

**AGENDA 16**

**Consider approving revised options for payment of medical services under the County Indigent Health Care Program.**

**Moved: Commissioner Limmer**

**Seconded: Commissioner Hays**

**Motion:** To approve increase to provide benefits to those who have income under the 25% level and options for payment of medical services under the County indigent Health Care, to be effective June 1, 2000, with a monthly report on cost of optional services until the end of the budget year.

**Vote: 5 - 0**

<Clerk Copy Here>



## Texas Department of Health

William R. Archer III, M.D.  
Commissioner

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

Parti J. Patterson, M.D., M.P.H.  
Executive Deputy Commissioner

1100 West 49th Street  
Austin, Texas 78756-3199  
512/458-7111

Date: March 1, 2000

To: All CIHCP County Contacts

FGR 00-3

From: Bonnie L. Magers  
Division Director  
Indigent Health Care

Subject: Optional Services

The rules for HB 1398 were presented to the Board of Health and approved for publication in the *Texas Register* for a April 1, 2000 effective date. A handbook revision with the changes will be mailed to you later this month. Enclosed is Form 120, CIHCP Optional Service Request, with instructions.

- If you wish to provide any of the optional services effective April 1, 2000, please complete this form and return it to my office by March 20, 2000 so that we will have time to send your county an approval letter prior to April 1, 2000.
- The final date for submitting this form if you wish to provide optional services in this fiscal year is May 15, 2000. If you submitted this form on that date, you would receive your approval letter for services effective June 1, 2000.

If you have any questions, please call the Indigent Health Care Unit at 512/338-6461.

Enclosure

c: Rodger Love, Bureau Chief, Policy and Operations, TDH, Austin  
Indigent Health Care Division staff  
Health Programs Resource Coordinators

*An Equal Employment Opportunity Employer*

## CIHCP Optional Service Request

*Please read optional service definitions on the back of this page.*

Types of Optional Services: (circle the numbers of the services your county wishes to provide)

1.	Advanced Practice Nurse (APN)
2.	Ambulatory Surgical Center (ASC)
3.	Certified Nurse Midwife (CNM)
4.	Certified Registered Nurse Anesthetist (CRNA)
5.	Colostomy Medical Supplies and/or Equipment (colostomy bags/pouches, cleansing irrigation kits, paste or powder and wafers)
6.	Counseling Services: (check the ones your county wishes to provide) <input checked="" type="checkbox"/> A. Licensed Professional Counselor (LPC) <input type="checkbox"/> B. Licensed Marriage Family Therapist (LMFT) <input checked="" type="checkbox"/> C. Licensed Master Social Worker-Advanced Clinical Practitioner (LMSW-ACP) <input checked="" type="checkbox"/> D. Ph.D. Clinical Psychologist
7.	Dental Care (annual routine 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)
8.	Diabetic Supplies and/or Equipment (syringes, lancets, test strips, alcohol prep pads, glucometers, and humulin pens)
9.	Durable Medical Equipment: (check the ones your county wishes to provide) <input type="checkbox"/> A. Crutches <input type="checkbox"/> D. Standard wheel chairs <input type="checkbox"/> G. Home oxygen equipment <input type="checkbox"/> B. Canes <input type="checkbox"/> E. Hospital beds <input type="checkbox"/> H. Blood pressure measuring appliances <input type="checkbox"/> C. Walkers <input type="checkbox"/> F. TENS units
10.	Federally Qualified Health Center (FQHC)
11.	Home and Community Health Care
12.	Physician Assistant (PA)
13.	Vision Care (one exam by refraction and one pair of prescribed glasses every 24 months)

CHANGE [Check here if your county wishes to discontinue any of the optional services that you are currently providing this state fiscal year. Circle the optional services above that you will continue providing. Complete and submit this form.]

John C. Doerfler  
Signature of County Judge/Designee

5-2-00  
Date

Name: John C. Doerfler	Title: County Judge
County: Williamson	Mailing Address: 710 Main St. Suite 201
Phone Number (plus area code): 512 943 1550	City/State/Zip: Georgetown, TX 78626

**CIHCP Optional Service Definitions**

All of these optional services will count towards the client's \$30,000 or 30 day inpatient hospital/skilled nursing limitation. Some of these services are not SSI-Medicaid reimbursable through the Indigent Health Care office of TDH.

1. **Advanced Practice Nurse (APN)** services must be medically necessary and provided within the scope of practice of an APN and covered by the Texas Medicaid Program when provided by a licensed physician.
2. **Ambulatory Surgical Center (ASC)** services must be provided in a Title XIX Medicaid enrolled ASC, and are limited to items and services furnished in reference to an ambulatory surgical procedure, including those services on the HCFA approved list and selected Medicaid-only procedures.
3. **Certified Nurse Midwife (CNM)** services must be medically necessary and provided within the scope of practice of a CNM, and covered by the Texas Medicaid Program when provided by a licensed physician.
4. **Certified Registered Nurse Anesthetist (CRNA)** services must be medically necessary; provided within the scope of practice of a CRNA; prescribed and supervised by a physician, dentist, or podiatrist who must be licensed in the state in which they practice.
5. **Colostomy medical supplies and/or equipment** must be medically necessary and prescribed by a physician or an APN if this is within the scope of their practice in accordance with the standards established by the Board of Nurse Examiners and published in 22 TAC §221.13. Items covered are colostomy bags/pouches, cleansing irrigation kits, paste or powder and wafers. The county may require the supplier to receive prior authorization.
6. **Counseling (psychotherapy)** services must be medically necessary based on a referral from a physician or an APN if this is within the scope of their practice in accordance with the standards established by the Board of Nurse Examiners and published in 22 TAC §221.13. Psychotherapy services must be provided by a Licensed Professional Counselor (LPC), Licensed Marriage Family Therapist (LMFT), Licensed Master Social Worker-Advanced Clinical Practitioner (LMSW-ACP), or a Ph.D. Psychologist.
7. **Dental care** must be medically necessary and provided by a DDS, DMD, or DDM. Items covered are an annual routine exam, annual routine cleaning, one set of x-rays annually, and the least costly service for emergency dental conditions for the removal or filling of a tooth due to abscess, infection, or extreme pain. The county may require prior authorization.
8. **Diabetic supplies and/or equipment** must be medically necessary and prescribed by a physician or an APN if this is within the scope of their practice in accordance with the standards established by the Board of Nurse Examiners and published in 22 TAC §221.13. Items covered are syringes, lancets, test strips, alcohol prep pads, glucometers, and humulin pens. The county may require the supplier to receive prior authorization. These do NOT count as one of the three prescribed drugs per month.
9. **Durable medical equipment** must be medically necessary; meet the Medicare/Medicaid requirements; and be provided under a written, signed and dated prescription from a physician or an APN if this is within the scope of their practice in accordance with the standards established by the Board of Nurse Examiners and published in 22 TAC §221.13. Items may be purchased or rented, whichever is least costly. Items covered are crutches, canes, walkers, standard wheel chairs, hospital beds, TENS units, home oxygen equipment (including masks, oxygen hose, and nebulizers), and reasonable and appropriate appliances for measuring blood pressure. The county may require the supplier to receive prior authorization. These do NOT count as one of the three prescribed drugs per month.
10. **Federally Qualified Health Center (FQHC)** services must be provided in an approved FQHC by a physician, physician's assistant, nurse practitioner, clinical psychologist, or clinical social worker.
11. **Home and community health care** must be medically necessary; meet the Medicare/Medicaid requirements; and be provided by a certified home health agency. A plan of care must be recommended, signed, and dated by the recipient's attending physician prior to care being given. Items covered are R.N. visits for skilled nursing observation, assessment, evaluation, and treatment provided by a physician who specifically requests the R.N. visit for this purpose. A home health aide to assist with administering medication is also covered. Visits made for performing housekeeping services are not covered. A county may require prior authorization.
12. **Physician Assistant (PA)** services must be medically necessary and provided by a PA under the direction of an M.D. or a D.O. and must be billed by and paid to the supervising physician.
13. **Vision care** covers 1 exam by refraction and 1 pair of prescribed glasses every 24 months that meet Medicaid criteria.

## Instructions

After reading the optional service definitions, please circle any or all of numbers 1 - 13 that your county wishes to provide as an optional service to be creditable for state assistance funds.

- If you circle numbers 6 (counseling services) and/or 9 (durable medical equipment) you must check off which of the individual services listed that your county wishes to provide as an optional service.
- If you circle number 10, please complete and attach a Form 111, Payment Rate Request, containing the name, address and Medicaid number of each FQHC that you plan to use so a payment rate may be provided.
- If you circle numbers 7 and/or 9 you may be more restrictive than the definitions, but please describe any restrictions on the form.
- *The form must be signed and dated by the county judge or his/her designee.* Print or type the name and title of the person signing the form. Print or type the name of your county, the mailing address, and the phone number (including the area code) of the person signing the form.
- A new form must be completed for each state fiscal year that your county wishes to provide optional services, even if the services remain the same.
  - For State Fiscal Year 2000 this form must be received by May 15, 2000.
  - For State Fiscal Year 2001 this form must be received by August 31, 2000.
  - For State Fiscal Year 2002 this form must be received by August 31, 2001.

**Mail or Fax the completed form to:**  
Texas Department of Health  
Indigent Health Care Program Y-990  
1100 W. 49th Street  
Austin, Texas 78756-3168

Fax 512/338-6405
- A confirmation letter from the Texas Department of Health will be mailed to your county upon receipt of your completed form. If you do not receive a confirmation letter within 2 weeks, please call 512/338-6461. This confirmation letter is needed for these services to be potentially creditable for state assistance funds.
- If your county decides to discontinue any optional service(s) during the fiscal year, please complete another Form 120, circle the services that will continue to be provided, check the "CHANGE" item, sign and date, complete the form, and submit to TDH.

AGENDA 17

Consider approving additional service agreement with Loomis-Austin.

Commissioner Boatright requested this item be tabled until next week.

AGENDA 18

Consider setting date for acceptance of bids on removal of house & apartment at 307 Main St. in Georgetown.

Judge Doerfler requested this item be tabled until next week.

AGENDA 19

Discuss and take appropriate action on variance for John Moum to subdivide 3-acre tract out of a 6-acre tract that is on a private road. (Pct. 3).

Moved: **Commissioner Hays**

Seconded: **Commissioner Limmer**

Motion: To approve granting a variance to the plating regulation and access to a public road, for John Moum to subdivide a 3-acre tract out of a 6-acre tract that. This variance is granted due to events that have occurred to the current owner.

Vote: 4 - 1 Commissioner Heiligenstein voting against.

AGENDA 20

Consider approving street name change from Hickory Drive to Hickory Tree Drive in Crystal Knoll Terrace, Unit 3.

Moved: **Commissioner Hays**

Seconded: **Commissioner Boatright**

Motion: To approve street name change from Hickory Drive to Hickory Tree Drive in Crystal Knoll Terrace, Unit 3.

Vote: 5 - 0

<Clerk Copy Here>