

AGENDA ITEM 34

Consider declaring an emergency and approving a budget amendment for the Health District:

Moved: **Commissioner Boatright**

Seconded: **Commissioner Heiligenstein**

Motion: To declare an emergency and approve a budget amendment for the Health District:

0100-0630-004905      Payment for Indigents      600,000.00

Vote: 4 - 0

<Attachment>

AN ORDER DECLARING AN EMERGENCY AND A GRAVE PUBLIC NECESSITY DUE TO UNFORESEEABLE CIRCUMSTANCES AND APPROVING A BUDGET AMENDMENT FOR

100 - General Fund      630 - Health Dist  
FUND      DEPARTMENT

WHEREAS, THE WILLIAMSON COUNTY COMMISSIONERS COURT HAS CAREFULLY STUDIED THE PUBLIC NECESSITY OF INCREASING THE AUTHORIZED EXPENDITURES DURING THIS FISCAL YEAR; AND

WHEREAS, THE WILLIAMSON COUNTY COMMISSIONERS COURT, DUE TO UNFORESEEABLE CIRCUMSTANCES, DID NOT APPROPRIATE SUFFICIENT FUNDS IN THE CURRENT BUDGET FOR THIS NECESSARY EXPENDITURE; NOW

THEREFORE, BE IT ORDERED BY THE WILLIAMSON COUNTY COMMISSIONERS COURT THAT AN EMERGENCY AND GRAVE PUBLIC NECESSITY DOES EXIST DUE TO UNFORESEEABLE CIRCUMSTANCES.

WHEREAS, ON THE 10 DAY OF June, 2003, A MOTION MADE BY \_\_\_\_\_ AND SECONDED BY \_\_\_\_\_  
THE MOTION CARRIED BY A VOTE OF \_\_\_\_ FOR, \_\_\_\_ AGAINST.

WHEREAS, THE WILLIAMSON COUNTY COMMISSIONERS COURT HAS DECLARED AN EMERGENCY AND A GRAVE PUBLIC NECESSITY DUE TO UNFORESEEABLE CIRCUMSTANCES IN THE MATTER OF BUDGETING NECESSARY FUNDS FOR THE ABOVE MENTIONED DEPARTMENT; NOW

THEREFORE, BE IT ORDERED THAT THE 2003 FISCAL YEAR WILLIAMSON COUNTY BUDGET BE AMENDED AND FROM THE UNAPPROPRIATED FUNDS IN THE GENERAL FUND, THE FOLLOWING AMOUNTS BE APPROPRIATED FOR THE FOLLOWING LINE ITEMS:

ACCOUNT #	DESCRIPTION	AMOUNT
100-630-4905	Payment for Indigents	\$ 600,000.00

WHEREUPON, A MOTION DULY MADE AND SECONDED, THE WILLIAMSON COUNTY COMMISSIONERS COURT DID AUTHORIZE THE COUNTY JUDGE TO SIGN THIS ORDER, THE COUNTY CLERK WAS INSTRUCTED TO FILE A COPY OF THIS ORDER WITH THE EXISTING BUDGET, AND TO FORWARD A COPY OF THIS ORDER TO THE COUNTY AUDITOR.

John C. Doerfler  
JOHN C. DOERFLER, COUNTY JUDGE

ATTEST:

Nancy E. Rister  
NANCY E. RISTER, COUNTY CLERK

# WILLIAMSON COUNTY & CITIES HEALTH DISTRICT MEMORANDUM

Date: May 19, 2003  
 To: Judge John Doerfler  
 From: Sharon Hinderer, LMSW-ACP  
 Director of Social Services  
 Subject: County Indigent Health Care Program  
 Special Instructions:

☐ Immediate action required  
☐ Action or Response needed by \_\_\_\_\_  
☐ Share with staff  
☒ FYI  
☐ Other \_\_\_\_\_  
 cc: Karen Wilson; Bride Roberts



This is to 1) Appraise you of the current client and spending rates for the County Indigent Healthcare Program (CIHCP) after 7 months of FY 2003, and (2) talk about planning for next year's budget.

By the end of FY 2002-2003, we anticipate that 1100 clients will be served in the CIHCP. This is an increase from 741 clients in FY 2001-2002, a 48.4% increase. At the current growth rate we anticipate that 1540 clients will be served in FY 2003-2004. In the first 7 months of the current fiscal year \$ 1,184,000 has been expended. At this rate, \$2,030,525 will be expended by the end of September 2003, an increase of \$580,525 over the indigent care line item in the county budget this year (\$ 1,450,000). Based on the FY 2002-2003 experience, we anticipate a need for \$2,706,690 ( a 33% increase from this FY spending) in the CIHCP medical care payments line item for FY 2003-2004.

% increase in clients	Health Care Costs	# Clients	% increase in spending	% increase in clients
FY 2001	\$835,925	531		
FY 2002	\$1,547,656	741	85% increase	39.5% increase
(est.) FY 2003*	\$2,030,525	1100	31% increase	48.4% increase
(est.) FY 2004	\$2,706,690	1540	33% increase	40.0% increase

\* FY '03 projections based on 7mos numbers; \$1,547,656 spent to date; 681 unduplicated clients served

Therefore, another \$580,525 will most likely be required as a transfer into the indigent care line item in the budget to cover expenses through September, 2003.

**Staff Increase needed to manage next year's CIHCP load:**

0.40 FTE Accounting Clerk

1.00 FTE Case Manager

**BUDGET JUSTIFICATION****Accounting Clerk**

Because we implemented a new custom designed web-based software program this year, we have been able to increase the number of invoices processed each month by 78%--from 1626 in FY2001-2002 to 2890 per month this year. The accounting staff is pretty well stretched to capacity with this load. In addition, we will lose the 40% of an accounting clerk's salary paid for by a TDH grant. Only 5% of that person's accounting work was devoted to that TDH program. The state grant was subsidizing the CIHCP work. That state grant will not be funded in FY 2003-2004, so we need to ask the County to pick up that 40% salary.

**Case Manager**

The County is currently funding one case manager. The description below demonstrates how this case manager is able to pay for his salary several times over by recouping reimbursements for the County. He doesn't have time to get to all of the cases that could bring dollars back to the County and with the expected growth in this program, we are requesting an additional caseworker position for case management. This position would also pay for itself many times over. It would be a good business decision to fund this additional position. If we aren't able to dedicate the time and effort to get this money back for the County, the line item for medical care payments will have to be increased by *at least* \$100,000(see detail below). This is a prime time to add another case manager to the program because we have a strong worker in one of our other programs for which state funding is going to be cut, a worker who knows the system and has a strong professional commitment for advocacy. It is a position that cannot be effectively filled by an inexperienced worker. Effective intervention requires a significant amount of knowledge about these complex systems to effectively intervene. It means many hours of "detail-management", the ability to advocate from the outside of the federal bureaucracy, coordination of the medical providers and their data, obtaining the cooperation of the disabled client, and negotiation of the civil legal system.

**Detail:** A review of outcomes in this program shows that only a small percentage of our County Indigent clients are able to survive at less than 25% of the FPL for very long.

They either:

- Get better and go to work because of good health care compliance
- Move onto a longer term program which includes financial support (SSI, SSDI, etc), or
- Stay with us until they die (a very small percentage of the total.)

Case Management significantly supports the first two outcomes for people. It is clearly evident that a strong case manager in the County Indigent Health Care Program returns significantly more than the related personnel costs to the county. The team of case manager and accounting clerk have brought Williamson County the highest reimbursement rate in the state.

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**Case Manager Cost Savings with SSI:** Three examples of recent cost savings by our case manager advocating for our clients who've applied to the SSI folks:

- A heart patient was denied SSI because of the resource value of a vehicle they declared. At that point the lawyer hired by the client ended his work on the case. Our WCCHD case manager contacted the SS Administration on behalf of this client, discovering a process to transfer a resource with a limited period of ineligibility for SSI. This person was approved just this month and the county is eligible for \$50,000 reimbursement on funds spent over the last two years on this client's treatment.
- Another patient was denied SSI the week of his death last August. The Case Manager kept the application active through a long process of follow up with both the SS Administration and Texas Rehabilitation Commission/Disability Determination Services. There were questions about the cause of death and the need to wait for a ruling from a judge about it. In March of 2003, he was awarded his SSI posthumously and the county now is eligible for \$30,000 reimbursement.
- We have another \$30,000 case we expect next month, that of a man whose SSI application was denied because of being over income due to Workman's Compensation income which they erroneously thought he was receiving but which he had not received in over a year. His SSDI was approved, but CIHCP cannot seek reimbursement without SSI being awarded. The SS Administration told us that "everyone in the office worked on this one" and they expect to approve coverage back to the original file date last year.

**Case Manager Cost Savings with Health Care Compliance:** Most CIHCP clients come to us in a physically deteriorating condition, often through the emergency rooms, rarely having had a resource for health care for a long time. The case manager teaches them how to utilize the health care delivery system and assists in finding and coordinating health care resources. Intervention prevents later, more expensive emergency/hospital care. *One hospitalization that is avoided because of good health care compliance will pay most of the salary requested for the case manager.*

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**Williamson County & Cities Health District**

**Contract with Brackenridge High Risk Prenatal Clinic**

In 2002, \$10,000 was allocated for a fee-for-service contract with the Brackenridge High Risk Prenatal Clinic. The women sent to that clinic are those with medical conditions or prenatal complications that can't be adequately evaluated and/or treated locally. Some of these women are evaluated and return to the Health District for the balance of their prenatal care. Others remain in care at the High Risk Clinic for the remainder of their pregnancy and deliver at Brackenridge Hospital. In the first eight months of this contract, two women have been hospitalized immediately because of their high-risk conditions.

We started referring to the high-risk clinic September 2002. After eight months, 24 women have been referred and the \$10,000 is nearly all expended. This has been a very cost effective and valuable program for Williamson County. Brackenridge is presenting this cooperative arrangement as a model for other Central Texas counties.

For the remainder of FY 2002-2003 (May-September: 5 months) I request that an additional \$7,000 be allocated for this contract. It's important that Williamson County maintain this relationship for care.

For FY 2003-2004, I request that \$25,000 be allocated for this contract to accommodate for the expected program growth as a result of a decrease in State support for medical care for pregnant women. (See comments below "Health District's Prenatal Care Program")

**Health District's Prenatal Care Program for FY 2003-2004**

It appears quite certain that the Texas Legislature will lower Medicaid eligibility for pregnant women to 133% of the federal poverty level (from 185%). In our conversations with the Department of Human Services, the best estimate is that 125 pregnant women whose income falls between 133%-185% FPL will not be eligible for help from Medicaid next year. These women do not have health insurance and will most likely come to the Health District for prenatal care. In addition to Medicaid cuts, I expect that our Title V funds will also be reduced, so the Health District will have fewer resources to care for at least 25% more clients. Prenatal care is very cost effective. The alternative is that women will show up at the local emergency room when she notices problems or when she goes into labor. This will result in an increase of premature and sick babies, and potentially, maternal and infant mortalities. In order to take care of this increased caseload, I request the following:

16 hours per week nurse practitioner @ \$30 per hour	= \$ 24,960
1.0 FTE clinic RN, \$38,832 salary, \$12,355 fringe	= \$ 51,187
1.0 FTE Social Worker case manager \$34,321 salary, \$11,547 fringe	= \$ 45,868
Contract funds for lab, ultrasound, NST, physician in Round Rock	= <u>\$ 10,000</u>
	\$132,015

Contract funds for Brackenridge High Risk Prenatal Clinic (see above)

### Community Clinics Funding

Williamson County has four clinics that are providing health care for uninsured residents of the County. The number of people who need help from a clinic that offers a sliding fee scale increases daily. The majority of these people are working at lower wage jobs and their employer does not offer health insurance or it is prohibitively costly. At times, the employed person has coverage, but not the dependents. The clinics that are working hard to care for this population are: The Clinic at Johns Community Hospital in Taylor, Round Rock Health Clinic, Georgetown Community Clinic, Samaritan Health Ministries in Cedar Park. Board members of these clinics have been meeting together for several months to share information and support each other. They are working together cooperatively and will in the near future present proposals to the Commissioners' Court requesting County funding from the Tobacco Fund.

The Health District has been notified that the Primary Health Care (PHC) grant that we have been receiving since 1987 from the Texas Department of Health is being discontinued as of August 31, 2003. This program is another casualty of the state budget deficit. Approximately \$134,000 of this grant has been used to provide preventive and acute health care, lab work, and medicines. 1200 persons per year are assisted with these funds. Many of those dollars are paid fee for service to the above named clinics to provide care to the PHC participants. Beginning in September 2003, these 1200 people will continue to need care, but the Health District will not have grant funds to help pay for that care. In addition to the loss of PHC funds are those no longer eligible for CHIP (estimated to be 2500 children in Williamson County) and those who lose Medicaid coverage. These four "safety net" clinics will be hit hard from people needing care.

The Board of Health at their meeting on May 1, 2003, passed a resolution to encourage the Commissioners' Court to help support these clinics. The Board further recommended that the Commissioners' Court contract with the Health District to administer these funds. This would include determining the allocation to each clinic (based on the Court's criteria), processing and approving vouchers prior to submitting to the Auditor's office for payment, conducting audit and quality assurance site visits twice annually, receiving reports from the clinics, and providing technical assistance to the clinics regarding client eligibility for public programs to maximize their reimbursement from other sources. The Board of Health highly encourages the Commissioners' Court to build in the process for accountability and quality in the use of these funds. The requested administrative support is 1.0 FTE or 15% of the total award whichever is greater.

**Note from Karen Wilson:** The Court specifically requested that the Board of Health not set funding levels or determine where the funding should come from (i.e. Tobacco Fund). However, the Tobacco Fund seems to be the most likely source of funds for these clinics and would be a good use of those dollars to help meet a county wide need. I encourage the Court to dip into the principle as well as use the annual allocation and the interest earned. Using some of the principle each year would still allow the \$3.6 million to help fund these clinics for years to come. Hopefully, some other solutions to the health care crisis will be crafted in the meantime. To keep the current level of County contribution, to account for the loss of the PHC funds, and to help with some of the losses from CHIP, I recommend that the Court allocate at least \$250,000 of Tobacco Funds to help these clinics. If desired, the Health District would be pleased to administer these funds for the County for a 15% administrative fee (\$37,500 if the allocation is \$250,000).

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**COMMISSIONERS' COURT ADJOURNED TO EXECUTIVE SESSION AT 11:15 A.M. ON TUESDAY, JUNE 10, 2003.**

**AGENDA ITEM 35**

Discuss real estate (EXECUTIVE SESSION as per VTCA Govt. Code sec. 551.071 consultation with attorney.)

There was no action taken in Executive Session.

**AGENDA ITEM 36**

Discuss personal injury claim by Glenn Fowler Kurth, Sr. (EXECUTIVE SESSION as per VTCA Govt. Code sec. 551.071 consultation with attorney.)

There was no action taken in Executive Session.

**COMMISSIONERS' COURT RECONVENED FROM EXECUTIVE SESSION AT 11:38 A.M. ON TUESDAY, JUNE 10, 2003.**

**AGENDA ITEM 37**

Discuss and take appropriate action on real estate.

Moved: **Commissioner Heiligenstein**

Seconded: **Commissioner Boatright**

Motion: To authorize Charlie Crossfield to continue negotiations for property related to the Bob Tesch tract on Parmer Lane.

Vote: 4 - 0

**AGENDA ITEM 38**

Discuss and take appropriate action concerning personal injury claim by Glenn Fowler Kurth, Sr.

Moved: **Commissioner Heiligenstein**

Seconded: **Commissioner Hays**

Motion: To authorize the hiring of Mike Davis to represent the County regarding the personal injury claim by Glenn Fowler Kurth, Sr.

Vote: 4 - 0

**AGENDA ITEM 39**

Comments from commissioners.

**Commissioner Limmer** mentioned that he visited Judge Doerfler and was doing well after his knee surgery.

**Commissioner Boatright** mentioned receiving a letter from the RMA asking the County to consider including their employees on the County's health benefit plan.

**COMMISSIONERS' COURT ADJOURNED AT 11:44 A.M. ON TUESDAY, JUNE 10, 2003.**