will not be covered under the Indigent Health Care Program
- 6) UPL/Waiver Participants will report Quarterly per the Affiliations Agreements and will only include data up to \$30,000.00 per client in a calendar year from 1st date of service. Services to be included are limited to section 61.028 and 61.0285

↑ **Local Rules Effective October 1, 2013 – If Approved**

Limit the usage of prescription classification of pain pill type drugs to include a written statement of medical necessity per prescription by authorizing Physician and require pre-approval.