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 17th day of August 2026, 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 2026-2027 fiscal year runs from September 1, 2026, through August 31, 2027;

Whereas, the Legal Services Manager has prepared a Public Notice, which is attached hereto as Exhibit 1 and has completed the TDSHS Form 3083, the reporting form that must be used to report the optional health care services to the TDSHS, and which TDSHS Form 3083 is attached hereto as Exhibit 2.

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

1) On August 17, 2026, 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, 2026 and through August 31, 2027 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, 2026 and through August 31, 2027 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 it is advised that sufficient funds remain unspent to enable an increase;

5) Also continuing September 1, 2026, and through August 31, 2027, 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(1)(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, 2026, and through August 31, 2027, 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 3083 that is attached as Exhibit 2 is hereby **APPROVED** and the County Judge of Galveston County, Texas, is authorized to sign the TDSHS Form 3083, and the Legal Services Manager or designee is Ordered to, forthwith thereafter, submit said TDSHS Form 3083 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 17th day of August 2026, 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.

TEXAS Health and Human Services

Form 3083
January 2020-E

County Indigent Health Care Program (CIHCP)

Optional Health Care Services Notification

Select the appropriate column to indicate each optional health care service the county chooses to provide or discontinue. **Submit completed form electronically to** CIHCP@hhsc.state.tx.us **or by fax to 512-776-7203**.

Provide	Discontinue	
○	○	**1. Advanced Practice Nurse** (APN), specifically a nurse practitioner, clinical nurse specialist, Certified Nurse Midwife (CNM) and Certified Registered Nurse Anesthetist (CRNA).
○	○	**2. Ambulatory Surgical Center** (ASC), Freestanding.
◉	○	**3. Colostomy Medical Supplies and/or Equipment,** namely colostomy bags/pouches, cleansing irrigation kits, paste or powder, and skin barriers with flange/wafers.
○	○	**4. Counseling Services.** Check the box the county chooses to provide. ☐ A. Licensed Clinical Social Worker (LCSW) ☐ B. Licensed Marriage Family Therapist (LMFT) ☐ C. Licensed Professional Counselor (LPC) ☐ D. Ph.D. Clinical Psychologist
◉	○	**5. Dental Care,** namely an annual routine dental 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.
◉	○	**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.
◉	○	**7. Durable Medical Equipment (DME).** Check the box(es) the county chooses to provide. ☐ A. Blood Pressure Measuring Appliances ☐ B. Canes ☐ C. Crutches ☑ D. Home Oxygen Equipment ☐ E. Hospital Beds ☐ F. Walkers ☐ G. Wheelchairs, Standard
○	○	**8. Emergency Medical Services,** namely ground transportation only.
◉	○	**9. Federally Qualified Health Center** (FQHC)
◉	○	**10. Occupational Therapy**
◉	○	**11. Physical Therapy**
✓	○	**12. Home and Community Health Care**
○	○	**13. Physician Assistant** (PA)
◉	○	**14. Vision Care,** namely one exam by refraction and one pair of prescription glasses every 24 months.
◉	○	**15. Other** medically necessary services or supplies determined to be cost effective by the entity.

Signature of County Judge/Designee

08/17/2026
Date

Printed Name and Title of County Judge/Designee Signing Form	County
Mark Henry, County Judge	Galveston
Mailing Address, City, State and ZIP Code	Area Code and Phone No.
722 Moody Ave., 2nd Floor, Galveston, Texas 77550	409-766-2244

Definitions of CIHCP Optional Health Care Services

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 freestanding ASC and are limited to items and services furnished in reference to an ambulatory surgical procedure, including those services on the Center for Medicare and Medicaid Services (CMS)-approved list and selected Medicaid-only procedures.

3. **Colostomy Medical Supplies and/or Equipment** must be medically necessary and prescribed by a physician or an APN if within the scope of their practice, in accordance with the standards established by the Board of Nurse Examiners and published in 22 Texas Administrative Code (TAC) §221.13. Items covered are colostomy bags/ pouches, cleansing irrigation kits, paste or powder, and skin barriers with flange/wafers. The county may require the supplier to receive prior authorization.

4. **Counseling (psychotherapy) Services** must be medically necessary based on a referral from a physician or an APN if 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 Clinical Social Worker (LCSW), Licensed Marriage Family Therapist (LMFT), Licensed Professional Counselor (LPC) or Ph.D. Psychologist.

5. **Dental Care** must be medically necessary and provided by a Doctor of Dental Surgery (DDS), Doctor of Medicine (DMD) or Doctor of Dental Medicine (DDM). Items covered are an 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. The county may require prior authorization.

6. **Diabetic Supplies and/or Equipment** must be medically necessary and prescribed by a physician or an APN if 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 test strips, alcohol prep pads, lancets, glucometers, insulin syringes, humulin pens, and the needles required for the humulin pens. The county may require the supplier to receive prior authorization.

7. **Durable Medical Equipment (DME)** 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 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 blood pressure measuring appliances that are reasonable and appropriate, canes, crutches, home oxygen equipment (including masks, oxygen hose and nebulizers), hospital beds, walkers and standard wheelchairs. The county may require the supplier to receive prior authorization.

8. **Emergency Medical Services** covers ground transportation only for medically necessary, life-threatening conditions.

9. **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.

10. **Occupational Therapy** services must be medically necessary and may be covered if provided in a physician's office, therapist's office, outpatient rehabilitation or free-standing rehabilitation facility, or licensed hospital. Services must be within the provider's scope of practice, as defined by Occupations Code, Chapter 454.

11. **Physical Therapy** services must be medically necessary and may be covered if provided in a physician's office, therapist's office, outpatient rehabilitation or free-standing rehabilitation facility, or licensed hospital. Services must be within the provider's scope of practice, as defined by Occupations Code, Chapter 453.

12. **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 Registered Nurse (RN) visits for skilled nursing observation, assessment, evaluation and treatment provided by a physician who specifically requests the RN 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.

13. **Physician Assistant (PA)** services must be medically necessary and provided by a PA under the direction of a Doctor of Medicine (MD) or Doctor of Osteopathic Medicine (DO) and must be billed by and paid to the supervising physician.

14. **Vision Care** covers one exam by refraction and one pair of prescribed glasses every 24 months that meet Medicaid criteria.

15. **Other** medically necessary services or supplies that the local governmental municipality/entity determines to be cost effective.