AGENDA ITEM 21

Consider recognizing start of Motor Vehicle Registration On-Line program.

Joe Pondrum, with the Williamson County Tax Office, talked about the new Motor Vehicle Registration On-Line program.

AGENDA ITEM 22

Consider approving proposed inmate medical fees for medical services in jail.

Moved: **Commissioner Boatright**
Seconded: **Commissioner Limmer**
Motion: To approve proposed inmate medical fees for medical services in jail.
Vote: **5 - 0**

< Attachment >

RICHARD ELLIOTT
Chief Deputy

JOHN A. MASPERO
WILLIAMSON COUNTY SHERIFF
508 South Rock Street
Georgetown, Texas 78626
Phone (512) 943-1300 * Fax (512) 943-1444

ROBERT L. CHAPMAN
Asst Chief Deputy - Law Enforcement
JAMES W. HARRELL
Asst Chief Deputy - Corrections

To: John A. Maspero
Sheriff

From: James. W. Harrell
Assistant Chief Deputy-Corrections

Subject: Inmate medical fees

Date: January 17, 2001

This letter is to simplify the attached documentation from Bexar, Harris and Travis Counties. Each of these counties charge inmates for medical services provided. The following chart will show comparison charges between the counties:

Service	Williamson	Bexar	Travis	Harris
Physician	$15.00	$15.00	$10.00	$16.00
Dental	$15.00	$15.00	$10.00	$15.00
Nursing	$10.00	$10.00	$7-$10	$10.00
Protocol	$ 7.50	N/A	$10.00	N/A
Med. Trans.	$ 7.50	N/A	$10.00	N/A
Pharmacy	$ 3.00	$ 3.00	$ 2.00	$ 3.00
X-Ray/Lab.	$10.00	N/A	$10.00	included
E.R. Visit	$45.00	N/A	Inmate Responsible	N/A

approved 1-30-01
John C. Deeyler

JOHN A. MASPERO
WILLIAMSON COUNTY SHERIFF

RICHARD ELLIOTT
Chief Deputy

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ROBERT L. CHAPMAN
Asst Chief Deputy - Law Enforcement
JAMES W. HARRELL
Asst Chief Deputy - Corrections

Wednesday, January 17, 2001

To: Asst Chief J. Harrell
From: Sgt. D.C. Mickler
Re: Charge Document

Sir,

Here is the information you requested concerning the proposed new plan for charging inmates for services rendered by the Williamson County Corrections Bureau – Medical Services Division. The proposed fee's contained within the Charge Document for the Medical Services Division was based on the co-pay of the health plans provided to the employees of the Williamson County Sheriff's Department and on the rates charged by the Harris County, Bexar County and Travis County Sheriff's Department's. The Travis County Sheriff's Department does not have a Charge Document per say, but I was able to consult with a Nurse in their Medical Division who gave me the information needed over the phone. I hope this information is what you require and let me know if you have any further questions.

Respectfully,

3322

David C. Mickler, Sgt
Medical Services Division

WILLIAMSON COUNTY SHERIFF'S DEPARTMENT
MEDICAL SERVICES DIVISION

CHARGE DOCUMENT

Inmate Name: _____ SO#: _____

SSN#: _____ DOB: _____

Date: _____ Time: _____ Cell: _____

SERVICES CHARGED:

Physician:	_____	($15.00)	Medical Transport:	_____	($ 7.50)
Dental:	_____	($15.00)	Pharmacy Service:	_____	($ 3.00)
Nursing:	_____	($10.00)	X-Ray/Lab:	_____	($10.00)
Protocol:	_____	($ 7.50)	E.R. Visit:	_____	($45.00)

Charge Services –

First 10 days of incarceration are free for Initial Assessment, if a request is received from the inmate within the first 10 days of incarceration. This assessment does not cover Prescriptions, Emergency Room visits, or Dental requests or transports. Inmates brought to the infirmary by the Jail Medical Staff will be entitled to a free initial assessment if done within the first 10 days of incarceration. Emergency Room visits, follow-up clinical and/or visits and other services will be charged as above.

Free Services –

TB screening and Follow-up Chest X-Ray
Intake Screening
10 Day "New Intake" Initial Assessment (Upon Inmates Request)
Transport to Specialty Clinics (i.e. David Powell, MHMR, Jack Sansing, Dialysis)
Follow-up Visits if Ordered by Jail Physician and/or Nurse
MHMR Clinical and/or Lab (if ordered by Jail Physician or Psychiatrist)
Clinical, Lab, and/or X-Rays ordered by Health Department

Exempted Inmates –

The following Inmates Classifications shall be exempted from being charged for bi-monthly sick call visits and from most other medical services, with the unalterable exceptions being Pharmaceutical Services, Dental Services, ER Visits, and Medical Transport:

Inmates with Trusty Status (Monthly Only)
Inmates with Chronic, Long Term, or Terminal Health Problems
Inmates with Inpatient Status (patients held in the infirmary or special needs cells)

Indigent Health Care –

No inmate shall be denied medical treatment or necessary medical care, regardless of his or her financial status.

Providers Signature: _____ Date/Time: _____

Staff Signature: _____ Emp. ID. # _____

Inmate Signature: _____ Date/Time: _____

Data Entry Date/Time: _____ Status: (circle one) Indigent Non-Indigent

Entered By: _____ Emp. ID. # _____

BEXAR County

University Health System
Correctional Health Care Services
Walk-In Service Slip

Name: _____ SID#: _____ Request Received: _____

Appointment Date: _____ Location: _____ Appointment Kept: _____

☐ Physician	PV201	$15.00	* Prescriptions Issued: _____
☐ Psychiatrist	PV202	$15.00	* Special Diet: ☐ Yes ☐ No
☐ Providers / Extenders	PV204	$10.00	Prescriptions/Diets $3.00 Each
☐ Dental	DN105	$15.00	

Comments: _____

Provider _____
RX _____
Diet _____
Total _____

Provider Signature/Date: _____ ☐ Pt. Not Seen / Do Not Resch
☐ Refill Only
☐ Schedule F / U _____ Days

Patient's Signature/Date: _____ ☐ Patient Refused to Sign

* Inmates without funds will *not* be denied treatment.
* Si usted no tiene fondos en su cuenta, *no* se le negaran los servicios medicos.

White Copy = Billing Yellow Copy = Record Pink = Out Guide

CHCS 79.041

Travis County Sheriff's Department
Inmate Charges for Medical Services

Prescription	-	HIV Medications	no charge
		All other Prescriptions	$ 2.00
Nurse	-	Day Nurse (0700 to 1500 hrs)	$ 7.00
		Night Nurse (1500 to 0700 hrs)	$10.00
Dental or Physician Care			$10.00
X-Ray or Lab Work			$10.00
Minor Emergency Care	-	In House	$10.00 Plus materials or supplies (i.e. bandages, splints, etc.)
Emergency Room	-	Charged to Inmate Account	Inmates Responsibility
Hospital Care	-	Charged to Inmate Account	Inmates Responsibility
All Other Services Rendered			$10.00

HARRIS COUNTY SHERIFF'S DEPARTMENT
Medical Division

Charge Document

Inmate Name: _____ SPN: _____

Building: _____ Cell block: _____

SERVICES: Date: _____

Nursing	_____	(10.00)	Dental	_____	(15.00)
Physician	_____	(16.00)	Optometry	_____	(15.00)
X-ray	_____	included in physician charges	Dietary	_____	(10.00)
Laboratory	_____	included in physician charges	Pharmacy	_____	(3.00)

Staff Signature: _____ Inmate Signature: _____

Check if indigent/unable to pay _____ Data entry: _____

M-221 9/92 WHITE COPY TO DATA ENTRY YELLOW COPY TO INMATE

HARRIS COUNTY SHERIFF'S DEPARTMENT
Medical Division

Charge Document

Inmate Name: _____ SPN: _____

Building: _____ Cell block: _____

SERVICES: Date: _____

Nursing	_____	(10.00)	Dental	_____	(15.00)
Physician	_____	(16.00)	Optometry	_____	(15.00)
X-ray	_____	included in physician charges	Dietary	_____	(10.00)
Laboratory	_____	included in physician charges	Pharmacy	_____	(3.00)

Staff Signature: _____ Inmate Signature: _____

Check if indigent/unable to pay _____ Data entry: _____

M-221 9/92 WHITE COPY TO DATA ENTRY YELLOW COPY TO INMATE

SUBJECT: MEDICAL SERVICES DIVISION CHARGE DOCUMENT

PURPOSE: The purpose of this policy is to establish procedures for the usage of the CHARGE DOCUMENT, the monies generated to offset some of the administrative expenses incurred in the health care delivery process.

POLICY: After delivery of health services specified, the inmates will be charged for the administrative expenses incurred. These charges will be levied against the inmate's Trust Fund, except in cases where the fund indicates an indigent status. All current policies and procedures regarding the provision of inmate health care will remain in force.

PROCEDURES:

I. The following services, to which an inmate may be referred, will generate charges: physician and dental (includes laboratory and x-ray, if needed), nursing, dietary, and pharmaceutical. After resolution of the problem identified on the Inmate Request Form, the nurse supervisor will generate and complete a CHARGE DOCUMENT, including initials next to the services rendered and the signature required. If an inmate refuses to sign, this refusal will be noted and witnessed by two staff members. The inmate will be given a copy of the completed CHARGE DOCUMENT. If unable to resolve the problem identified, the nurse supervisor will make the appropriate referral and no CHARGE DOCUMENT will be generated.

II. The nurse supervisor will generate and complete a CHARGE DOCUMENT for each clinic or treatment performed by the Jail Physician, dentist, etc. as appropriate, including initials next to the services rendered and all signatures required. The inmate will be given a copy of the completed CHARGE DOCUMENT.

III. The following services will not generate a CHARGE DOCUMENT: Follow-up visits as required by the staff member for which the inmate is being currently treated; Outside specialty clinics as required by referral and/or follow-up treatment (i.e. HIV, Dialysis, Surgery, STD, Health District Clinics, Tuberculosis); infirmary care; indigent care; intake screening and 14 day health assessment; any laboratory and x-ray work as ordered during the course of a regular treatment or clinic; MHMR services.

IV. All completed original CHARGE DOCUMENTS will be collected on a daily basis, and a levy will be placed on the inmates Trust Fund for the charges indicated by the Medical Supervisor or the Nurse Supervisor. **No services will be denied any inmate. If an inmate is indigent, their Trust Fund will simply show a negative balance. At any time the inmate returns to this facility, the negative balance will be deducted for past services rendered, or it will be written-off at the time of the inmates release.**

Approved:

John C. Doerfler 12-19-00
County Judge Date

Sheriff Maspero Date

Chief Harrell Date

Nurse Goodale Date

CODE OF CRIMINAL PROCEDURES

Art. 104.002 (1037, 1048, 1049) (1139, 1150, 1151) (11094) (1105, 1106) Expenses for Prisoners

(a) Except as otherwise provided by this article, a county is liable for all expenses incurred in the safekeeping of prisoners confined in the county jail or kept under guard by the county. If a prisoner is transferred to county from county on a change of venue, for safekeeping, or for a habeas corpus hearing, the county transferring the prisoner is liable for the expenses described by this article.

(b) If a county incurs expenses for the safekeeping of a prisoner from another county, the sheriff shall submit to the county judge an account of expenses incurred by the county for the prisoner. The county judge shall approve the amount he determines is a correct statement of the expenses and sign and date the account.

(c) The county judge shall submit to the commissioners court of the county for which the prisoner was kept, at a regular term of the court, his signed statement of the account described by Subsection(b). If the commissioners court determines that the account is in accordance with the law, it shall order the county treasurer to issue to the sheriff of the county submitting the statement a draft in an amount approved by the court.

Text of subd. (d) as amended by Acts 1991, 72nd Leg., ch. 14 284(19), eff. Sept. 1, 1991

(d) A person who is or was a prisoner in county jail and received medical, dental, or health related services shall be required to pay for such services when they are rendered. If such prisoner cannot pay for such services because of indigence, said county shall provide that person with such services and the county shall debit their trust fund for the proper amount for services rendered. A prisoner who does not meet the eligibility for assistance payments shall remain obligated to reimburse the county for any medical, dental, or health services provided and that county shall have authority to recover the amount expended in a civil action.

Text of subd. (d) as amended by Acts 191, 72nd Leg., ch. 434, I, eff. August 26, 1991

(e) A person who is or was a prisoner in a county jail and received medical, dental, or health related services from a county or a hospital district shall be required to pay for such services when they are rendered. If such prisoner is an eligible county resident as defined in Section 61.002, Health and Safety Code, the county or hospital district providing the services has a right of recovery from any source, limited to the cost of services provided. A prisoner, unless the prisoner fully pays for the cost of services received, shall remain obligated to reimburse the county or hospital district for any medical, dental, or health services provided, and the county or hospital district may apply for reimbursement in the manner provided by Chapter 61, Health and Safety Code. A county or hospital district shall have authority to recover the amount expended in a civil action.

Added by Acts 1985, 69th Leg., ch. 269, I, eff. Sept. 1, 1985, Subsec. (d) amended by Acts 1987, 70th Leg., ch. 1010, I, eff. June 19, 1987: Acts 1991, 72nd Leg., ch 14, 284 (19), eff. Sept 1, 1991; Acts 1991, 72nd Leg., ch 434, I, eff. Aug. 26, 1991.

Historical and Statutory Notes

Section 2 of Acts 1991, 72nd Leg., ch. 434 provides:

"The change in law made by this Act does not impose a duty on the institutional division of the Texas Department of Criminal Justice in regards to the provisions of health care to inmates confined in county jails or to payment of costs for the provision of that care."

Prior Law:

Vernon's Ann. C.C.P. 1925, arts. 1037, 1048, 1049.

AGENDA ITEM 23

Consider authorizing judge to execute voluntary annexation of portion of 0.125 acres in Round Rock.

Attorney Charles Crossfield spoke about the annexation and answered questions.

Moved: **Commissioner Limmer**
Seconded: **Commissioner Boatright**
Motion: To authorize county judge to execute voluntary annexation of portion of 0.125 acres in Round Rock.
Vote: **5 - 0**

< Attachment >

ANNEXATION PETITION

TO THE MAYOR AND THE CITY COUNCIL OF THE CITY OF ROUND ROCK, TEXAS:

The undersigned owner of the hereinafter-described tract of land, which is vacant and without residents, hereby petitions your Honorable City Council to extend the present city limits so as to include as a part of the City of Round Rock, Texas, the following described territory, to-wit:

> **Being a portion of County Road 122 lying immediately north of U.S. Highway 79 and being more particularly described in the field notes and sketch attached hereto as Exhibit "A".**

I hereby certify, under oath, that:

(1) WILLIAMSON COUNTY, TEXAS IS THE TRUE AND ONLY OWNER OF THE ABOVE DESCRIBED TRACT OF LAND, and

(2) The above-described tract of land is contiguous and adjacent to the current city limits of the City of Round Rock, Texas.

John C. Doerfler 1-30-01
John C. Doerfler, County Judge
Williamson County, Texas

STATE OF TEXAS §
COUNTY OF WILLIAMSON §

SUBSCRIBED AND SWORN TO ME BEFORE, a notary public, by John C. Doerfler this 30 day of January, 2001, A.D.

NOTARY PUBLIC
JANE E. TABLERIOU
Notary Public, State of Texas
My Commission Expires
April 2002

Jane E. Tablerou
Notary Public, State of Texas

RECORDERS MEMORANDUM
All or parts of the text on this page was not clearly legible for satisfactory recordation.