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**RAINS COUNTY**

**INDIGENT HEALTH CARE POLICY**

*This policy, adopted by Rains County Commissioners’ Court at the Regular*

*meeting on November 12, 2020, shall become effective November 12, 2020*

The Rains County Indigent Health Program is established with an application, documentation, and verification process based on Texas Department of State Health Services (TDSHS) guidelines established Chapter 61 of the Health and Safety Code. Chapter 61, the Indigent Health Care and Treatment Act was passed in 1986 by the 69th Texas Legislature.

All applicants and Qualified Clients are required to comply with all State and County policies and guidelines to receive services through the Rains County Indigent Health Program.

The Rains County Indigent Health Program will be referred to as RCIHP in the remainder of this policy document.

The RCIHP is funded locally through Rains County and with limited assistance from the State. RCIHP is a county-based program providing basic health care services according to the TDSHS guidelines and limited optional services.

RCIHP has a maximum county liability per client for each state fiscal year (September 1 – August 31) for health services provided by all assistance providers, including hospital and skilled nursing facilities.

Rains County requires any provider to obtain approval from RCIHP before providing non-emergency care services to an eligible person. Rains County requires any provider who delivers emergency services to a patient who might be eligible for RCIHP assistance to notify RCIHP within the timeframe set by Texas Health & Safety Code Chapter 61.032 that emergency services have been or will be provided to the patient. Any provider who delivers services to an eligible person without complying with the requirements of the Texas Health and Safety Code Chapter 61.031, .032 shall not be eligible for payment for the services from Rains County.

Eligibility must (by law) be determined within 14 days of application completion date.

RCIHP will consider four eligibility criteria for determination of eligibility: Residence, Household, Income, and Resources.

**RCIHP Residency Requirements** (may include but are not limited to):

* Applicants must provide proof of Rains County residency with one or more of the following items:

1. A rent or mortgage payment receipt showing applicant’s name and address of property and date of occupancy
2. A Rains County property tax receipt for the most recent year
3. A Rains County voter registration card showing current address
4. School enrollment records
5. An unexpired Texas Driver’s License or Texas ID Card showing current Rains County residence address
6. Mail addressed and delivered to the applicant’s physical address. No post office box addresses are acceptable

* Applicants living in a motel, hotel, shelter, or temporary residential facility or house are not considered Rains County residents for Indigent Health Program purposes

**RCIHP Household Requirements** (may include but are not limited to):

* A RCIHP household may be a person living alone or two or more persons living together where legal responsibility for support exists, excluding disqualified persons. Verification of household is required
* Legal responsibility for support exists between persons who are legally married, a legal parent and a minor child, or a managing conservator and a minor child

**RCIHP Income Requirements**

* A household must pursue and accept all income to which the household is legally entitled
* The income of all household members is considered in determining eligibility
* Monthly Income Standards will be based on the annual Federal Poverty Guidelines and are established by the Texas Department of Health
* Verification of income may include but is not limited to requests for paycheck stubs, statements from employers, W-2 forms, verification of cash contributions, checking or savings account information, life or health insurance policy information showing current value, business records, award letters, court orders, or public decrees, sales records, income tax returns or statements completed, signed and dated by the self-employed person
* Alien Sponsor’s Income – If you are a sponsored alien, you are required to furnish copies of the last four paystubs, previous year’s Federal Income Tax and W-2 from your sponsor

**RCIHP Resources Requirements**

* A household must pursue all resources to which the household is legally entitled unless it is unreasonable to pursue the resource. Indigent Health Care is the source of last resort
* The resources of all household members are considered. Proof of resources may be required

**RCIHP** **Policies**

* All applicants for RCIHP will be required to visit the county’s Indigent Health office at 167 E. Quitman St., Suite 102 in Emory for an interview. If the applicant misses the interview appointment the application will be denied and applicant will have to reapply.
* An application will be considered complete only if it includes the following information:

1. Applicant’s full name, physical address, and mailing address
2. Applicant’s Social Security number
3. Proof of income for the past three months to determine gross income
4. Names and income of all other Household members and their relationship to the applicant
5. Information about all medical insurance and hospital or health care benefits that household members may be eligible to receive.
6. Complete accurate information about the applicant and other Household members gross income including all assets, property, and equity value of any vehicles or property
7. Employment status of all individuals in Household
8. List of financial resources for all Household members
9. List of qualified dependents and all needed verifications and forms
10. Applicant’s signature and date completed

If an application is submitted and it is incomplete, applicant will receive a request for information form in the mail. Applicant has fourteen (14) days from the date request was sent to complete application. If it is not completed, it will be denied.

* Applicants or Qualified Clients who are rude and display disruptive or abusive language or behavior will not be seen. Our personnel will be protected from dangerous situations. Physical or combative confrontations are grounds for denial or immediate termination from the Indigent Health Care Program.
* Eligibility reviews shall be done every 6 months but may be required at any interval of time less than the 6 months, as determined by RCIHP.
* Qualified Clients will be terminated from the program for any evidence of illicit drug use and/or possession. Rains County IHP reserves the right to limit or deny certain prescriptions to eligible clients. Physicians will be contacted if an issue arises related to prescriptions.
* Any Qualified Client arrested for prescription drug fraud or possession, manufacture or delivery of controlled substances in any “Penalty Group” defined under the Texas Health & Safety Code will be suspended from the prescription drug program until the case is adjudicated. Conviction of any of these crimes will mean the Qualified Client will be denied prescription benefits beginning the date he/she is adjudicated or placed on probation and continuing from that date until two years from the date of the adjudication or the end of the probation period, or two years from the release date from the Texas Department of Criminal Justice or county jail, if incarcerated.
* Clients **may** also be terminated from the Indigent Health Program for continued alcohol abuse as evidenced by alcohol related arrests after qualifying for RCIHP.
* Persons involved in a motor vehicle accident or an assault will not receive benefit coverage for any medical expenses related to that accident or assault, unless proper documentation is provided showing no other liability. The minimum documentation required consists of at least a police report or auto insurance information. Other documentation may be necessary.
* Persons on RCIHP or new applicants will have 14 days to report to our office:

1. Change of address
2. Change in income or resources
3. Change in the number of people living in the household
4. Any application for or receipt or denial of benefits under the :
   1. Medicaid
   2. SNAP (Supplemental Nutrition Assistance Program – formerly Food Stamps)
   3. TANF
   4. SSI

* Persons disqualified for Indigent Health are as follows:

1. Receives or is categorically eligible to receive Medicaid
2. Receives TANF benefits
3. Receives SSI benefits and is eligible for Medicaid

**FAILURE TO REPORT CHANGES WILL JEOPARDIZE ELIGIBILITY**

**AND COULD LEAD TO CRIMINAL CHARGES**

* Applicants will be required to sign a Fraud Policy swearing to the accuracy of information provided in the application process. A person who provides false information will be ineligible from re-applying for Indigent Health Care in Rains County as follows:

1. First offense 24 months from the date fraud was discovered
2. Second offense 36 months from the date fraud was discovered
3. Third offense 24 months plus 12 months per subsequent offense

***Giving false information on an application could lead to criminal charges***

* All Program Applicants are subject to a background check. If there are any discrepancies, Applicants will be asked to clarify discrepancies. The purpose of the background check is to verify the truthfulness of an Applicants application and eligibility. Applicants will be asked to complete an Authorization for Background Check to include, but not limited to, screening under [www.yourtexasbenefits.com](http://www.yourtexasbenefits.com) and [www.ssabest.benefits.gov](file:///C:\Users\office%201\Documents\www.ssabest.benefits.gov).
* The filing of an application for RCIHP or the receipt of services constitutes an assignment of the applicant’s or recipient’s right of recover from personal insurance or other sources. An applicant or recipient shall inform the county at the time of application or any time during eligibility, of any unsettled tort claim that may affect medical needs and of any private accident or sickness insurance coverage that is or may become available. Notice must be given to RCIHP within 10 days of the date the person learns of the insurance coverage, tort claim, or potential cause of action .
* RCIHP requires dispensing of generic prescriptions, if there is a generic available. A physician can request the name-brand as part of the prescription but the RCIHP recipient cannot make the choice. Medications that are available in an over-the-counter form will not be covered. Prescriptions are limited to a total of three (3) per month for each IHC recipient.
* In an effort to promote RCIHP participants to be responsible for the support of themselves

and their families, all applicants and all adult members of their Household must demonstrate a willingness to be employed, if practical.

1. If unemployed, Applicants must produce a TWC Registration Form, which will be documented with signature of TWC office personnel within two (2) months of their initial eligibility period and at registration for each registration period thereafter. Applicants and adult members of their Household must accept jobs that they are offered.
2. If unable to work due to disability, he/she is expected to apply for disability or Medicaid benefits during the six (6) month period of eligibility and provide the documentation.
3. Exceptions may be made to this policy in the following situations if the person:

* Provides a dated, written statement from their assigned primary care physician which certifies that the person is medically (i.e., mentally or physically) unable to work
* Receive unemployment insurance benefits or have applied but not yet been notified of eligibility (need to provide proof)
* Full time student participating in work study program (will need to provide school schedule and work study information)
* Age 60 or older
* Parent or other Household member who personally provides care for a child under age six (6) or a disabled person of any age living with the Household
* Participates in an outpatient substance abuse treatment and rehabilitation program who are not allowed to seek employment while in treatment (will need to provide a letter from program)
* Distance prohibits walking or transportation is NOT available

If an RCIHP client fails, without good cause, to comply with work registration requirements, the client is disqualified from RCIHP benefits as follows:

* For a period of (3) three months for each noncompliance
* For a period of (6) six months for terminating employment solely for the purpose of becoming eligible for IHC

If there is ever a question as to whether or not an applicant should be exempt from work registration, contact the local Texas Workforce Commission (TWC) office when in doubt.

**Please sign read and understood.**

**Sign\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_**