

**Meeting the Educational Needs of Texas County Officials Since 1969**

Texas Institute of County Government  
CELEBRATING 50 YEARS

Newly Elected County Judge & Commissioners Seminar  
January 13, 2021

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**Learning Objectives**

- County Indigent Health Care Program**  
Health care services to eligible residents through the counties, hospital districts and public hospitals in Texas.
- Local Health Authority**  
The role of the Local Health Authority.
- Financial Support & Resources**  
Accessing Financial support & other resources from State & Federal governments.

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**Chapter 61 of the Health & Safety Code**

“ This Chapter is a “Statutory Obligation” of local Texas Governments to provide Health Care Coverage and may be cited as the “Indigent Health Care and Treatment Act.” ”

- Counties**
- Hospital Districts**
- Public Hospitals**

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## HISTORY 4

The Indigent Health Care Act was passed by the Texas Legislature in May 1985 with requirement for counties to implement on September 1, 1986.

The act spelled out how local governments would handle a century old Texas law that requires counties to "provide for the support of paupers, residents of their county who are unable to support themselves". *Sec. 81.027 of the Local Government Code*

This law addressed health care ONLY. All counties are still responsible for non-health "pauper" care, such as burial.

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## CIHCP 5

The County Indigent Health Care Program (CIHCP) provides health care services to eligible residents through the counties, hospital districts, and public hospitals in Texas.

Chapter 61, Health and Safety Code, defines the responsibilities of counties, hospital districts, and public hospitals in providing health care to eligible residents who are considered indigent.

Texas Administrative Code, Title 25, Part 1, Chapter 14 establishes the County Indigent Health Care Program (CIHCP) rules regarding program administration, determining eligibility, and providing services.

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## Counties, Hospitals, and Public Hospitals 6

**Counties** that are not fully served by a public facility, i.e., a hospital district or a public hospital, are responsible for administering an indigent health care program for eligible residents of all or any portion of the county not served by a public facility.

**Hospital districts and public hospitals** are required to establish an application procedure and provide health care to eligible residents who reside in the hospital district's or public hospital's service area and meet the minimum resource and income limits.

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**The Role of .....  
Texas Department of State Health Services (DSHS)**

- Establishes minimum eligibility standards and application, documentation, and verification procedures that are consistent with the analogous procedures used to determine eligibility in the Temporary Assistance for Needy Families (TANF)-Medicaid program and that the counties should use in determining CIHCP eligibility,
- Defines the basic and department-established optional health care services in accordance with the TANF-Medicaid program,
- Establishes the payment standards for basic and DSHS-established optional health care services in accordance with the TANF-Medicaid program,
- Provides technical assistance and training to counties, hospital districts, and public hospitals,

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**The Role of .....  
Texas Department of State Health Services (DSHS) Continued:**

- Provides technical assistance and training to counties, hospital districts, and public hospitals,
- Processes eligibility disputes between providers of health care assistance and governmental entities or hospital districts, and
- Administers the state assistance fund. Counties may qualify for state assistance funds when they exceed 8% of the county's general revenue tax levy (GRTL) for basic and DSHS-established optional health care services provided to eligible county residents.

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**WHO ARE THE CHAPTER 61 ENTITIES?**

143 Counties      142 Hospitals Districts

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18 Public Hospitals

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## WHO DOES THE CIHCP COVER? 10



Households who meet the

- income,
- residency,
- resource,
- household composition of the responsible local government
- & who **do not or would** not qualify for Medicaid.



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## TARGET POPULATION 11

Those who are categorically in-eligible for Medicaid via TANF and who reside in the local responsible jurisdiction (County, Hospital District, Public Hospital).

Income: Up to 21% of Federal Poverty Level.

Counties may choose to increase the monthly income standard to a maximum of 50% FPL, and still qualify to apply for state assistance funds.

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## WHAT IS THE CIHCP CRITERIA? 12

**Income**

A County= must adopt minimum income of 21% FPL but may adopt less restrictive income standards. (Most = 21-25%).

**Public Hospitals =** May use the TDSHS established income & resource guidelines or adopt **less** restrictive standards.

- Very large HD such as Parkland, Bexar, Harris may have income criteria of 200% FPL or greater
- Most other smaller Hospital Districts and Public Hospitals range between 21-50% FPL

**Household composition**

Household includes all those who are legally responsible for each other, excluding those in the household who receive Medicaid



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### WHAT IS THE CIHCP CRITERIA - Continued?



**Residency**

- Resides or intends to remain and reside in the local government jurisdiction in which he/she applies

**Residency Continued...**

- No duration requirements
- Residency is not equal to citizenship

College students, those in treatment facilities, etc., should apply in their resident jurisdiction, which may or may not be where they "temporarily reside" to attend school or get treatment.



**Resources**

- Total countable household resources do not exceed \$2000
- Total countable household resources do not \$3,000 when a person who is aged/disabled and meets relationship requirement resides in the home.

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### FEDERAL POVERTY LEVEL

# of Individuals in the CIHCP Household	21% FPG Minimum Income Standard	50% FPG Maximum Income Standard
1	\$219	\$521
2	\$296	\$705
3	\$374	\$889
4	\$451	\$1,073
5	\$528	\$1,258
6	\$606	\$1,442
7	\$683	\$1,626

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### FEDERAL POVERTY LEVEL....Continued

# of Individuals in the CIHCP Household	21% FPG Minimum Income Standard	50% FPG Maximum Income Standard
8	\$761	\$1,810
9	\$838	\$1,994
10	\$915	\$2,178
11	\$993	\$2,363
12	\$1,070	\$2,547

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### CIHCP BASIC SERVICES 16



- Immunizations
- Medical screening services.
- Annual physical examinations
- Inpatient hospital services
- Rural health clinics



- Outpatient hospital services, including hospital-based ambulatory surgical center services



- Laboratory and x-ray services
- Family planning services
- Physician services



- Payment for not more than three prescription drugs per month
- Skilled nursing facility services

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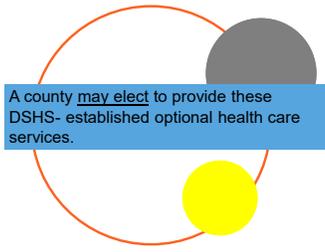
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### OPTIONAL SERVICES 17



A county may elect to provide these DSHS- established optional health care services.

- Advance Practice Nurse (APN)
- Ambulatory Surgical Centers (ASC)
- Colostomy medical supplies and equipment
- Counseling provided by a licensed clinical social worker (LCSW), a licensed marriage family therapist (LMFT), a licensed professional counselor (LPC), or a PH.D. psychologist
- Dental Care
- Diabetic medical supplies and equipment
- Durable medical equipment (DME)
- Emergency Medical Services (EMS)
- Home and community health care services
- Physician Assistant (PA)
- Vision care, including glasses
- Federally Qualified Health Center (FQHC)
- Occupational Therapy
- Physical Therapy
- Other Medically necessary services or supplies that the local governmental municipality/entity determines to be cost effective

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## The Local Health Authority



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## History 19

**From the Texas State Historical Association: COUNTY HEALTH AUTHORITY.**

In 1891 the county judge was empowered by the legislature to appoint a part-time county physician to make and enforce local quarantine regulations, but in 1909 the office was abolished and the position of county health officer was established.

The county health officer had to be a licensed physician of good standing. He was appointed biennially by the county commissioners' court and was charged with giving medical care to people in jails and poorhouses and to those on the pauper rolls of the county.

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## History...Continued 20

In addition, he cooperated with the State Department of Public Health (see TEXAS DEPARTMENT OF HUMAN SERVICES) in matters relating to:

- quarantine,
- inspection,
- disease prevention,
- and vital statistics.

Legislation passed in the 1980s replacing the designation "county health officer" with "county health authority."  
The health authority's duties could be delegated among the staff of the local county health department.

**BIBLIOGRAPHY:**  
Texas Advisory Commission on Intergovernmental Relations, *Handbook of Governments in Texas* (Austin, 1973-).

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## Acronym's 21

**“ Appointment and Term**

In accordance with Texas Health and Safety Code, Chapter 121.021, a Local Health Authority is....

A physician appointed to administer state and local laws relating to public health within the appointing body's jurisdiction. A health authority serves for a term of two years and may be appointed to successive terms. ”

LHA = Local Health Authority

LHD = Local Health Department

DSHS = Department of State Health Services

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### Duties of the LHA 22

Under Section 121.024, a health authority is a state officer when performing duties prescribed by state law. A health authority shall perform each duty that is.....

- 01** | Necessary to implement and enforce a law to protect the public health; or
- 02** | Prescribed by the board.

**Duties of a health authority include:**

- 03** | Establishing, maintaining, and enforcing quarantine in the health authority's jurisdiction;
- 04** | Aiding the board in relation to local quarantine, inspection, disease prevention and suppression, birth and death statistics, and general sanitation in the health authority's jurisdiction

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### Counties without LHDs 23

A county without a local health department is **not** obligated to have a local health authority.

A DSHS Regional Director shall perform the duties of a health authority in a county/jurisdiction where there is no local health authority.  
(A regional director is a physician who is employed by the Texas Department of State Health Services (DSHS) and serves as the chief administrative officer of a region.)

No monetary contribution is required by a county to sustain a local health authority.

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### Requirements for the LHA 24

- Be a competent physician with a reputable professional standing who is legally qualified to practice medicine in Texas.

- Take and subscribe to the official oath of office required by the Texas Constitution, Article 16.
- Be a resident of Texas.

- File a copy of the oath and statement of appointed officer with the appropriate DSHS Regional Office within ten working days of the date of taking the oath.

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### Benefits of LHA

**01**  
Gives counties control over public health emergencies.

**03**  
Having a LHA could provide opportunities for public health grants and community assessments.

**02**  
Provides a rapid response to locally occurring conditions, crisis situations and disease outbreaks. A higher degree of legal protections for Commissioners and County Judges in areas relating to responsibilities of Public Health.

**04**  
An LHA can provide guidance and counseling to the local government.

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### Recap

A Health Authority is a physician who administers state and local laws relating to public health within a local government government's jurisdiction.

Appointed by city council or county commissioner commissioner's court or health department/district director for 2-year term.

Duties include aiding the state with quarantine, sanitation enforcement, public health law enforcement, reportable diseases, vital statistics collection.

Mandatory only in jurisdictions that receive funding from DSHS for essential public health services.

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### LHA – COVID 19 Data Points

- **Data points**
  - Number of cases
  - Number of active cases
  - Number of deaths
  - Current incidence rate
    - Incidence rate is cases in the last 14 days/population (The most recent census bureau estimates) x 100,000 to get a rate of X per 100,000 people. This allows for comparison between populations to assess severity.
- CDC recommendations have and will change over time as more is learned about the virus and as we learn what controls the public can manage. It's always about walking a tightrope between perfect infection control and the reality on the ground.
- High risk groups
  - Over 60 years of age
  - Those with comorbid conditions including but not limited to diabetes, dementia, asthma, obesity, COPD, heart conditions, kidney disease, cancer and sickle cell anemia

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**Financial Support and Resources**



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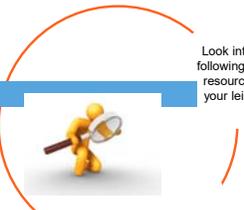
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**State & Federal Resources**



Look into the following list of resources at your leisure.

- Community Development Block Grants
- FEMA Temporary Emergency Relief
- Texas Indigent Defense Commission
- Texas Department of State Health Services
- Texas Department of Health & Human Services
- Office of the Governor
- Texas Juvenile Justice Division
- Texas Department of Criminal Justice, Community Justice Division
- Various Other Criminal Justice Grants
- 1115 Waiver

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**Delivery System Reform Incentive Payment (DSRIP)**

- In 2011, Senate Bill (SB) 7, 82nd Legislature, First Called Session, directed HHSC to preserve federal hospital funding historically received as supplemental payments under the upper payment level (UPL) program.
- Centers for Medicare and Medicaid Services (CMS) approved the Section 1115 Transformation Waiver on December 12, 2011. In December 2017, CMS approved a five-year extension of the waiver through September 30, 2022.
- The non-federal share of each of these managed care directed payment programs is provided by local governmental entities.

<https://hhs.texas.gov/laws-regulations/policies-rules/waivers/waiver-overview/background-resources>

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**Delivery System Reform Incentive Payment (DSRIP)....Continued** 31

The DSRIP program provides incentive payments to participating providers to improve health outcomes. The benefits of this waiver to the citizens of Texas include Providers develop and implement programs, strategies, and investments to enhance:

- > Improved access to healthcare services
- > Quality of health care and health systems
- > Cost-effectiveness of services and health systems
- > Health of the patients and families served

There are currently 288 participating DSRIP providers, including hospitals, community mental health centers (CMHCs), physician groups primarily associated with academic health science centers, and local health departments (LHDs).

Funding structure:

- > UC: Uncompensated Care (hospitals) based on cost
- > DSRIP: Delivery System Reform Incentive Payments based on value

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**Delivery System Reform Incentive Payment (DSRIP)....Continued** 32

Currently, there is a five-year extension request to extend the overall 1115 waiver (the transformation and quality improvement waiver that we all refer to just as 1115) for a five year period beyond the current overall end date of DY11 (September 30, 2022). This request DOES NOT include DSRIP.

There is a DSRIP extension request sent in October which is a one-time request to CMS asking to give Texas one final year of DSRIP (so through September 30, 2022 instead of the current September 30, 2021 end date) and requesting to grant that one year with funding at the current DY10 level (~\$2.6B for DSRIP).

The ONLY way DSRIP would be extended past September 2021 is if CMS grants approval of this specific extension request. And, again, it would only be for one year. The state does not know much about any of the proposed programs, HHSC has mentioned the actual "pre-prints" of any proposed programs would be due to CMS in February 2021.

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**For more information.....** 33

- > Burial of Deceased Paupers  
<http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.694.htm>
- > County Indigent Health Care Program  
<http://www.dshs.state.tx.us/cihcp/>
- > Texas Medicaid Transformation 1115 Waiver  
<http://www.hhsc.state.tx.us/1115-waiver>
- > Community Development Block Grant Program  
[http://portal.hud.gov/hudportal/HUD?src=/program\\_offices/comm\\_planning/communitydevelopment/programs](http://portal.hud.gov/hudportal/HUD?src=/program_offices/comm_planning/communitydevelopment/programs)
- > Texas Indigent Defense Commission  
<http://www.tidc.texas.gov/grants-reporting/discretionary.aspx>

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For more information.. Local Health Authority

- [www.dshs.state.tx.us/rls/lha/pubs/instructions.pdf](http://www.dshs.state.tx.us/rls/lha/pubs/instructions.pdf)
- [www.dshs.state.tx.us/region1/documents/tmp-LocalHealthAuthority.pdf](http://www.dshs.state.tx.us/region1/documents/tmp-LocalHealthAuthority.pdf)
- <http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.121.htm>;
- [http://info.sos.state.tx.us/pls/pub/readtac\\$ext.TacPage?sl=R&app=9&p\\_dir=&p\\_rloc=&p\\_floc=&p\\_ploc=&pg=1&p\\_tac=&ti=25&pt=1&ch=85&rl=1](http://info.sos.state.tx.us/pls/pub/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_floc=&p_ploc=&pg=1&p_tac=&ti=25&pt=1&ch=85&rl=1)

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THANK YOU  
Ebony Jackson  
Director  
Bell County Indigent Health Services  
PO Box 880  
Killeen, TX 76540  
254-618-4193  
[Ebony.Jackson@bellcounty.Texas.gov](mailto:Ebony.Jackson@bellcounty.Texas.gov)  
[www.bellcountytexas.com](http://www.bellcountytexas.com)

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