

CIHCP

*County
Indigent Health Care
Program
Quick Reference Guide*

This guide is not intended to be utilized to determine eligibility.

November 2008

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All criteria listed in this Quick Reference Guide are basic criteria; all of the criteria have more outlined and detailed explanations, exemptions, conditions and state assistance information.

Please reference <http://www.dshs.state.tx.us/cihcp/default.shtm> for complete criteria and administration guides;

You may contact the County Indigent Health Care Group at:

Texas Department of State Health Services

Community Health Services

County Indigent Health Care Group Y-990

1100 West 49th Street

Austin, Texas 78756-3168

Or

www.dshs.state.tx.us/cihcp

Or

E-mail policy questions to:

IHCNET@dshs.state.tx.us

Or

Individual staff members may be contacted at (512) 458-7706

Jan Maberry—Group Manager

Stephanie Atkins—Program Specialist

Karen Gray—Program Specialist

Tiffany Ford—Program Specialist

Chris Nicholas—Administrative Tech.

Rene Kennedy—Program Specialist

Elizabeth Alvarado—Medicaid Reim.

Eva Cruz—Program Specialist

Gina Baber—Program Specialist (Primary Health Care)

Or

Please reference <http://www.dshs.state.tx.us/cihcp/default.shtm>

Click on “Services” on left side menu; Click on “Your Local CIHCP Office”; Click on “Directory” to locate the CIHCP office nearest you.

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;
- Established a state assistance fund to match expenditures for governmental entities that exceed certain spending levels and meet state requirements;

For more outlined and detailed explanations, exemptions, conditions and state assistance information. Please reference <http://www.dshs.state.tx.us/cihcp/default.shtm> for complete criteria and administration guides;

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

Service Area

The geographic region in which a governmental entity, public hospital, or hospital district has a legal obligation to provide health care services.

Definitions:

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.

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.

Hospital District

A hospital district created under the authority of the Texas Constitution Article IX, Sections 4 – 11.

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

http://www.dshs.state.tx.us/CIHCP/Program_Handbook/Revision_07-2/Chapter61_07-2.pdf

Or

<http://www.legis.state.tx.us/>

Chapter 61, Health and Safety Code (continued)

General Eligibility Provisions Public Hospital/Hospital District

- A public hospital or hospital district shall provide health care assistance to each eligible resident in its service area who meets:
 - (1) the basic income and resources requirements established by the department when the assistance is requested; or
 - (2) a less restrictive income and resources standard adopted by the hospital or hospital district serving the area in which the person resides.

Basic Health Care Services Provided by a Public Hospital

- A public hospital shall endeavor to provide the basic health care services a county is required to provide.
- If the public hospital provided additional health care services to eligible residents during the operating year that ended prior to January 1, 1985, the hospital shall continue to provide those services.
- A public hospital shall coordinate the delivery of basic health care services to eligible residents and may provide any basic health care services the hospital was not providing on January 1, 1999, but only to the extent the hospital is financially able to do so.
- A public hospital may provide health care services in addition to basic health care services.

Basic Health Care Services Provided by Hospital Districts

- A hospital district shall endeavor to provide the basic health care services a county is required to provide, together with any other services required under the Texas Constitution and the statute creating a district.
- A hospital district shall coordinate the delivery of basic health care services to eligible residents and may provide any basic health care services the hospital was not providing on January 1, 1999, but only to the extent the hospital is financially able to do so.
- This section may not be construed to discharge a hospital district from its obligation to provide health care services required under the Texas Constitution and the statute creating the district.

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

http://www.dshs.state.tx.us/CIHCP/Program_Handbook/Revision_07-2/Chapter61_07-2.pdf

Or

<http://www.legis.state.tx.us/>

The Basic Eligibility Criteria

Reference to “county” equates to a resident of the governmental entity, hospital district or public hospital district in which the person applies.

- **Residence.** The applicant must live in the county in which s/he applies and must intend to remain there.
- **Household.** A CIHCP 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 Based on the 2008	
Federal Poverty Guideline	
Family Size	21% of FPG
1	\$182
2	\$245
3	\$308
4	\$371
5	\$434

CIHCP Monthly Income Based on the 2008	
Federal Poverty Guideline (FPG)	
Family Size	50% of FPG
1	\$434
2	\$584
3	\$734
4	\$884
5	\$1,034

www.yourtexasbenefits.com is an eligibility screening tool that can help you determine if you may be potentially eligible for a variety of assistance programs, including the County Indigent Health Care Program.

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Residence

Reference to “county” equates to a resident of the governmental entity, hospital district or public hospital district in which the person applies.

The general principles are:

- A person must live in the Texas county in which he/she applies.
- A person is considered a resident of the Texas county if the person’s home or fixed place of habitation is located in said county and intends to return to said county after any temporary absences.
- A person with no fixed residence or new resident is considered a resident of the Texas county if the person’s declares intent to remain in the county.
- A person cannot qualify for CIHCP from more than one county simultaneously.

Household

The general principles are:

- A CIHCP household is a person living alone or two or more persons living together where legal responsibility for support exists, excluding disqualified persons.
- Medicaid is the only program that disqualifies a person from the County Indigent Health Care Program.

Screening Tools

- Your Texas Benefits screens for potential eligibility for Medicaid and other programs provided by Texas state agencies. Your Texas Benefits may be accessed at:

www.yourtexasbenefits.com

- The Benefit Eligibility Screening Tool (BEST) screens for potential eligibility for benefits from any of the programs that Social Security administers. BEST may be accessed at:

<http://best.ssa.gov>

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Resources

The general principles are:

- A household must pursue all resources to which the household is legally entitled unless it is unreasonable to pursue the resource.
- The resources of all CIHCP household members are considered; all resources of a disqualified person are exempt.
- Resources are either countable or exempt.
- A household is not eligible if the total countable household resources 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.

Resources—both liquid and non-liquid assets a person can convert to meet his/her needs. Examples, include but are not limited to: bank accounts, boats, bonds, campers, cash, certificates of deposit, gas rights, livestock (unless the livestock is used to meet personal needs essential for daily living), mineral rights, notes, oil rights, real estate (including buildings and land, other than a homestead), stocks, and vehicles.

If a payment or benefit counts as income for a particular month, do not count it as a resource in the same month.

The following are potentially considered countable resources:

Alien Sponsor's Resources

Trust Fund

Bank Accounts

Vehicles

Burial Insurance

Insurance Settlement

Lawsuit Settlement

Liquid Resources

Lump Sum Payments

Real Property

Reimbursement

Retirement Accounts

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Resources (continued)

The following are potentially considered exempt resources:

Burial Insurance

Burial Plots

Crime Victim's Compensation Payments

Energy Assistance Payments

Homestead

Income-Producing Property

Life Insurance

Loans (Non-Educational)

Personal Possessions

Real Property

Retirement Accounts

Trust Fund

Vehicles

Penalty for transferring resources:

A household is ineligible if, within three months before application or any time after certification, they transfer a countable resource for less than its fair market value to qualify for county health care assistance.

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Income

The general principles are:

- A household must pursue and accept all income to which the household is legally entitled.
- The income of all CIHCP household members is considered; all income of a disqualified person is exempt.
- Income is either countable or exempt.

The following are potentially considered countable income:

Alien Sponsor's Income

VA Payments

Cash Gifts and Contributions

Wages, Salaries, Commissions

Child Support Payments

Workers' Compensation Payments

Disability Insurance Payments

Dividends and Royalties

Interest

Loans (Non-educational)

Lump Sum Payments

Military Pay

Mineral Rights

Pensions

Reimbursement

RSDI Payments

Self-Employment Income

Terminated Income

Tip Income

Trust Fund

Unemployment Compensation Payments

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Income (continued)

The following are potentially considered exempt income:

Adoption Payments

Child's Earned Income

Crime Victim's Compensation Payments

Educational Assistance

Energy Assistance

Foster Care Payments

Government Disaster Payments

In-Kind Income

Job Training

SSI Payments

TANF

Third Party Payments

Vendor Payments

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Services

The following services and supplies and expenses are not considered CIHCP benefits:

Abortions

Autopsies

Chiropractors

Outpatient psychiatric services that exceed 30 visits per calendar year

Private Inpatient Hospital Room

Fees for completing or filing a claim

Services provided outside of the United States

Services provided by an immediate relative or a household member

Treatment of flat foot

Reference to “county” equates to a resident of the governmental entity, hospital district or public hospital district in which the person applies.

The general principles are:

- Services or supplies must be reasonable and medically necessary for diagnosis and treatment.
- Chapter 61, Health and Safety Code, Section 61.035, states, “The maximum county liability for each state fiscal year for health care services provided by all assistance providers, including hospital and skilled nursing facility, to each eligible county resident is:

*\$30,000.00 or payment of 30 days of inpatient hospitalization or treatment in a skilled nursing facility, or both, or \$30,000.00 whichever occurs first.

Basic Health Care Services are:

Physician Services

Family Planning Services

Annual Physical Examinations

Skilled Nursing Facility Services

Immunizations

Prescription Drugs

Medical Screenings

Rural Health Clinic (RHC) Services

Laboratory and X-ray Services

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Services (continued)

Reference to “county” equates to a resident of the governmental entity, hospital district or public hospital district in which the person applies.

The general principles are:

In addition to providing basic health care services, a county may provide other department-established optional health care services that the county determines to be cost-effective.

Optional Health Care Services are:

Advanced Practice Nurse (APN) Services

Vision Care, Including Eyeglasses

Ambulatory Surgical Center (ASC) Services

Federally Qualified Health Center (FQHC) Services

Colostomy Medical Supplies and Equipment

Counseling Services

Dental Care

Diabetic Medical Supplies and Equipment

Durable Medical Equipment (DME)

Emergency Medical Services

Home and Community Health Care Services

Physician Assistant (PA) Services

Other medically necessary services or supplies that the local governmental municipality/entity determines to be cost effective.

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State Assistance

- Based in an annual allocation, subject to funding. Texas Department of State Health Services (TDSHS) distributes state assistance funds to counties not fully served by a public hospital or a hospital district.
- To receive state assistance, a county must comply with TDSHS-established standard and procedures.
- Expenditures are reimbursable if they are:
 - *Paid for CIHCP eligible residents,
 - *Paid for CIHCP basic or department-approved optional health care services, and
 - *Paid in accordance to the CIHCP payment standards.

Reimbursable expenditures must be paid in the state fiscal year for which state assistance funds are being requested.

The county is eligible for state assistance funds when it exceeds the 8% General Revenue Tax Levy (GRTL) expenditure level.

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

http://www.dshs.state.tx.us/CIHCP/Program_Handbook/Revision_07-2/Chapter61_07-2.pdf

Or

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This guide was created for informational purposes only.

Created by A. Dunlap; Tom Green County in coordination with R. Kelley, Bell Co.

Reviewed by the Texas Department of State Health Services, Community Health Services

County Indigent Health Care Group