

State of Texas

§

County of Galveston

§

§

**RESOLUTION ADOPTING ELIGIBILITY STANDARDS,
APPLICATION, DOCUMENTATION, AND VERIFICATION PROCEDURES,
OPTIONAL HEALTH CARE SERVICES, AND
AUTHORIZING PUBLICATION OF PUBLIC NOTICE**

On this, the 29th day of August, 2025, the Commissioners Court of Galveston County, Texas,

Mark Henry, County Judge;
Darrell A. Apffel, Commissioner, Precinct No. 1;
Joe Giusti, Commissioner, Precinct No. 2;
Hank Dugie, Commissioner, Precinct No. 3;
Robin Armstrong, MD, Commissioner, Precinct No. 4; and
Dwight D. Sullivan, County Clerk

when the following proceedings, among others, were had, to-wit:

Whereas, the Indigent Health Care and Treatment Act is codified at Chapter 61 of the Texas Health and Safety Code;

Whereas, in accordance with Section 61.023 of the Texas Health and Safety Code, not later than the beginning of the State of Texas fiscal year, Galveston County must adopt the eligibility standards it will use during the State fiscal year and shall make a reasonable effort to notify the public of the standards;

Whereas, in accordance with Section 61.023 of the Texas Health and Safety Code, Galveston County may change the eligibility standards to make them more or less restrictive than the preceding standards, but may not make the standards more restrictive than the standards adopted by the Texas Department of Health pursuant to its authority under Section 61.006 of the Texas Health and Safety Code;

Whereas, in accordance with Section 61.024 of the Texas Health and Safety Code, Galveston County shall specify the procedure it will use during the State of Texas fiscal year to verify eligibility and the documentation required to support a request for assistance and shall make a reasonable effort to notify the public of the application procedure;

Whereas, in accordance with Section 61.006 of the Texas Health and Safety Code, current minimum TDSHS standards allow a net income eligibility level equal to 21% of the federal poverty level as such level is based on the federal Office of Management and Budget poverty index;

Whereas, current minimum TDSHS standards provide that expenses allowable for State participation, following the eight percent trigger, are a net income eligibility level equal to 21% of the federal poverty level;

Whereas, the State of Texas 2025-2026 fiscal year runs from September 1, 2025 through August 31, 2026;

Whereas, the Legal Services Manager has prepared a Public Notice, which is attached hereto as Exhibit 1 and has completed the TDSHS Form 120, the reporting form that must be used to report the optional health care services to the TDSHS, and which TDSHS Form 120 is attached hereto as Exhibit 2.

Now, Therefore, be it RESOLVED, by the Commissioners Court of Galveston County, Texas, that:

- 1) On August 29, 2025, the Commissioners Court adopted the qualifying income level for indigent health care benefits through its Indigent Health Care Program mandated under Chapter 61 of the Health and Safety Code at 100 % of the federal poverty level, and this Resolution continues such adoption;
- 2) Continuing September 1, 2025 and through August 31, 2026 thereafter, unless changed by subsequent Resolution of the Commissioners Court, the County of Galveston's eligibility standards for receiving medical care benefits under its Indigent Health Care Program shall remain at 100 % of the federal poverty level and the County of Galveston shall follow the minimum State of Texas standards adopted by the TDSHS pursuant to Section 61.006 of the Texas Health and Safety Code;
- 3) Provided however, that continuing September 1, 2025 and through August 31, 2026 thereafter, the County of Galveston's eligibility standards for receiving primary medical care benefits at Coastal Health and Wellness, which is located at the Galveston County Health District and funded in part by Galveston County, will remain at 100% of the federal poverty level and at a discounted rate for income greater than 100% and up to 200% of the federal poverty level, and the Galveston County Health District shall follow the requirements for Federally Qualified Health Centers for such primary medical care benefits;
- 4) These eligibility standards will remain at this level until such time as the Commissioners Court provides additional funding to increase this level or is advised that sufficient funds remain unspent to enable an increase;
- 5) Also continuing September 1, 2025, and through August 31, 2026, thereafter, in accordance with Section 61.0285 of the Texas Health and Safety Code, the following optional health care services will be provided:
 - Colostomy medical supplies and/or equipment with physicians written order and pre-authorization;
 - Dental care;
 - Diabetic supplies with physicians written order and pre-authorization;
 - Durable medical equipment limited to home oxygen equipment with physicians written order and pre-authorization;
 - Services provided by the Coastal Health and Wellness Center, which is a federally qualified health center, as defined by 42 U.S.C.A. § 1396d(l)(2)(B);

- Occupational Therapy upon review and approval;
 - Physical Therapy upon review and approval;
 - Home and community health care with physicians written order and pre-authorization;
 - Vision care with physicians written order and pre-authorization;
 - Transportation as needed for out-of-county medically scheduled referrals on scheduled transportation services or utilizing Connect Transportation services when determined to be cost effective; and
 - Other medically necessary services or supplies determined to be cost effective.
- 6) Continuing September 1, 2025, and through August 31, 2026, thereafter, the procedures to be used to verify eligibility and the documentation required to support a request for assistance shall be the application, documentation, and verification procedures adopted by the TDSHS under Sections 61.006, 61.007, and 61.008 of the Texas Health and Safety Code;
- 7) The Public Notice that is attached as Exhibit 1 is hereby **APPROVED** and the Director of Professional Services or designee is authorized to publish the Public Notice in the Galveston Daily News;
- 8) The completed TDSHS Form 120 that is attached as Exhibit 2 is hereby **APPROVED** and the County Judge of Galveston County, Texas, is authorized to sign the TDSHS Form 120, and the Legal Services Manager or designee is Ordered to, forthwith thereafter, submit said TDSHS Form 120 to the TDSHS; and
- 9) The County Judge of Galveston County, Texas, is hereby **AUTHORIZED** to **EXECUTE** this Resolution on behalf of the Commissioners Court of Galveston County, Texas.

Upon Motion Duly Made and Seconded, the above Resolution is hereby **ADOPTED**, on this, the 29th day of August, 2025, and a copy thereof to be provided to the Galveston County Health District for the Management of the Galveston County Indigent Healthcare Program.

County of Galveston, Texas, By:

Mark Henry, County Judge

ATTEST:

Dwight D. Sullivan, County Clerk

Public Notice

Galveston County Indigent Health Care Program

Mid-County Annex
9850- C Emmett F. Lowry Expwy
Texas City, Texas 77591
409-938-2234

Island Community Center
4700 Broadway, Suite F #100
Galveston, Texas 77550
409-938-2234

Clinic Hours by Appointment Only

8:00 am-5:00 pm Monday-Friday-Mid-County & Galveston-Medical & Dental

1:00 pm-5:00 pm 2nd Wednesday-Mid-County & Galveston-Medical & Dental

Eligibility, application, documentation, and verification procedures in accordance with Texas Department of State Health Services standards and published in the County Indigent Health Care Program Handbook published by the Texas Department of State Health Services

Eligibility Requirements:

100% Federal Poverty Level - County Resident – Income – Resources - Household Composition

Services:

- Physician's Service- Primary Care Providers (Coastal Health & Wellness at 100% of Federal Poverty Level, above 100% up to 200% Federal Poverty Level at Discounted Rate)
- Inpatient/Outpatient Hospital Care
- 340B Prescription Program allows low-income and uninsured patients to buy prescription drugs at a discount through Hitchcock Hometown Pharmacy
- Family Planning Services
- Laboratory
- X-rays Services
- Immunizations

All Services Must Be Medically Necessary

Information Needed to Apply:

- Social security numbers for all members of the household
- Proof of identification
- Proof of ALL household income- (w-9, check stubs, unemployment vouchers, unearned income)
- Proof of residency
- Proof of resources (checking/saving account statements)

All Changes must be reported within 14 days

You have the right to:

- Obtain an application - Have assistance in preparing forms
- Eligibility determined within 14-days after completion of application
- Written notification of determination
- Appeal a denial of acceptance
- Submit an application anytime
- Equal treatment regardless of race, color, religion, creed, national origin, age, sex, disability, or political belief
- These rules are subject to change with revision of the County Indigent Health Care Program Handbook published by the Texas Department of State Health Services

YOU MAY NOT BE ELIGIBLE IF YOU TRANSFER OWNERSHIP OF PROPERTY TO MAKE YOURSELF ELIGIBLE FOR ASSISTANCE.

OPTIONAL HEALTH CARE SERVICES NOTIFICATION

Form 120, Page 1 of 3

Mark an "X" in the appropriate column to indicate each optional health care service the county chooses to provide or chooses to discontinue providing.

PROVIDE	DISCONTINUE	
<input type="checkbox"/>	<input type="checkbox"/>	1. Advanced Practice Nurse (APN) , specifically a nurse practitioner, a clinical nurse specialist, a Certified Nurse Midwife (CNM), and a Certified Registered Nurse Anesthetist (CRNA)
<input type="checkbox"/>	<input type="checkbox"/>	2. Ambulatory Surgical Center (ASC) , Freestanding
<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. Colostomy Medical Supplies and/or Equipment , namely colostomy bags/pouches, cleansing irrigation kits, paste or powder, and skin barriers with flange/wafers
<input type="checkbox"/>	<input type="checkbox"/>	4. Counseling Services. Check the ones the county chooses to provide. <input type="checkbox"/> A. Licensed Clinical Social Worker (LCSW) <input type="checkbox"/> B. Licensed Marriage Family Therapist (LMFT) <input type="checkbox"/> C. Licensed Professional Counselor (LPC) <input type="checkbox"/> D. Ph.D. Clinical Psychologist
<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. Dental Care , namely an annual routine dental exam, an 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
<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. Diabetic Supplies and/or Equipment , namely test strips, alcohol prep pads, lancets, glucometers, insulin syringes, humulin pens, and the needles required for the humulin pens
<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. Durable Medical Equipment (DME). Check the ones the county chooses to provide. <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> A. Blood Pressure Measuring Appliances <input type="checkbox"/> B. Canes <input type="checkbox"/> C. Crutches <input checked="" type="checkbox"/> D. Home Oxygen Equipment </div> <div> <input type="checkbox"/> E. Hospital Beds <input type="checkbox"/> F. Walkers <input type="checkbox"/> G. Wheelchairs, Standard </div> </div>
<input type="checkbox"/>	<input type="checkbox"/>	8. Emergency Medical Services , namely ground transportation only
<input checked="" type="checkbox"/>	<input type="checkbox"/>	9. Federally Qualified Health Center (FQHC)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	10. Occupational Therapy
<input checked="" type="checkbox"/>	<input type="checkbox"/>	11. Physical Therapy
<input checked="" type="checkbox"/>	<input type="checkbox"/>	12. Home and Community Health Care
<input type="checkbox"/>	<input type="checkbox"/>	13. Physician Assistant (PA)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	14. Vision Care , namely one exam by refraction and one pair of prescription glasses every 24 months
<input checked="" type="checkbox"/>	<input type="checkbox"/>	15. Other medically necessary services or supplies determined to be cost effective by the entity.

Signature of County Judge/Designee

Date

Printed Name of Person Signing This Form 120 Mark Henry	Title County Judge
County Galveston	Mailing Address 722 Moody Ave., 2nd Floor
Telephone Number (Include area code.) 409-766-2244	City/State/ZIP Galveston, Texas 77550