

1 Legend: (Proposed New Rule(s))  
2 Regular Print = Proposed new language

3  
4 §157.132 Regional Trauma Account

5  
6 (a) Definitions. The following words and terms, when used in this section, shall  
7 have the meanings as defined in Texas Administrative Code (TAC) §157.131, and the  
8 following meanings.

9  
10 (1) Local authority -- A county, municipality, or other local entity  
11 authorized to enact traffic laws under the laws of the state as defined in Transportation  
12 Code §541.002.

13  
14 (2) City of licensure --The city within which lies the location of the  
15 business mailing address of a licensed ambulance provider, as indicated by the provider  
16 on the application for licensure form that it filed with the department.

17  
18 (3) Regional Trauma Account – An account established in Health and  
19 Safety Code, Chapter 782.

20  
21 (b) Allocations. The hospital allocation shall be 96%, emergency medical services  
22 (EMS) allocation shall be 2% and the trauma service area (TSA) regional advisory  
23 councils' (RAC) allocation shall be 1% of the funds appropriated from the account. The  
24 money under this subsection shall be distributed in proportion to the amount deposited to  
25 the Regional Trauma Account from the local authority.

26  
27 (1) Hospital Allocation Distribution Process. The department shall  
28 distribute funds directly to facilities eligible to receive funds from the hospital allocation  
29 to subsidize a portion of uncompensated trauma care provided. Funds distributed from  
30 the hospital allocations shall be made based on:

31 (A) the percentage of the hospital's uncompensated trauma care  
32 cost in relation to total uncompensated trauma care cost reported by qualified hospitals  
33 that year; and

34 (B) availability of funds deposited into the Regional Trauma  
35 Account.

36 (2) EMS Allocation Distribution Process. The department shall contract  
37 with each eligible RAC to distribute the EMS allocation to eligible EMS providers. Prior  
38 to distribution of the local authority's shares to eligible EMS providers, the RAC shall  
39 submit a distribution proposal, approved by the eligible EMS providers within the given  
40 local authority, to the department for approval.

41 (A) The EMS allocation shall be distributed directly to eligible  
42 recipients without any reduction in the total amount allocated by the department and shall  
43 be used as an addition to current county EMS funding of eligible recipients, not as a  
44 replacement.

45 (B) The department shall evaluate each RAC's distribution plan  
46 based on the following:

- 47 (i) fair distribution process to all eligible providers;  
48 (ii) needs of the EMS providers; and  
49 (iii) evidence of consensus opinion for eligible entities.

50 (C) A RAC opting to use a distribution plan from the previous  
51 fiscal year shall submit, to the department, a letter or email of intent to do so.

52 (D) Eligible EMS providers may opt to pool funds or contribute  
53 funds for a specified RAC purpose.

54  
55 (3) TSA Allocation Distribution Process. The department shall contract  
56 with eligible RACs to distribute the TSA allocation. Prior to distribution of the TSA  
57 allocation, the RAC shall submit a budget proposal to the department for approval. The  
58 department shall evaluate each RAC's budget according to the following:

59 (A) budget reflects all funds received by the RAC, including funds  
60 not expended in the previous fiscal year;

61 (B) budget contains no ineligible expenses;

62 (C) appropriate mechanism is used by RAC for budgetary  
63 planning; and

64 (D) funding is identified by budget categories.

65  
66 (c) Eligibility Requirements. To be eligible for funding from the account, all  
67 potential recipients (EMS Providers, RACs and hospitals) must maintain active  
68 involvement in regional system development. Potential recipients must also meet  
69 requirements for reports of expenditures from the previous years.

70  
71 (1) Hospital Eligibility. To be eligible for funding from the hospital  
72 allocation, a hospital must be a Texas Department of State Health Services (department)  
73 designated trauma facility and licensed in a local authority that deposits revenue into the  
74 Regional Trauma Account.

75 (A) To receive funding from the hospital allocation, an application  
76 must be submitted within the time frame specified by the department and include the  
77 following:

78 (i) name of facility;

79 (ii) location of facility including mailing address, city and  
80 county;

81 (iii) Texas Provider Identifier (TPI number) or accepted  
82 federal identification number.

83 (B) The application must be signed and sworn to before a Texas  
84 Notary Public by the chief financial officer, chief executive officer and the chairman of  
85 the facility's board of directors.

86 (C) A copy of the application shall be distributed by Level I, II, or  
87 III facilities to the ir trauma medical director and trauma program manager and by Level  
88 IV facilities to the physician director and the trauma program manager.

89 (D) Additional information may be requested at the department's  
90 discretion.

91 (E) A department-designated trauma facility in receipt of funding  
92 from the hospital allocation that fails to maintain its designation must return an amount as  
93 follows to the account:

94 (i) 1 to 60 days expired/suspended designation during any  
95 given state biennium: 0% of the facility's hospital allocation for the state biennium when  
96 the expiration/suspension occurred;

97 (ii) 61 to 180 days expired/suspended designation during  
98 any given state biennium: 25% of the facility's hospital allocation for the state biennium  
99 when the expiration/suspension occurred plus a penalty of 10%;

100 (iii) greater than 181 days expired/suspended designation  
101 during any given state biennium: 100% of the facility's hospital allocation for the state  
102 biennium when the expiration/suspension occurred plus a penalty of 10%; and

103 (iv) the department may grant an exception to subparagraph  
104 (E) of this subsection if it finds that compliance with this section would not be in the best  
105 interests of the persons served in the affected local system.

106 (F) A facility must comply with subparagraphs (A) - (E) of this  
107 paragraph and have no outstanding balance owed to the department prior to receiving any  
108 future disbursements from the Regional Trauma Account.

109  
110 (2) EMS Eligibility. To be eligible for funding from the EMS allocation,  
111 an EMS provider must maintain provider licensure as described in §157.11 of this title,  
112 and meet the following requirements:

113 (A) provide emergency medical services and/or emergency  
114 transfers in a local authority that deposits revenue into the Regional Trauma Account;

115 (B) city of licensure must be within a local authority that deposits  
116 revenue into the Regional Trauma Account or the EMS provider must be contracted to  
117 provide emergency medical services and/or emergency transfers within a local authority  
118 that deposits revenue into the Regional Trauma Account;

119 (C) be an active member of the RAC for the TSA serving their city  
120 of licensure; and

121 (i) meet that RAC's definition of participation,

122 (ii) demonstrate utilization of the RAC regional protocols  
123 regarding patient destination and transport,

124 (iii) demonstrate active participation in the regional system  
125 performance improvement (PI) program;

126 (D) an EMS provider who is licensed in or contracted to provide  
127 emergency medical services in a local authority that is contiguous with a neighboring  
128 TSA, must be an active member of at least one RAC of the TSAs and meet the additional  
129 requirements listed in (i) - (iii) of subparagraph (C) of this paragraph for that RAC.

130 (i) participation on both RACs is encouraged;

131 (ii) RAC participation shall follow actual patient referral  
132 patterns;

133 (iii) it is the responsibility of an EMS provider to contact  
134 each RAC in which it operates to ensure knowledge of the provider's presence and  
135 potential eligibility for funding from the EMS allotment related to that RAC's TSA;

136 (E) an EMS provider who is contracted to provide emergency  
137 medical services within a local authority within any one TSA and whose city of licensure  
138 is in another local authority not in or contiguous with that TSA must be an active member  
139 of the RAC for the TSA of their contracted service area and meet that RAC's definition of  
140 participation and requirements listed in subparagraph (C)(i) - (iii) of this paragraph for  
141 that RAC;

142 (F) an EMS provider who is serving any local authority beyond its  
143 city of licensure must provide to the department evidence of a contract or letter of  
144 agreement with each additional local authority in which service is provided:

145 (i) inter-facility transfer letters of agreement and/or  
146 contracts, as well as mutual aid letters of agreement and/or contracts, do not meet this  
147 requirement;

148 (ii) contracts or letters of agreement must be dated and  
149 submitted to the department on or before August 31 of the respective year, and be  
150 effective more than six months of the upcoming fiscal year;

151 (iii) effective dates of the contracts or letters of agreement  
152 should be provided;

153 (iv) EMS providers with contracts or letters of agreement  
154 on file with the department which include contract service dates that meet the required  
155 time period (noted in this subsection) need not resubmit;

156 (v) EMS providers are responsible for assuring that all  
157 necessary portions of their contracts and letters of agreement have been received by the  
158 department; and

159 (vi) air ambulance providers must meet the same  
160 requirements as ground transport EMS providers to be eligible to receive funds from a  
161 specific local authority other than their city of licensure.

162  
163 (3) RAC Eligibility. To be eligible for funding from the TSA allocation, a  
164 RAC must:

165 (A) be officially recognized by the department as described in  
166 §157.123 of this title (relating to Regional Emergency Medical Services/Trauma  
167 Systems) and have a local authority within its TSA that deposits revenue into the  
168 Regional Trauma Account;

169 (B) be incorporated as an entity that is exempt from federal income  
170 tax under §501(a) of the United States Internal Revenue Code of 1986, and its subsequent  
171 amendments, by being listed as an exempt organization under §501(c)(3) of the code;

172 (C) submit documentation of ongoing system development activity  
173 and future planning;

174 (D) have demonstrated that a regional system PI process is ongoing  
175 by submitting to the department the following:

176 (i) lists of committee meeting dates and attendance rosters  
177 for the RAC's most recent fiscal year;

178 (ii) committee membership rosters which include each  
179 member's organization or constituency; or

180 (iii) lists of issues being reviewed in the system PI  
181 meetings.

182 (E) Submit all required EMS allocation eligibility items addressed  
183 in paragraph (2)(C)(i) – (iii) of this subsection.

184  
185 (d) Calculation Methods. Calculation of the hospital allocation, the EMS  
186 allocation and the RAC shares of the TSA allocation.

187 (1) Hospital allocation.

188 (A) There will be one annual application process from which all  
189 distributions from the hospital allocation in a given fiscal year will be made. The  
190 department will notify all eligible designated trauma facilities at least 90 days prior to the  
191 due date of the annual application. Based on the information provided in the application,  
192 each facility shall receive:

193 (i) an equal amount, with an upper limit of \$50,000, from  
194 up to 15 percent of the hospital allocation; and

195 (ii) an amount for uncompensated trauma care as  
196 determined in subparagraphs (B) - (C) of this paragraph, less the amount received in  
197 clause (i) of this subparagraph.

198 (B) If the total cost of uncompensated trauma care exceeds the  
199 amount appropriated from the account, minus the amount referred to in subparagraph  
200 (A)(i) of this paragraph, the department shall allocate funds based on a facility's  
201 percentage of uncompensated trauma care costs in relation to the total uncompensated  
202 trauma care cost reported by qualified hospitals that year.

203 (C) The hospital allocation formula for Level I, II, III and IV  
204 trauma facilities shall be: ((the facility's reported costs of uncompensated trauma care)  
205 minus (any collections received by the hospitals for any portion of their uncompensated  
206 care previously reported for the purposes of this section) divided by (the total reported  
207 cost of uncompensated trauma care by qualified hospitals that year)) multiplied by (total  
208 money deposited in the Regional Trauma Account by a given local authority minus the  
209 amount distributed in subparagraph (A)(i) of this paragraph).

210 (D) For purposes of paragraph (d), the reporting period of a  
211 facility's uncompensated trauma care shall apply to costs incurred during the preceding  
212 calendar year.

213 (E) Hospitals should have a physician incentive plan that supports  
214 the facility's participation in the trauma system.

215  
216 (2) EMS allocation.

217 (A) An eligible EMS provider's share of the EMS allocation shall  
218 be based on the amount of revenue deposited into the Regional Trauma Account by the  
219 local authority.

220  
221 (3) TSA allocation.

222 (A) A RAC's share of the TSA allocation shall be based on the  
223 amount of revenue deposited into the Regional Trauma Account by the local authority.

224