

# Denton County Indigent Health Care Program Eligibility Standards

Denton County will continue to use rules and procedures found in the County Indigent Health Care Program Handbook published by the Texas Department of State Health Services to meet its responsibility under the Indigent Health Care and Treatment Act. In summary, these are the rules:

1. An application must be completed, signed, dated and received by office within 30 days.
2. Eligibility criteria consists of income, resource, residency and household composition. Verification of all is required.
  - Countable **income** cannot exceed **21 %** of Federal Poverty Guidelines

### Monthly Income Standards

Family Size	Income Standards
1	\$196
2	\$265
3	\$335
4	\$404
5	\$473
6	\$542
7	\$612
8	\$681
9	\$750
10	\$820

- **Resource** total liquid and non- liquid assets cannot exceed **\$2,000 or \$3,000** if person over 60 or disabled person is in applicant household.
  - Eligible persons must be a **resident** of Denton County with the intent to remain in the county.
  - **Household Composition** consists of persons who reside together where a legal responsibility exists.
  - Eligibility will be considered for persons who can verify citizenship or permanent residency.
3. Applicants must provide all requested information and documentation for verification purposes. Information is subject to verification for accuracy and to deter fraud.
  4. Applicants have the right to appeal adverse decisions.
  5. Program is payer of last resort. Applicants may be referred to other programs for payment or services (Crime Victims Compensation, Medicaid, VA, etc.)
  6. Applications are considered without regard to race, color, religion, creed, age, sex, disability, national origin or political belief.

Applications will be accepted between 8:00 A.M. to 12:00 Noon and 1:00 P.M. to 5:00 P.M. Monday – Friday in person or by mail.

# Denton County Application Procedure

When an application is requested, it will be provided with two- part transmittal coversheet the same day or the next scheduled outgoing mail pickup. A copy of the transmittal form will be retained in the office.

All Applications – new and review:

- Only an identifiable application (application forms completed with signature and date) will be processed. Date on application should be within 30 days of receipt.
- Accept the application and any support documents submitted.
- If additional support documents are required, request items and allow 14 days for applicant to provide documents.
- Verify all information submitted to accuracy, consistency and sufficient to make an eligibility determination based on eligibility criteria.
- Schedule a face to face interview if the applicant appears to be potentially eligible. Issue a written notice of the interview date, time and place of the interview.
- All interviews are conducted in CIHC office in Denton. The purpose of the interview is to review the application, review documents and have an open dialog.
- Eligibility will be determined on four eligibility criteria (income, resource, residency and household composition).
- If during the interview it becomes apparent that additional information is required, the applicant will be issued a letter listing the items needed and given a deadline date of 14 days to supply the information to the staff.

## Eligibility Approval

An applicant may be retroactively eligible in any of the three calendar months before the month the identifiable application was received if all eligibility criteria are met.

An eligibility decision will be made no later than 14 days after a completed application has been processed. A completed application is where the identifiable application and sufficient support documents have been received and a face to face interview has been conducted.

- If during the interview it has been determined that the applicant has met the eligibility criteria and found to be eligible, issue a Notice of Eligibility form and explain their responsibilities, benefits, benefit limitation and excluded services.
- A review application must be completed at least every six months or sooner if deemed necessary.

## Eligibility Denials

- If any one of the eligibility criteria is not met, the applicant is ineligible. Issue a Notice of Ineligibility, including the reason for denial, the effective date of the denial and an explanation of the procedure for appealing the denial.
- Reasons for denial include but are not limited to:
  - Not a resident of the county,
  - Medicaid recipient
  - Resources exceeds limit
  - Income exceeds limit
  - Failed to keep interview
  - Failed to provide information
  - Failed to provide review application
  - Failed to comply with requirement to obtain other assistance or
  - Voluntary withdrew application

## **Eligibility for Sponsored Aliens**

In September 2012 S.B 240 was adopted into Chapter 61 to allow a county to include an alien sponsor's income and resource information when determining eligibility for a sponsored alien.

A sponsored alien is a person who has been lawfully admitted to the US for permanent residency under Immigration and Nationality Act and who, as a condition of admission was sponsored by a person who executed an Affidavit of Support on behalf of the person.

An alien sponsor is a person who signed an Affidavit of Support agreeing to support an alien as a condition of the aliens' entry into the U.S.

An Affidavit of Support is a document completed and filed with U.S. Department of Homeland Security U.S. Citizenship and Immigration Services by the alien sponsor with financial information about the alien sponsor that shows the immigrant has enough financial support to live without concern of becoming reliant on U.S government welfare.

When processing an Indigent Health Care application for a sponsored alien:

Request a copy of the Affidavit of Support that was executed by all sponsors including joint sponsors to identify all sponsors.

### **Income:**

- Count all the sponsor's and sponsor's spouse's gross countable income from that subtract
  1. The lesser of 20 % of the total gross monthly earned income ( including net self-employment earned income ), or \$ 175;
  2. An amount equal to the maximum income limit for the sponsor's family size as specified on form 222 ( income screening table). Include all household members the sponsor claims as tax dependents;
  3. The total amount the sponsor pays for claimed tax dependents living outside the home; and
  4. Total court appointed alimony or child support the alien sponsor is required to pay for persons living outside the home.
- Count the remaining amount as unearned income for the sponsored alien
- Add this amount to other income – earned and unearned – the sponsored alien receives.

### **Resource:**

- Count the value of resources of an alien sponsor; and sponsor's spouse.
- Determine the sponsor's countable resources by applying the policies in Chapter 2 of Indigent Health Care Handbook. Same policies used to determine eligibility to all other applicants.
- Subtract \$ 1,500
- Consider the remainder as resource available to the household
- Add this amount to other resources owned by the sponsored alien and their household.

Income and resource of a Medicaid eligible alien sponsor will be exempt when determining eligibility for a sponsored alien.

## Prevention and Detection of Fraud

### Definition

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Fraud is the deliberate misrepresentation, omission or concealment of some material fact for the purpose of acquiring or continuing benefits.

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All documentation received about an applicant or an eligible client will be researched for accuracy. Information obtained from applicant will be verified through independent sources such as but not limited to: Lexis Nexis, Texas Workforce Commission, documentation from other agencies, medical providers, organizations or establishments having information or records concerning the circumstances of persons in the applicants household.

All eligible clients must report a change in situation within 14 days of the change using a monthly questionnaire that is provided to them by the program. The purpose of the questionnaire is to have a written record of their situation.

In the event fraud is suspected:

- Indigent Care staff member will collect and document evidence.
- The IHC staff shall contact the client who is suspected of fraud by sending a certified letter informing client of the allegations. If the client disputes the allegations, the client will be allowed to submit applicable supporting documents/ verifications for further consideration.
- If fraud is demonstrated and documented, eligibility will then be withdrawn.
- In the event that fraud is demonstrated and documented, at the discretion of the Health Department Director all of the following or any combination of may occur
  1. Administrative disqualification
    - First offense        12 months from the date fraud was discovered
    - Second offense     24 months from the date fraud was discovered
    - Third offense       12 months + 12 months per subsequent offense
  2. Referral to District Attorney for prosecution;
  3. Referral to District Attorney for restitution.

The client shall have the right to appeal any unfavorable decision to the Denton County IHC Appeal Authority by providing a letter of their intent to appeal within 90 days of the date of the administrative disqualification.