COUNTY INDIGENT HEALTH CARE PROGRAM

Chapter 61, Health and Safety Code, passed by the First Called Special Session of the Texas 69th Legislature (1985), 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 through the County Indigent Health Care (CIHC) program.

This law 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.

Texas Health and Human Services Commission (HHSC) must:

- 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,
- Administer the state assistance fund for counties not fully served by a public hospital or hospital district that spend more than 8% of their general revenue tax levy (GRTL), and
- Resolve eligibility disputes between a provider and a county, public hospital, or hospital district.

HHSC County Indigent Health Care (CIHC) program staff provide training and technical assistance to counties, public hospitals, and hospital districts.

PUBLIC HOSPITALS

18 public hospitals serve their residents by providing inpatient and outpatient hospital services as well as other services they were providing January 1, 1985. In addition, they must endeavor to provide the basic health care services that counties are required to provide. They must use the department-established income and resource standards or may adopt less-restrictive standards.

HOSPITAL DISTRICTS

142 hospital districts provide services to their residents according to provisions in the Texas Constitution and the statute creating their district. They must endeavor to provide the basic health care services that counties are required to provide. They must use the department-established income and resource standards or may adopt less-restrictive standards.

COUNTIES

143 counties administer a CIHC program for indigent residents of all or any portion of their county not served by a public hospital or hospital district.

Counties may qualify for state assistance funds after they expend 8% of their GRTL and, if eligible, receive a 90/10 match for those expenditures above their 8% GRTL. Counties may close their programs for the remainder of the state fiscal year if they expend 8% of their GRTL and state assistance funds are unavailable.

ELIGIBILITY CRITERIA

Residence. The applicant must live in the county in which s/he applies and must intend to remain there.

Household. A CIHC household is a person living alone or two or more persons living together where legal responsibility for support exists, excluding disqualified persons. A disqualified person is one who receives or is categorically eligible to receive Medicaid.

Resources. A household is eligible if the total countable household resources do not exceed $3,000.00 when a person who is aged or disabled and who meets relationship requirements lives in the home or $2,000.00 for all other households.

Income. A household is eligible if its monthly net income does not exceed 21% of the Federal Poverty Guideline (FPG). Counties may choose to increase the monthly income standard to a maximum of 50% FPG and still qualify to apply for state assistance funds.

CIHCP Monthly Income Standards **April**, 2017	
# of Individuals in CIHCP Household	21% FPG
1	$212
2	$285
3	$358
4	$431
5	$504

BASIC HEALTH CARE SERVICES

- Physician services include services ordered and performed by a physician that are within the scope of practice of their profession as defined by state law.
- Annual physical examinations are examinations provided once per calendar year by a physician or a physician assistant. Associated testing, such as mammograms, can be covered with a physician referral.
- Immunizations are given when appropriate.
- Medical screening services include blood pressure, blood sugar, and cholesterol screening.
- Laboratory and x-ray services are professional and technical services ordered and provided under the personal supervision of a physician in a setting other than a hospital (inpatient or outpatient).
- Family planning services are preventive health care services that assist an individual in controlling fertility and achieving optimal reproductive and general health.
- Skilled Nursing Facility (SNF) services must be medically necessary, ordered by a physician, and provided in a SNF that provides daily services on an inpatient basis.
- Prescriptions. This service includes up to three prescription drugs per month. New and refilled prescriptions count equally toward this three prescription drugs per month total. Drugs must be prescribed by a physician or other practitioner within the scope of practice under law.
- Rural Health Clinic services must be provided in a freestanding or hospital-based rural health clinic by a physician, a physician assistant, an advanced practice nurse, or a visiting nurse.
- Inpatient hospital services must be medically necessary and provided in an acute care hospital to hospital inpatients, by or under the direction of a physician, and for the care and treatment of patients.
- Outpatient hospital services must be medically necessary and provided in an acute care hospital to hospital outpatients, by or under the direction of a physician, and must be diagnostic, therapeutic, or rehabilitative. Outpatient hospital services include hospital-based ambulatory surgical center (HASC) services.

OPTIONAL HEALTH CARE SERVICES

Counties may choose to provide any or all of the following optional health care services. The county may require prior authorization from the provider.

- Advanced Practice Nurse (APN) services must be provided within the scope of practice of the APN and covered in the Texas Medicaid Program. An APN must be licensed as a registered nurse (RN) within the categories of practice, specifically, a nurse practitioner, a clinical nurse specialist, a certified nurse midwife (CNM), and a certified registered nurse anesthetist (CRNA), as determined by the Board of Nurse Examiners.
- Ambulatory Surgical Center (ASC) services must be provided in a freestanding ASC and are limited to items and services provided in reference to an ambulatory surgical procedure.
- Colostomy medical supplies and equipment must be prescribed by a physician or an APN and include cleansing irrigation kits, colostomy bags/pouches, paste or powder, and skin barriers with flange (wafers).
- Counseling services must be based on a physician or APN referral and provided by a LCSW, a LMFT, a LPC, or a PhD psychologist.
- Dental care services must be provided by a DDS, a DMD, or a DDM. These services include an annual routine dental exam, annual routine cleaning, one set of annual x-rays, and the least costly service for emergency dental conditions for the removal or filling of a tooth due to abscess, infection, or extreme pain.
- Diabetic medical supplies and equipment must be prescribed by a physician and include test strips, alcohol prep pads, glucometers, insulin syringes, humulin pens, and needles required for the humulin pens.
- Durable medical equipment (DME) must meet the Medicare/Texas Title XIX Medicaid requirements and be provided under a physician or an APN prescription. This equipment includes 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, and walkers.
- Emergency Medical Services (EMS) services are ground transport services.
- Home and community health care services must meet the Medicare/Medicaid requirements and be provided by a certified home health agency.
- Physician Assistant (PA) services must be provided by a PA under the supervision of a physician and billed by and paid to the supervising physician.
- Vision care, including eyeglasses, includes one examination of the eyes by refraction every 24 months and one pair of prescribed eyeglasses.
- Federally Qualified Health Center (FQHC) services must be provided in an approved FQHC by a physician, a physician assistant, an advanced practice nurse, a clinical psychologist, or a clinical social worker.
- Occupational Therapy services must be medically necessary and may be covered if provided in a physician's office, a therapist's office, in an outpatient rehabilitation or free-standing rehabilitation facility, or in a licensed hospital. Services must be within the provider's scope of practice, as defined by Occupations Code, Chapter 454.
- Physical Therapy services must be medically necessary and may be covered if provided in a physician's office, a therapist's office, in an outpatient rehabilitation or free-standing rehabilitation facility, or in a licensed hospital. Services must be within the provider's scope of practice, as defined by Occupations Code, Chapter 453.
- Other medically necessary services or supplies that the local governmental municipality/entity determines to be cost effective.

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TEXAS **HEALTH AND HUMAN** SERVICE**S COMMISSION**

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