Introduction

Chapter 61, Health and Safety Code

A law passed by the First Called Special Session of the 69th Legislature in 1985 that:

- Defines who is indigent,
- Assigns responsibilities for indigent health care,
- Identifies health care services eligible people can receive, and
- Establishes a state assistance fund to match expenditures for counties that exceed certain spending levels and meet state requirements.

Chapter 61, Health and Safety Code, is intended to ensure that needy Texas residents, who do not qualify for other state or federal health care assistance programs, receive health care services.

Chapter 61, Health and Safety Code, may be accessed at:

http://www.dshs.state.tx.us/cihcp/cihcp_info.shtm

CIHCP Rules

The Texas Administrative Code (TAC) is the compilation of all state agency rules in Texas.

The County Indigent Health Care Program (CIHCP) rules are in: TAC, Title 25 (Health Services), Part 1 (TDSHS), Chapter 14 (CIHCP), and the following Subchapters:

A - Program Administration
B - Determining Eligibility
C - Providing Services

The CIHCP rules may be accessed at:

http://www.dshs.state.tx.us/cihcp/cihcp_info.shtm

CIHCP Handbook

The purpose of the CIHCP Handbook is to:

- Establish the eligibility standards and application, documentation, and verification procedures for counties,
- Define basic and department-established optional health care services,
- Establish the payment standards for basic and department-established optional health care services, and
- Outline the procedures for administering the state assistance fund.

Introduction (continued)

County Responsibility

A county not fully served by a public facility must:

- Administer a County Indigent Health Care Program,
- Provide basic health care services to eligible county residents who do not live in a county area served by a public facility,
- Follow either the policies and procedures described in this handbook or less restrictive policies and procedures,
- Establish procedures for administrative hearings that provide for appropriate due process, including procedures for appeals requested by households that are denied,
- Adopt reasonable procedures
  - For minimizing the opportunity for fraud,
  - For establishing and maintaining methods for detecting and identifying situations in which a question of fraud may exist, and
  - For administrative hearings to be conducted on disqualifying persons in cases where fraud appears to exist, and
- 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.

Public Notice. Not later than the beginning of the state fiscal year (September 1), a county not covered by a public facility 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 make reasonable effort to notify the public of the application procedure.

Public Hospital and Hospital District

Public Notice. Not later than the beginning of a public hospital's or hospital district's operating year the hospital or district shall specify the procedure it will use during the operating year to determine eligibility and the documentation required to support a request for assistance and shall make a reasonable effort to notify the public of the procedure.

Options

- A county not fully served by a public facility may file for Texas Medicaid reimbursement through the local provider or through DSHS for eligible SSI appellant CIHCP recipients who become eligible for retroactive Medicaid. For instructions regarding the filing process through DSHS, request the "CIHCP Medicaid Reimbursement Manual."

Introduction (continued)

Options (continued)

- An entity that chooses to establish an optional work registration procedure may contact its local Texas Workforce Commission (TWC) office to determine how to establish the county's procedure and to negotiate what type of information can be provided. In addition, a county must follow the guidelines below.

  1.) Notify all eligible residents and those with pending applications of the program requirements at least 30 days before the program begins.

  2.) Allow an exemption from work registration if applicants or eligible residents meet one of the following criteria:

  - Receive food stamp benefits,
  - Receive unemployment insurance benefits or have applied but not yet been notified of eligibility,
  - Physically or mentally unfit for employment,
  - Undocumented alien,
  - Distance prohibits walking or transportation is not available,
  - Commuting time (not including taking a child to and from a childcare facility) is greater than two hours a day,
  - Age 15 or younger,
  - Age 16 or 17 and not the head of household,
  - Age 16 17, or 18 and attending school, including home school, or on employment training program on at least a half-time basis,
  - Age 60 or older,
  - Parent or other household member who personally provides care for a child under age 6 or a disabled person of any age living with the household,
  - Employed or self-employed at least 30 hours per week,
  - Receive earnings equal to 30 hours per week multiplied by the federal minimum wage,
  - Migrant in the mainstream,
  - A regular participant or outpatient in a drug addiction or alcoholic treatment and rehabilitation program, or
  - Three to nine months pregnant.

  3.) If a non-exempt applicant or CIHCP eligible resident fails without good cause to comply with work registration requirements, disqualify him from CIHCP benefits as follows:

  - For one month or until he agrees to comply, whichever is later, for the first non-compliance;
  - For three consecutive months or until he agrees to comply, whichever is later, for the second non-compliance; or
  - For six consecutive months or until he agrees to comply, whichever is later, for the third or subsequent non-compliance.

Definitions

Approval Date	The date that Form 109, Notice of Eligibility, is issued to the household.
Claim	HCFA-1500, UB-92, or pharmacy statement.
Claim Pay Date	The date that the county writes a check to pay a claim.

Complete Application	A complete application includes:
	• Application for Health Care Assistance, Form 100, and
	  o The applicant's full name and address,
	  o The applicant's county of residence,
	  o The names of everyone who lives in the house with the applicant and their relationship to the applicant,
	  o The type and value of the CIHCP household's resources,
	  o The CIHCP household's monthly gross income,
	  o Information about any health care assistance that household members may receive,
	  o The applicant's Social Security number, if available,
	  o The applicant's/spouse's signature with the date the Form 100 is signed, and
	• All needed information, such as verifications.
	The date that the Form 100 and all information necessary to make an eligibility determination is received is the **application completion date**.

County	• A county not fully served by a public facility, namely, a public hospital or a hospital district; or • A county that provides indigent health care services to its eligible residents through a hospital established by a board of managers jointly appointed by a county and a municipality.

Definitions (continued)

Days	All days are calendar days, except as specifically identified as workdays.
Denial Date	The date that Form 117, Notice of Ineligibility, is issued to the household.
Disqualified Member	A person receiving or is categorically eligible to receive Medicaid.
Eligibility Effective Date	The date that a household's eligibility begins.
Eligibility End Date	The date that a household's eligibility ends.
Expenditure	Funds spent on basic or department-established optional health care services.
Expenditure Tracking	A county should track monthly basic and department-established optional health care expenditures.
Governmental Entity	A county, municipality, or other political subdivision of the state, excluding a hospital district or hospital authority.
GRTL	The county's General Revenue Tax Levy (GRTL) is used to determine eligibility for state assistance funds. For information on determining and reporting the GRTL, contact Teri Rodgers, Property Tax Division of the Texas State Comptroller of Public Accounts at 800/252-9121.
Hospital Authority	A hospital authority created under • Article 4437E, Sec. 3, City-created Hospital Authorities, or • Article 4494R, Sec. 3, County-created Hospital Authorities. Hospital authorities have no obligation under Chapter 61, Health and Safety Code, to provide indigent health care assistance.
Hospital District	A hospital district created under the authority of the Texas Constitution Article IX, Sections 4 – 11.

Definitions (continued)

Identifiable Application	An application is identifiable if it includes: the applicant's name, the applicant's address, the applicant's signature, and the date the applicant signed the application.
Mandated Provider	A health care provider, selected by the county, who agrees to provide health care services to eligible residents.
Medicaid	The Texas state-paid insurance program for recipients of Supplemental Security Income (SSI), Temporary Assistance for Needy Families (TANF), and health care assistance programs for families and children.
Optional Services	Department-established optional health care services that a county may choose to provide.
Public Facility	• A public hospital or • A hospital owned, operated, or leased by a hospital district.
Public Hospital	A hospital owned, operated, or leased by a county, city, town, or other political subdivision of the state, excluding a hospital district and a hospital authority. For additional information, refer to Chapter 61, Health and Safety Code, Subchapter C.
Reimbursable Expenditure	A health care expenditure that may be applied to state assistance funds eligibility/reimbursement and that is for a service provided to a person who is eligible under a monthly net income standard that is at least 21% of the Federal Poverty Guideline (FPG) or up to 50% of the FPG. For additional information, refer to Section 5, State Assistance Funds.
Service Area	The geographic region in which a governmental entity, public hospital, or hospital district has a legal obligation to provide health care services.
State Fiscal Year	The twelve-month period beginning September 1 of each calendar year and ending August 31 of the following calendar year.
TDSHS	Texas Department of State Health Services.